Memorandum



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.

to Steawich

	M WATER DISCHARGE T AND CERTIFICATION	Airport: Dallas Love Field (DAL)	
ASSESSMEN	I AND CERTIFICATION	Completed By/Title: Dionne Driscoll/Environn	
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Adam Rose/Graduate En Describe Results From Visual Inspection for the Presen Storm Water Discharge	
07/15/04	IF-1	■ No water present □ Water present. (If yes, describe and collect sample. Ide source):	
07/15/04	OF-1	■ No water present ■ Water present. (If yes, describe and collect sample. Ide source): Backwater from Bachman Lake. No visible flow i based on inspection of drainage basin.	entify Into system No sample required Sample collected. ID #:
07/15/04	OF-2	■ No water present ■ Water present. (If yes, describe and collect sample. Ide source): Backwater from Bachman Lake. Small amount of entering system attributed to groundwater discharging throuse training wall drainage system at north end of RWY 18/36.	flow ugh
07/15/04	OF-3	■ No water present ■ Water present. (If yes, describe and collect sample. Ide source): Backwater from Bachman Lake. No visible flow i based on inspection of drainage basin.	ntify No sample required Sample collected. ID #:
07/15/04	OF-4	■ No water present □ Water present. (If yes, describe and collect sample. Ide source):	
		CERTIFICATION	
ccordance with a sy r persons who man nd belief, true, acc nprisonment for k	ystem designed to assure that qual nage the system or those persons di urate, and complete. I am aware t nowing violations.	penalty of law that this document and all attachments were ified personnel properly gather and evaluate the informative rectly responsible for gathering the information, the information hat there are significant penalties for submitting false information.	ion submitted. Based on my inquiry of the person mation submitted is, to the best of my knowledge rmation, including the possibility of fine and
. Name and Offici	ial Title (type or print): Stev	en S. Peacock B. Area Cod	le and Telephone No.: 214 670 - 6654
. Signature: 🏒	tu & Alexand	D. Date: 03	8/10/04

	M WATER DISCHARGE	Airport: Dallas Love Field (DAL)	
ASSESSMENT	T AND CERTIFICATION	Completed By/Title: Dionne Driscoll/Environmental	
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Adam Rose/Graduate Engineer Describe Results From Visual Inspection for the Presence of No Storm Water Discharge	
07/15/04	OF-5	■ No water present □ Water present. (If yes, describe and collect sample. Identify source):	No sample required Sample collected. ID #:
07/15/04	OF-6	■ No water present ■ Water present. (If yes, describe and collect sample. Identify source): Backwater from Bachman Lake. No visible flow into syste based on inspection of drainage basin.	No sample required Sample collected. ID #:
07/15/04	OF-7	■ No water present □ Water present. (If yes, describe and collect sample. Identify source):	■ No sample required □ Sample collected. ID #:
07/15/04	OF-8	No water present Water present. (If yes, describe and collect sample. Identify source):	■ No sample required □ Sample collected. ID #:
07/15/04	OF-9	No water present Water present. (If yes, describe and collect sample. Identify source):	■ No sample required □ Sample collected. ID #:
I, STEVEN 5.	Peaceck, certify under 1	CERTIFICATION penalty of law that this document and all attachments were prepare	ed under my direction or supervision in
or persons who man and belief, true, accimprisonment for ki	ystem designed to assure that qual nage the system or those persons di urate, and complete. I am aware t nowing violations.	ified personnel properly gather and evaluate the information submirectly responsible for gathering the information, the information shat there are significant penalties for submitting false information,	nitted. Based on my inquiry of the person
A. Name and Offici	ial Title (type or print): 5 tex	es 5. Peacock B. Area Code and To	elephone No.: 214670 - 6654
B. Signature:	tu- & Heave	D. Date: 08/10	2/04

