

SILVER RECLAMATION SURVEY

Name of Business: _____

Address: _____

Phone: _____

Name of Contact: _____

Date Survey Completed: _____

Type of Process: X-ray Photo Processing Neither

Typical Volume of silver bearing waste generated _____ gallons per _____

Method of Control: Off-site Disposal

 Electrolytic Recovery

 Metallic Replacement

 Electrolytic and metallic replacement

 Other, please specify _____

Reclamation Vendor: _____

Address: _____

Comments: