



**Silver/Mercury Self-Monitoring Report**

Wichita Water Utilities - Sewage Treatment  
 2305 E. 57<sup>th</sup> Street South  
 Wichita, KS 67216  
 Voice: 316-303-8775  
 Fax: 316-303-8712  
 E-mail: jmitchell@wichita.gov

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (If different from Location)

City: \_\_\_\_\_ Zip \_\_\_\_\_

Parameter	Sample Type (grab or composite)	Sample Date	Analytical Results
Silver			
Mercury			
pH			

Certified Lab: \_\_\_\_\_ KDHE Certification # \_\_\_\_\_

**Compliance Update**

1. Was your facility in compliance with all discharge and reporting requirements during this reporting period? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Attach a written description of any known spills or significant violations which occurred during this reporting period.
3. Have there been any significant changes in your business resulting in process changes or an increase/decrease in wastewater discharge flow volumes? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. If yes, please attach a written description of the changes.
5. Is your facility on a compliance schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, are the dates of the compliance schedule being met? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, attach explanation

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**No Discharge Statement:**

If your company did not discharge process wastewater during this reporting period, please sign the following statement, in lieu of submitting analytical data:

I certify that no process wastewater was discharged from: \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

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Signature Date Phone No

**Certification Statement:**

NOTE: an authorized company representative must sign this section, whether or not the company discharged process wastewater. Failure to sign this section will be viewed as an incomplete report.

“I certify under penalty of law, that this document and all of its attachments were prepared under my direction or supervision. Based on my inquiry of the person or persons who manage the system, or directly responsible for gathering the information, that this information included in this report is true, accurate and complete, to the best of my knowledge. I am aware that there are significant penalties for submittal of false information.”

\_\_\_\_\_  
Signature of Authorized Representative Date