	M WATER DISCHARGE T AND CERTIFICATION	Airport: <u>Dallas Love Field (DAL)</u> Completed By/Title: <u>Dionne Driscoll/Environ</u>	nmental Speci	alist – TCB
		Adam Rose/Graduate F		
Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Describe Results From Visual Inspection for the Pres Storm Water Discharge	sence of Non-	Sample Information
07/15/04	OF-10	■ No water present ■ Water present. (If yes, describe and collect sample. Is source): Backwater from Bachman Lake. No visible flow based on inspection of upstream area.	Identify	No sample required Sample collected. ID #:
07/15/04	OF-11	■ No water present ■ Water present. (If yes, describe and collect sample. It source): Backwater from Bachman Lake. No visible flow based on inspection of upstream area.		■ No sample required ■ Sample collected. ID #:
07/15/04	OF-12	■ No water present ■ Water present. (If yes, describe and collect sample. It source): Backwater from Bachman Lake. No visible flow based on inspection of upstream area.	Identify [No sample required Sample collected. ID #:
07/15/04	OF-13	■ No water present ■ Water present. (If yes, describe and collect sample. It source): Leaking potable water line nearby caused flow in which entered storm drain at outfall location.	Identify [No sample required Sample collected. ID #:
07/15/04	OF-14	■ No water present Water present. (If yes, describe and collect sample. I source):	Identify [No sample required Sample collected. ID #:
· stale -	Rando	CERTIFICATION	i	
accordance with a s	vstem designed to assure that qual	penalty of law that this document and all attachments we ified personnel properly gather and evaluate the information of the control of the c	ere prepared und	ler my direction or supervision in
or persons who mai	nage the system or those persons di	rectly responsible for gathering the information, the info	ormation submit	ted is, to the best of my knowledge
and belief, true, acc imprisonment for k	curate, and complete. I am aware t	hat there are significant penalties for submitting false in	nformation, inclu	ding the possibility of fine and
		ven S. Peacod B. Area C	Code and Telepho	ne No.: 214-670-6654
B. Signature: 🔏	teven S. Peacoc	D. Date:	08/10/	104

	M WATER DISCHARGE	Airport: Dallas Love Field (DAL)	
ASSESSMEN'	T AND CERTIFICATION	Completed By/Title: Dionne Driscoll/Environmen	
		Adam Rose/Graduate Engin	neer – TCB
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 Storm Water Discharge	of Non- Sample Information
07/15/04	OF-15	■ No water present Water present. (If yes, describe and collect sample. Identif source):	
07/15/04	OF-16	 □ No water present ■ Water present. (If yes, describe and collect sample. Identif source): <u>Dry-weather discharge identified to be groundwater in into storm sewer upstream of outfall.</u> 	
07/15/04	OF-17	■ No water present Water present. (If yes, describe and collect sample. Identif source):	
07/15/04	OF-18	☐ No water present Water present. (If yes, describe and collect sample. Identif source): Standing water in ditch parallel to Tom Braniff Lane. evidence of pollutants in water. No visible flow into system of from this point.	No
07/16/04	OF-19	■ No water present □ Water present. (If yes, describe and collect sample. Identif source):	
accordance with a s or persons who mai	system designed to assure that qual nage the system or those persons di curate, and complete. I am aware t	CERTIFICATION penalty of law that this document and all attachments were prified personnel properly gather and evaluate the information irectly responsible for gathering the information, the information hat there are significant penalties for submitting false information.	submitted. Based on my inquiry of the person tion submitted is, to the best of my knowledge
		en 5. Peacacle B. Area Code a	nd Telephone No.: 7/4 670-6654
B. Signature: 🔏	ial Title (type or print): 5 teV	D. Date: 08	nd Telephone No.: 214 670-6654

Date of Visual Inspection	MATER DISCHARGE T AND CERTIFICATION Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility	Airport: DAL-Dallas Lovefield Completed By/Title: Jessica Mock- Environ Describe Results From Visual Inspection for the Presence of Non- Storm Water Discharge	emental Specialist Sample
3/4/07	connection, if any.	No water present Water present	Information No sample required
316107	0F-2	No water present Water present. (If yes, describe and collect sample Identify	No sample required
316107	0F-3	No water present Water present. (If yes, describe and collect sample Identify	Sample collected. ID #:
3/6/07	0F-4	No water present	
3/6/07	- C - C	No water process	No sample required Sample collected. ID #:
Steven S. Peo	Cock	CEDTIO	No sample required Sample collected. ID #:
persons who managed belief, true, accurate prisonment for known Name and Official Signature:	tem designed to assure that qualified the system or those persons directly and complete. I am aware that wing violations. Title (type or print): Seven S.	CERTIFICATION Tally of law that this document and all attachments were prepared und personnel properly gather and evaluate the information submitted. It is responsible for gathering the information, the information submitted there are significant penalties for submitting false information, include the cock of the cook of the co	ler my direction or supervision in Based on my inquiry of the person ted is, to the best of my knowledge ling the possibility of fine and ne No.: 214-670-6654

