

# Memorandum



CITY OF DALLAS

DATE 02/18/2009

TO File

SUBJECT Dry Weather Evaluations and Non-Storm Water Discharge Certifications

Many of the outfalls at Dallas Love Field discharge into Bachman Lake. As a result these, outfalls are often partially or completely submerged in Bachman Lake. In the event that an outfall is submerged making it difficult to determine whether or not there is a discharge leaving Love Field, the nearest manhole that does not contain standing water from Bachman Lake, and that is connected to that storm drainage line, will be inspected for any evidence of a discharge from Dallas Love Field for the dry weather evaluations and the non-storm water discharge certification.

A handwritten signature in cursive script, appearing to read 'Steven S. Peacock'.

Steven S. Peacock

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: <u>Dallas Love Field (DAL)</u> Completed By/Title: <u>Dionne Driscoll/Environmental Specialist – TCB</u> <u>Adam Rose/Graduate Engineer – TCB</u>	
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
07/15/04	IF-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 #: _____
07/15/04	OF-1	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of drainage basin.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-2	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. Small amount of flow entering system attributed to groundwater discharging through retaining wall drainage system at north end of RWY 18/36.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-3	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of drainage basin.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-4	<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 #: _____
<b>CERTIFICATION</b>			
I, <u>Steven S. Peacock</u> , 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): <u>Steven S. Peacock</u>		B. Area Code and Telephone No.: <u>214 670-6654</u>	
B. Signature: <u>Steven S. Peacock</u>		D. Date: <u>08/10/04</u>	

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: <u>Dallas Love Field (DAL)</u> Completed By/Title: <u>Dionne Driscoll/Environmental Specialist – TCB</u> <u>Adam Rose/Graduate Engineer – TCB</u>	
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
07/15/04	OF-5	<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 #: _____
07/15/04	OF-6	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of drainage basin.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-7	<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 #: _____
07/15/04	OF-8	<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 #: _____
07/15/04	OF-9	<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**

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A. Name and Official Title (type or print): <u>Steven S. Peacock</u>	B. Area Code and Telephone No.: <u>214 670-6654</u>
B. Signature: <u>Steven S. Peacock</u>	D. Date: <u>08/10/04</u>

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: <u>Dallas Love Field (DAL)</u> Completed By/Title: <u>Dionne Driscoll/Environmental Specialist – TCB</u> <u>Adam Rose/Graduate Engineer – TCB</u>	
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
07/15/04	OF-10	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of upstream area.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-11	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of upstream area.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-12	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Backwater from Bachman Lake. No visible flow into system based on inspection of upstream area.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-13	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Leaking potable water line nearby caused flow in gutter which entered storm drain at outfall location.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-14	<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 #: _____
<b>CERTIFICATION</b>			
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A. Name and Official Title (type or print): <u>Steven S. Peacock</u>		B. Area Code and Telephone No.: <u>214-670-6654</u>	
B. Signature: <u>Steven S. Peacock</u>		D. Date: <u>08/10/04</u>	

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: <u>Dallas Love Field (DAL)</u> Completed By/Title: <u>Dionne Driscoll/Environmental Specialist – TCB</u> <u>Adam Rose/Graduate Engineer – TCB</u>	
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
07/15/04	OF-15	<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 #: _____
07/15/04	OF-16	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Dry-weather discharge identified to be groundwater inflow into storm sewer upstream of outfall.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/15/04	OF-17	<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 #: _____
07/15/04	OF-18	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Standing water in ditch parallel to Tom Braniff Lane. No evidence of pollutants in water. No visible flow into system observed from this point.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
07/16/04	OF-19	<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 #: _____
<b>CERTIFICATION</b>			
I, <u>Steven S. Peacock</u> , 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): <u>Steven S. Peacock</u>		B. Area Code and Telephone No.: <u>214 670-6654</u>	
B. Signature: <u>Steven S. Peacock</u>		D. Date: <u>08/10/04</u>	

**NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION**

**Airport:** DAL-Dallas Lovefield  
**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
3/6/07	OF-1	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>1/2 submerged in Bachman Lake. Checked closest manhole + no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/6/07	OF-2	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>1/2 submerged in Bachman Lake. Checked closest manhole + no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/6/07	OF-3	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>1/2 submerged in Bachman Lake. Checked closest manhole + no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/6/07	OF-4	<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 #: _____
3/6/07	OF-5	<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.: 214-670-6654  
 D. Date: 3/6/07

**NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION**

Airport: DAL - Dallas Love Field  
 Completed By/Title: Jessica Mack - 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
3/6/07	OF-6	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>1/4 submerged in Bachman Lake. Checked closest manhole, no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/6/07	OF-7	<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 #: _____
3/6/07	OF-8	<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 #: _____
3/6/07	OF-9	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>1/2 submerged in Bachman Lake, checked nearest manhole, no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____
3/6/07	OF-10	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Submerged in Bachman Lake, checked nearest manhole, no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #: _____

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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: 3/6/07

NON-STORM WATER DISCHARGE ASSESSMENT AND CERTIFICATION		Airport: <u>DAL - Dallas Love Field</u>	
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Completed By/Title: <u>Jessica Mock / Environmental Specialist</u>	Describe Results From Visual Inspection for the Presence of Non-Storm Water Discharge
			Sample Information
3/6/07	DF-11	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Submerged in Bachman Lake, checked nearest inlet, no flow in line observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #:
3/6/07	DF-12	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>Submerged in Bachman Lake. Checked closest manhole, no discharge observed.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #:
3/6/07	DF-15	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>History of ground water flow.</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #:
3/6/07	DF-14	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>History of ground water flow</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #:
3/6/07	DF-18	<input type="checkbox"/> No water present <input checked="" type="checkbox"/> Water present. (If yes, describe and collect sample. Identify source): <u>History of ground water flow</u>	<input checked="" type="checkbox"/> No sample required <input type="checkbox"/> Sample collected. ID #:

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

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

C. Signature: Steven S. Peacock

D. Date: 3/6/07



# HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V383 / CO

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

NAME **City of Dallas**

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

FACILITY LOCATION **Dallas Love Field**

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

(2-16)  
**TXR05V383**  
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
2010	01	01	2010	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 (48-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab	
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max				
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.033	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	*****	*****	*****	*****	*****	0.008	0	1/Year	Grab	
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max				
Copper	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.022	0	1/Year	Grab	
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Steven S. Peacock, PhD.**  
**Environmental Manager**

TYPED OR PRINTED

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.

