

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION

Airport: RBD - Dallas Executive Airport
Completed By/Title: Jessica Mock Environmental Specialist

Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Describe Results From Visual Inspection for the Presence of Non-Storm Water Discharge	Sample Information
3/1/07	OF-1	<input checked="" type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	OF-2	<input checked="" type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	OF-3	<input checked="" type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	OF-4	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>water from urban area.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	OF @ Towergate	<input checked="" type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____

CERTIFICATION

I, Steven S. Peacock, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title (type or print): Steven S. Peacock Env. Manager
 B. Area Code and Telephone No.: 214-670-7654
 D. Date: _____

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION

Airport: RED-Dallas Executive Airport
Completed By/Title: Jessica Mock / Environmental Inspector

Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Describe Results From Visual Inspection for the Presence of Non-Storm Water Discharge	Sample Information
3/1/07	OF-5	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Water in creek. No evidence of discharge upstream.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	OF-4	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Standing water from previous storm event. No evidence of discharge upstream.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/1/07	IF-1	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Water in creek. No evidence of discharge upstream.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
		<input type="checkbox"/> No water present <input type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): _____	<input type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____

I, Steven S. Peacock, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name and Official Title (type or print): Steven S. Peacock Env. Manager

B. Signature: Steven S. Peacock

B. Area Code and Telephone No.: 214-670-6654

D. Date: _____

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **City of Dallas**

ADDRESS **8008 Cedar Springs Rd LB 16
Dallas TX 75235**

FACILITY LOCATION **Dallas Executive Airport
5303 Challenger Dr
Dallas TX 75237**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) **TXR05V413** (17-19) **N/A**
PERMIT NUMBER DISCHARGE NUMBER


MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2009	01	01	2009	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max			1/Year	Grab
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.044		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	4.0 Daily Max	mg/l		1/Year	Grab
Cadmium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab
Chromium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.026		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max	mg/l		1/Year	Grab
Copper	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			214-670-6654	2009	04	27	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 3 had an exceedance in the level of Arsenic, it will be re-sampled during the next qualifying rain event.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

NAME **City of Dallas**
ADDRESS **8008 Cedar Springs Rd LB 16
Dallas TX 75235**
FACILITY LOCATION **Dallas Executive Airport
5303 Challenger Dr
Dallas TX 75237**

(2-16) **TXR05V413**
PERMIT NUMBER
(17-19) **N/A**
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
2009 01 01 2009 12 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

PARAMETER (32-37)	SAMPLE MEASUREMENT / REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM	UNITS	MINIMUM (56-61)	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.014	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max		1/Year	Grab	
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.415	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	3.0 Daily Max		1/Year	Grab	
Mercury	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.01 Daily Max		1/Year	Grab	
Nickel	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	3.0 Daily Max		1/Year	Grab	
Selenium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max		1/Year	Grab	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE	DATE			
Steven S. Peacock Ph.D. Environmental Manager		214-670-6654	2009	04	27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 3 had an exceedance in the level of Arsenic. it will be re-sampled during the next qualifying rain event

HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V413 / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102 CO

NAME City of Dallas

ADDRESS 8008 Cedar Springs Rd LB 16
Dallas TX 75235

(2-16)
TXR05V413
PERMIT NUMBER


(17-19)
N/A
DISCHARGE NUMBER

FACILITY LOCATION Dallas Executive Airport
5303 Challenger Dr
Dallas TX 75237

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2009	01	01	2009	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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P.O. Box 13087
Austin, TX 78711-3087

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	MAXIMUM	AVERAGE	MAXIMUM	UNITS			
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max			1/Year	Grab
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.060	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 Daily Max			1/Year	Grab

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Steven S. Peacock PhD. Environmental Manager TYPED OR PRINTED			214-670-6654	2009	04	27	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V413 / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME **City of Dallas**

ADDRESS **8008 Cedar Springs Rd. STE 16 Dallas Tx 75235**

FACILITY LOCATION **Dallas Executive Airport 5303 Challenger Dr Dallas TX 75237**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16) **TXR05V413** PERMIT NUMBER (17-19) N/A DISCHARGE NUMBER

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

Only If required, mail to: TCEQ (MC 213) P.O. Box 13087 Austin, TX 78711-3087

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2008	01	01	2008	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT / REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.503	1	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max			
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.074	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	4.0 Daily Max			
Cadmium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max			
Chromium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.012	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max			
Copper	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max			

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Steven S. Peacock, PhD.		<i>Steven S. Peacock</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	214-670-6654	2008	06	10
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Outfall 3 had an exceedance in the level of Arsenic, it will be re-sampled during the next qualifying rain event.

F- Approved OMB No. 2040-004

HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V413 / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

NAME **City of Dallas**

ADDRESS **8008 Cedar Springs Rd. STE 16 Dallas Tx 75235**

FACILITY LOCATION **Dallas Executive Airport 5303 Challenger Dr Dallas TX 75237**

(2-16) **TXR05V413**
PERMIT NUMBER

(17-19) **N/A**
DISCHARGE NUMBER

Only If required, mail to: TCEQ (MC 213)
P.O. Box 13087
Austin, TX 78711-3087

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
<u>2008</u>	01	01	<u>2008</u>	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max			1/Year	Grab
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.193		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	3.0 Daily Max	mg/l		1/Year	Grab
Mercury	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.01 Daily Max	mg/l		1/Year	Grab
Nickel	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	3.0 Daily Max	mg/l		1/Year	Grab
Selenium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE	DATE			
Steven S. Peacock, PhD.		<i>Steven S. Peacock</i>	214-670-6654	2008	06	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V413 / CO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOTE: Enter your authorization number in the underlined space in the upper right hand corner of this page. Example: STW/ TXR05J102/ CO

NAME **City of Dallas**

DISCHARGE MONITORING REPORT (DMR)

ADDRESS **8008 Cedar Springs Rd. STE 16 Dallas Tx 75235**

(2-16)

(17-19)

TXR05V413
PERMIT NUMBER

N/A
DISCHARGE NUMBER

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PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max			
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.114	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 Daily Max			

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Steven S. Peacock, PhD.		<i>Steven S. Peacock</i>	214-670-6654	2008	06	10
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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