Date of Visual Inspection	M WATER DISCHARGE IT AND CERTIFICATION Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility	Airport: DAL-Dallas Love Field Completed By/Title: Lessica Mack-Environment o Describe Results From Visual Inspection for the Presence of Non- Storm Water Discharge	al Specialist
	connection, if any.		Sample Information
316107	6F-6	No water present Water present. (If yes, describe and collect sample. Identify source): 74 3 ubmerged in Bachman I ale	No sample required
316107	0F-7	No water process	Sample collected. ID #:
		Water present. (If yes, describe and collect sample. Identify source):	No sample required Sample collected. ID #:
3/6/07	0F f 8	No water present Water present. (If yes, describe and collect sample. Identify	No sample required
316107	0F-9	No water present	Sample collected. ID #:
3/6/07	0F-10	Water present Water present. (If yes, describe and collect sample, Identify source): 1/2 submerged in Bachman Lake, Checked No water present No water present	■ No sample required □ Sample collected. ID #:
Steven S. Pea		source): Submerged in Bach man Lake, chiefed	No sample required Sample collected. ID #:
r persons who managed belief, true, accurate true,	tem designed to assure that qualifies the system or those persons directly and complete.	ed personnel properly gather and all attachments were prepared und city responsible for gathering the information, the information submitted there are significant penalties for submitting false information, include the context of t	ling the possibility of a
	work	B. Area Code and Telephor	ne No.: 214-670 - 101054

Date of Visual Inspection	Manhole, Storm Sewer, Sanitary Sewer or Outfall Observed AND utility connection, if any.	Airport: DAL-Dallas Love Field Completed By/Title: Jessica Mock/Environment Describe Results From Visual Inspection for the Presence of Non- Storm Water Discharge	tal Specialist Sample
316107	0F-11	No water present Water present, (If yes, described)	Information
316107	0F-12	Water present Water present. (If yes, describe and collect sample. Identify source): Submerged in Bachman Lake, checked marest No water present Water present. (If yes, describe and collect sample. Identify source): Submerged in Bachman Lake.	No sample required Sample collected. ID #: No sample required
3/4/07	OF-15	source): Sub merged in Bachmanlake. United closest Manhole, no discharge observed. No water present Water present. (If yes, describe and collect sample. Identify source): History of ground water flow.	No sample required
F01218	0F-14	No water present Water present	No sample required
16107	0F-18	No water present Water present	Sample collected. ID #:
Steven S. cordance with a sve	TOUR Some	CEPTIFIC -	No sample required Sample collected. ID #:
persons who managed belief, true, accurate prisonment for known Name and Official Signature:	ge the system or those persons dire ate, and complete. I am aware that wing violations. Title (type or print): Steven S	CERTIFICATION nalty of law that this document and all attachments were prepared und ed personnel properly gather and evaluate the information submitted. ctly responsible for gathering the information, the information submitted there are significant penalties for submitting false information, including the cook Env. Manager B. Area Code and Telephon D. Date: 311 January 18.	ler my direction or supervision in Based on my inquiry of the person ted is, to the best of my knowledge ling the possibility of fine and ne No.: 214-670-6654