*Steven S. Peacock*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
214-670-6654		2010	02	08
AREA CODE	NUMBER	YEAR	MO	DAY

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

**BRL = Below Recordable Limits**

# HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V383 / CO

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

NAME **City of Dallas**

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

FACILITY LOCATION **Dallas Love Field**

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

(2-16) **TXR05V383**  
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
2010	01	01	2010	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)			(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	*****	*****	*****	*****	*****	0.020		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max			1/Year	Grab
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.085		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	*****	*****	*****	*****	*****	0.013		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  
**Steven S. Peacock, PhD.**  
**Environmental Manager**

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*Steven S. Peacock*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **214-670-6654**

DATE **2010 02 08**

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**BRL = Below Recordable Limits**

# HAZARDOUS METALS - INLAND WATERS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**City of Dallas**  
**8008 Cedar Springs Rd. LB 16**  
**Dallas, TX 75235**  
**Dallas Love Field**

## NATIONAL POLLUTANT DISCHARGE LIMITATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16) **TXR05V383** (17-19) **N/A**  
 PERMIT NUMBER DISCHARGE NUMBER

STW / TXR05 V383 /                       
**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
2010	01	01	2010	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)			(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			
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.192		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 Daily Max	mg/l		1/Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Steven S. Peacock, PhD.**  
**Environmental Manager**  
 TYPED OR PRINTED

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.

*Steven S. Peacock*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **214-670-6654**  
 DATE **2010 02 08**  
 AREA CODE NUMBER YEAR MO DAY

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

**BRL = Below Recordable Limits**

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 Love Field**

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

(2-16) **TXR05V383**  
PERMIT NUMBER

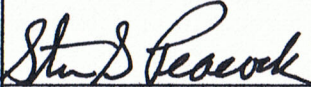
(17-19) **N/A**  
DISCHARGE NUMBER

**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
2009	01	01	2009	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)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max			1/Year	Grab
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.090		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	*****	*****	*****	*****	*****	0.023		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	<small>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.</small>	TELEPHONE	DATE			
<b>Steven S. Peacock, PhD.</b> <b>Environmental Manager</b>		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	214-670-6654	2009	04	27
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

**BRL = Below Recordable Limits**

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 Love Field**

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

(2-16) **TXR05V383**  
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**

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

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)

PARAMETER (32-37)	SAMPLE MEASUREMENT / REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(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	*****	*****	*****	*****	*****	0.020	mg/l	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max			1/Year	Grab
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.318	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	*****	*****	*****	*****	*****	0.013	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 <b>Steven S. Peacock, PhD. Environmental Manager</b>	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 <i>Steven S. Peacock</i>	TELEPHONE		DATE		
			214-670-6654	2009 04 27	AREA CODE	NUMBER	YEAR
TYPED OR PRINTED							

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

**RPL = Below Recordable Limits**

# HAZARDOUS METALS - INLAND WATERS

STW / TXR05 V383 / 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**

FACILITY LOCATION **Dallas Love Field**

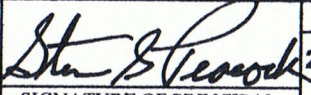
(2-16)  
**TXR05V383**  
PERMIT NUMBER

(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
2009	01	01	2009	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			
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Year	Grab
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.063		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 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			
Steven S. Peacock, PhD. Environmental Manager			214-670-6654	2009	04	27	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

**BRL = Below Recordable Limits**

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 Love Field**

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

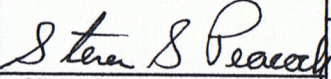
(2-16) **TXR05V383**  
 PERMIT NUMBER  
 (17-19) **N/A**  
 DISCHARGE NUMBER  
 MONITORING PERIOD  

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

**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 / REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Arsenic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.3 Daily Max			
Barium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.027	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	4.0 Daily Max mg/l			
Cadmium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max mg/l			
Chromium	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.006	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	5.0 Daily Max mg/l			
Copper	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.016	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	2.0 Daily Max mg/l			

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	2008	06	10	

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

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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 Love Field**

(2-16)  
**TXR05V383**  
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
2008	01	01	2008	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)			(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	*****	*****	*****	*****	*****	0.015		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	1.5 Daily Max			1/Year	Grab
Manganese	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.076		0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	3.0 Daily Max	mg/l		1/Year	Grab
Mercury	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0001		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  
**Steven S. Peacock, PhD.  
Environmental Manager**

TYPED OR PRINTED

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*Steven S. Peacock*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
214-670-6654		2008	06	10
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 V383 / CO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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**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  
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FACILITY LOCATION **Dallas Love Field**

(2-16) **TXR05V383**  
PERMIT NUMBER

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DISCHARGE NUMBER

Only If required, mail to: TCEQ (MC 213)  
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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
<b>2008</b>	<b>01</b>	<b>01</b>	<b>2008</b>	<b>12</b>	<b>31</b>
(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)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<b>BRL</b>	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max			
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<b>0.077</b>	0	1/Year	Grab
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	6.0 Daily Max			

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

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

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