/CO

NAME CITY		ESS (Include Facility Na	me/Location if Diffe		NAL POLLUTANT DISCH DISCHARGE MON	HARC IMINATION	SYSTEM (NPDES)	NOIL. EII	er your	autho	rization n	Umuer
ADDRESS		lar Springs Rd. L	B 16	TXR0	TXR05V383 (1/-19) O			underlined of this pag	i space i e. Examp	In the l	upper rig V/ TXR05 <u>J</u> :	ht hand
ACILITY OCATION				YEAR 2010 (20-21)	MONITORING PERIOD YEAR MO DAY YEAR MO DAY 2010 12 31				_lOnly If required, mail to: ☐			3087
(32-3		><	(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOA (54-61)		(4 Card Only) QI (38-45)	JALITY OR CON (46-53)			NO.	FREQUENCY	SAMPLE
Arsenic		SAMPLE		MAXIMUM	M UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYSIS (64-68)	TYPE (69-70)
		MEASUREMENT SAMPLE	******	******	******	*****	*****	BRL		0	1/Year	Grab
Barium		REQUIREMENT	******	•	******	•		0.3 Daily Max			1/Year	Grab
zanum		SAMPLE MEASUREMENT	******	******	******	******	******	0.033		0	1/Year	Grab
		SAMPLE REQUIREMENT					******	4.0 Daily Max	mg/l		1/Year	Grab
admium		SAMPLE MEASUREMENT	******	******	******	******	******	BRL		0	1/Year	Grab
~		SAMPLE REQUIREMENT					******	0.2	mg/l		1/Year	Grab
hromium		SAMPLE MEASUREMENT	******	******	******	******	******	0.008		0	1/Year	Grab
		SAMPLE REQUIREMENT	******	-	******		******	5.0	mg/l		1/Year	Grab
opper		SAMPLE MEASUREMENT	*****	******	******	******	*****	Daily Max		0	1/Year	Grab
		SAMPLE REQUIREMENT	******		******	•••••	******	2.0	mg/l		1/Year	Can District
NAME/TIT	LE PRINC	IPAL EXECUTIVE	OFFICER			CONTRACTOR OF THE PROPERTY OF		Daily Max			SOLD WITH MAN	Grab
even S. F nvironme	Peacock, ntal Man	PhD. ager		A BYBTEM DESIGNED TO ASSURE T AND EVALUATE THE INFORMATIO PERSON OR PERSONS WHO MANA RESPONSIBLE FOR CATHERING TO SE. TO THE BERT OF MY WIND	Y THAT THIS DOCUMENT AND ALL A ECTION OR SUPERVISION IN ACCO HAT QUALIFIED PERSONNEL PROPI IN SUBMITTED. BASED ON MY INC GETTE SYSTEM. OR THOSE PERSO EI INFORMATION. THE INFORMATIO VLEOGE AND BELIEF. TRUE. ACC	RDANCE WITH ERLY CATHER SUIRY OF THE SHE DIRECTLY IN SUBMITTED SIGNAT	URE OF PRINC	cock 214-670	-6654	_	010 02	08
	TYPE	O OR PRINTED			N INCLUDING THE BORDING	NALTIES FOR	EXECUTIVE R OR AUTHORI AGENT	ADEAT	NUMBE	R Y	EAR MO	DAY

Below Recordable Limits

EPA Form 3320-1 (3-99)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

NAME City of Dall	ESS (Include Facility N	ame/Location if Differe		POLLUTANT DISC CHARGE MON	HAR LIMINATION NITORING REPOI	SYSTEM (NPDES) RT (DMR)	MOIE. E	nter your	author	rization	numper i		
Dallas,	edar Springs Rd. TX 75235	LB 16	TXR05V3	(2-16) (17-19) TXR05V383 N/A PERMIT NUMBER DISCHARGE NUMBER			underlined space in the upper right hand co of this page. Example: STW/ TXR05J102/CO Only If required, mail to: TCEQ (MC 213)						
Dallas PARAMETER	Love Field		2010 (20-21) (2	MO DAY 01 01 (2-23) (24-25)	YEAR 2010	MO DAY 12 31 28-29) (30-31		rea, mail to	P.O. I	Box 1308			
(32-37)	\rightarrow	(46-53)	QUANTITY OR LOADIN (54-61)	G		UALITY OR CON (46-53)			NO.	FREQUE	SAMPLE		
Lead	CAUSE S	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYS (84-68			
.eau	SAMPLE MEASUREMENT	*****	******	******	*****	*****	0.020		0	1/Year	, (44.4)		
Manganese	SAMPLE REQUIREMENT	******		******		-	1.5 Daily Max			1/Yes	ar Grab		
ianganese	SAMPLE MEASUREMENT	******	******	******	******	*****	0.085		0	1/Year	Grab		
	SAMPLE REQUIREMENT			******		******	3.0 Daily Max	mg/l		1/Yea	ESS SIT CORES		
Mercury	SAMPLE MEASUREMENT	******	******	******	******	*****	BRL		0	1/Year	Grab		
	SAMPLE REQUIREMENT		*****	*****	******	******	0.01	mg/l		1/Yea			
lickel	SAMPLE MEASUREMENT	*****	******	******	******	******	Daily Max 0.013		0				
	SAMPLE REQUIREMENT			******	-	******	3.0	mg/l		1/Year	Grab r Grab		
elenium	SAMPLE MEASUREMENT	******	******	******	******	*****	Daily Max	l light	0				
	SAMPLE REQUIREMENT	******				******	0.2	mg/l		1/Year	Grab		
	NCIPAL EXECUTIVE	OFFICER	I CERTIFY UNDER PENALTY OF I	AW THAT THE DOCUME			Daily Max			ar he follows	r Grab		
even S. Peacock	k, PhD.		ACCORDANCE WITH A SYSTEM OF	WER MY DIRECTION OR SU	PERVISION IN .	- 00		PHONE		DATE			
vironmental Ma	nager		SUBMITTED. BASED ON MY INQUIR MANAGE THE BYSTEM, OR THOSE I GATHERING THE INFORMATION, THE I DE MY KNOW EDGE AND THE I	AND EVALUATE THE I Y OF THE PERSON OR PE PERSONS DIRECTLY RESPO NEORMATION SUBMITTED IS.	INFORMATION CREONS WHO CONSIBLE FOR SIGNATI	JRE OF PRINCIP	214-670 PAL	-6654	2010	02	08		
TVDED OF PENANTION			AWARE THAT THERE ARE SIGNIFICATION INCLUDING THE POSS KNOWING VIOLATIONS.	INT PENALTIES FOR SUBMI IBILITY OF FINE AND IMPRIS	TIME FALSE COMMENT FOR OFFICER OR AUTHORIZE AGENT		ED AREA CODE	NUMBER	YEAR	МО	DAY		

PERMITTEE NAME/A ES	DOUS META SS (Include Facility Name/	LS - INLA! Location & Different)	NATIONAL	. POLLUTANT DIS SCHARGE MO	SCHAR ONITORIN	IMINATION NG REPO	I SYSTEM (NPDES RT (DMR)	NOTE: E	W / TX inter yo	our au	thori	zatio	n num.	er in the and corner
ADDRESS 8008 Cedar Dallas, TX 7	5235		TXR05V3	(2-16) 383 MIT NUMBER		DISCH	(17-19) N/A ARGE NUMBE	of this p	age. E	xample	: STV	V/ TXF	R05 <u>J102</u> /	CO
FACILITY LOCATION Da	ilas Love Field	M	YEAR 2010 (20-21)	MO 01	DAY 01 24-25)	YEAR 2010 (26-27)	MO DAY 12 31 (28-29) (30-3	- -		ļ	P.O. B	ox 130	87 711-3087	
PARAMETER (32-37)	>	(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOA (54-61) MAXIMUM	ADING	(4 Car (38		UALITY OR COI (46-53)	NCENTRATION (54-61		NO.	0	UENCY OF LYSIS	SAMPLE TYPE	
Silver	SAMPLE MEASUREMENT	******	******	******	_	*****	AVERAGE ******	BRL	UNITS	(62-63) 0		-68)	(69-70) Grab	
Zinc	SAMPLE REQUIREMENT	******		******		*****	•••••	0.2 Daily Max	mg/l		1/Y	'car	Grab	
Zinc	SAMPLE MEASUREMENT	******	******	******	1.	• • • • • •	******	0.192		0	1/Ye	ar	Grab	
	SAMPLE REQUIREMENT	******	,,,,,,,			••••	******	6.0 Daily Max	mg/l	Sale N	1/Y		Grab	
NAME/TITLE PRINCIP			CERTIFY UNDER PENALTY OF	LAW THAT THIS DAY	IDATIVE AND A			The second secon	LEPHON	E		DATE	州州西北 里安亚	
Steven S. Peacock, Ph Environmental Manage	D. er	in B O	TACHMENTS WERE PREPARED I CCORDANCE WITH A SYSTEM FRSONNEL PROPERLY OF THE PER- ASED ON MY INQUIRY OF THE PER- R THOSE PERSONS DIRRICTLY RESEN HE INFORMATION SIGNATURE IN	UNDER MY DIRECTION O DESIGNED TO ASSURE DEVALUATE THE INFORM SON OR PERSONS WHO MAI ONSIBLE FOR GATTERING:	R SUPERVISION THAT QUALITY ATION SUBMETTE NAME THE SYSTEE THE INFORMATIO	SIGNA	TURE OF PRINCE	214-67			2010	02	08	
	OR PRINTED		ENALTIES FOR SUBMITTING FALSE F FINE AND IMPRISONMENT FOR I	I AM AWARE THAT THERI INFORMATION, INCLUDIN INOWING VIOLATIONS.		NT	EXECUTIVE ER OR AUTHORI	ZED AREA CODE	NUME	BER	YEAR	МО	DAY	
COMMENTS AND EXPLAN	IATION OF ANY	/IOLATIONS	Reference all attach	ments here)			AGENT	1002				L	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	
BRL = Below Recordat	ole Limits													
EPA Form 3320-1 (3-99)			(REPLACES EPA	FORM T-40 W	НІСН МА	Y NOT BI	E USED)]	PAGE	3	OF	3	

/CO

		DRESS (Include Facility Na	me/Location if Differen			HARGE ELIMINATION	NOTE: Ent	er your	author	ization n	umber in				
NAME City	of Dalla	\$		DISC							upper rigl				
455550	8008 Ce	dar Springs Rd L	B 16		(2-16) (17-19) 0					le: STV	V/ TXR05J1	02/ CO			
ADDRESS	Dallas T	X 75235			TXR05V383 N/A PERMIT NUMBER DISCHARGE NUMBE										
				LPERMIT			GE NUMBER	_Only If require	d, mail to:		(MC 213) Box 13087				
ACILITY LOCATION	Dallas L	ove Field				ORING PERIOD					TX 78711-3	087			
LOCATION					IO DAY	YEAR	MO DAY	1_		Austin,	17/10/11-0	007			
					01 01	2009	12 31								
PARAM	ETER	K 7	(3 Card Only) ((20-21) (22 QUANTITY OR LOADING		(26-27) (3 (4 Card Only) QL	28-29) (30-31)				FREQUENCY	7			
(32-3	Particular Committee of the Committee of		(46-53)	(54-61)	•	(38-45)	(46-53)	(54-61)		NO.	OF	SAMPLE			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYSIS (64-68)	TYPE (69-70)			
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	*****	ste de de file de de	*****	*****	*****	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/TI	TLE PRIN	CIPAL EXECUTIVE	OFFICER	ERTIFY UNDER PENALTY OF LAW THAT	THIS DOC! MENT AND ALL	ATTACHMENTS Of	00	TEI	EPHONE		DATE				
Steven S. Environme			A A A P P I I I I	ERE PREPARED UNDER MY DIRECTION SYMMETHAT QI US EVALUATE THE INFORMATION SUB- ERSON OR PERSONS WHO MANAGE THE ESPONSIBLE FOR GATHERING THE INFO- TO THE BEST OF MY KNOWLEDGI	OR SUPERVISION IN ACCI JALIFIED PERSONNEL PRO MITTED. BASED ON MY IN E SYSTEM, OR THOSE PERI RMATION, THE INFORMAT E AND BELIEF, TRUE, AI	ORDANCE WITH OPERLY GATHER NOUIRY OF THE SONS DIRECTLY ION SUBMITTED CCURATE, AND	TURE OF PRINC	IPAL			009 04	27			
				DMPLETE. I AM AWARE THAT THE JBMITTING FALSE INFORMATION, INC. PRISONMENT FOR KNOWING VIOLATION	LUDING THE POSSIBILITY		EXECUTIVE ER OR AUTHORI	ZED AREA CODE	NUMBE	RY	EAR MO	DAY			
	TYPI	ED OR PRINTED					AGENT	CODE							

BRL = Below Recordable Limits

EPA Form 3320-1 (3-99)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

AME City		RESS (Include Facility Nar	me/Location if Differen	DISC	DISCHARGE MONITORING REPORT (DMR)				NOTE: Enter your authorization number in underlined space in the upper right hand confidence of the co						
	8008 Ce Dallas T	dar Springs Rd L X 75235	.B 16	TXR05V38	TXR05V383 N/A				of this page. Example: STW/ TXR05 <u>J102</u> / CO Only If required, mail to: TCEQ (MC 213)						
OCATION		ove Field		2009 (MONITO 10 DAY 01 01 -23) (24-25)	DRING PERIOD YEAR MO DAY 2.009 12 31 (26-27) (28-29) (30-31)			P.O. Box 13087 Austin, TX 78711-3087						
(32-3			(46-53)	QUANTITY OR LOADING (54-61)		(38-45)	ALITY OR CON (46-53)	(54-61)		NO. EX	FREQUENC OF ANALYSIS	SAMPLE			
Lead		SAMPLE	AVERAGE ******	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)			
		SAMPLE REQUIREMENT	******	*****	*****	*****	*****	0.020 1.5 Daily Max		0	1/Year	Grab			
Manganese		SAMPLE MEASUREMENT	****	****	*****	*****	*****	0.318		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			
lickel		SAMPLE MEASUREMENT	*****	30 10 10 10 10 10 10 10 10 10 10 10 10 10	****	****	*****	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/TI	TLE PRIN	CIPAL EXECUTIVE	OFFICER	CERTIFY UNDER PENALTY OF L	W THAT THIS DOCUME	NT AND ALL	10	TELE	PHONE		DATE				
teven S. F nvironme				GATHERING THE INFORMATION, THE IN	SIGNED TO ASSURE THA AND EVALUATE THE II OF THE PERSON OR PE ERSONS DIRECTLY RESPO FORMATION SUBMITTED IS,	T QUALIFIED NEORMATION RESONS WHOO ONSIBLE FOR TO THE BEST SIGNATL	Teau		6654	2009	04 2	7			
	TYP	ED OR PRINTED	al aparticipation de la proposition de	OF MY KNOWLEDGE AND BELIEF, TR AWARE THAT THERE ARE SIGNIFICAL INFORMATION, INCLUDING THE POSSI KNOWING VIOLATIONS.	NT PENALTIES FOR SUBMI	TTING FALSE	XECUTIVE OR AUTHORIZ AGENT	AREA CODE	NUMBER	YEAR	MO I	DAY			

RPI = Relow Recordable I imite EPA Form 3320-1 (3-99)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

		RDOUS METAI								ST	W / TX	R05 V	383		/ CO			
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME City of Dallas					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)					MOIL. L						er in the		
ADDRESS	Dallas T)	3008 Cedar Springs Rd LB 16 Dallas TX 75235				(2-16) (17-19) TXR05V383 N/A				of this p	underlined space in the upper right hand corn of this page. Example: STW/ TXR05J102/ CO Only If required, mail to: TCEQ (MC 213)							
	Dallas Love Field				MONITORING PERIOD YEAR MO DAY					P.O. Box 13087 Austin, TX 78711-3087								
	RAMETER (32-37)		(3 Card Only) (46-53) AVERAGI		TITY OR LOADII (54-61) MAXIMUM	NG UNITS	(38	d Only) QI 3-45) INIMUM	UALITY OR COI (46-53) AVERAGE	CENTRATION (54-61 MAXIMUM		NO. EX (62-63)	ANAL	UENCY)F _YSIS -68)	SAMPLE TYPE			
Silver		SAMPLE MEASUREMENT			****	*****	**	****	*****	BRL		0	1/Ye		(69-70) Grab			
		SAMPLE REQUIREMENT	*****		******	******	***	*****	******	0.2 Daily Max	mg/l		1/Y	ear	Grab			
Zinc		SAMPLE MEASUREMENT	*****		*****	*****	**	*******	*****	0.063		0 1/Y	1/Ye	ar	Grab			
		SAMPLE REQUIREMENT	****	非非非非非非		*****	*****		*****	6.0 Daily Max	mg/l		1/Y	ear	Grab			
NAME/	TITLE PRIN	ICIPAL EXECUTIVE (OFFICER	CERTIFY I	JNDER PENALTY OF LAW	V THAT THIS DOCUME	NT AND A	11	-/	TE	LEPHON	E	-	DATE				
Steven S. Peacock, PhD. Environmental Manager Environmental Manager TYPED OR PRINTED ATTACHMEN PERSONNEL P BASED ON MY THE INTEGRACUR PENALTIES PC OF PINE AND				TS WERE PREPARED UNDE		JPERVISION .	SIGNAT	URE OF PRINCI	214-67	0-6654		2009	04	27				
				URATE, AND COMPLETE. I AM WARRE THAT THERE ARE SIGNIFICANT FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY DIMPRISONMENT FOR KNOWING VIOLATIONS. EXECUTIVE OFFICER OR AUTHORIZE AGENT				ZED AREA CODE			YEAR	МО	DAY					
BRL = Bel	low Recor	LANATION OF ANY V	VIOLATIONS		······································													
EPA Form 33	320-1 (3-99)			(REPL	ACES EPA FO	RM T-40 WHI	CH MA	Y NOT BE	USED)			PAGE	2	OF ~	2			

_/CO

PERMITTEE I	NAME/ADD	ORESS (Include Facility Nar	me/Location if Different	NATIONAL PO	OLLUTANT DISC	HARGE ELIMINATION S	SYSTEM (NDDES)	Now -								
NAME City					DISCHARGE MONITORING REPORT (DMR) NOTE: Enter your authorization num underlined space in the upper right											
ADDRESS	8008 Ced Dallas T	dar Springs Rd L X 75235	B 16	TXR05V38	(2-16) (17-19) TXR05V383 N/A PERMIT NUMBER DISCHARGE NUMBE				of this page. Example: STW/ TXR05J102/ CO							
FACILITY	Dallas I	ove Field		LFERIVIT		ORING PERIOD	GE NUMBER	」Only If require	d, mail to:	P.O. Bo						
OCATION		ovo i ioid		2008 0	YEAR MO DAY YEAR MO 2008 01 01 2008 12					Austin,	087					
PARAME	ETER		(3 Card Only) Q	UANTITY OR LOADING			28-29) (30-31) JALITY OR CONC		79		TEREOUENOV					
(32-3	57)	\rightarrow	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		NO.	FREQUENCY OF	SAMPLE				
Araania			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYSIS (64-68)	TYPE (69-70)				
Arsenic		SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Year	Grab				
		SAMPLE REQUIREMENT	*****	******	*****	*****	****	0.3 Daily Max			1/Year	Grab				
Barium		SAMPLE MEASUREMENT	*****	****	******	****	*****	0.027		0	1/Year	Grab				
		SAMPLE REQUIREMENT	*****	*****		*****	*****	4.0 n	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	*****	*****	*****	*****	*****	0.006		0	1/Year	Grab				
		SAMPLE REQUIREMENT	*****	******	*****	*****	*****	5.0 Daily Max	mg/l		1/Year	Grab				
Copper		SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.016		0	1/Year	Grab				
		SAMPLE REQUIREMENT	*****	*****	*****	*****	****	2.0 Daily Max	mg/l		1/Year	Grab				
Steven S. Peacock, PhD. Environmental Manager Environmental Manager RESPONSIBLEF IS, TO THE BEI			ERTIFY UNDER PENALTY OF LAW THAT I	PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS				LEPHONE		DATE						
			RE PREPARED UNDER MY DIRECTION ('YSTEM DESIGNED TO ASSURE THAT QU.) D EVALUATE THE INFORMATION SUBM RSON OR PERSONS WHO MANAGE THE SPONSIBLE FOR GATHERING THE INFO'S TO THE BEST OF MY KNOWLEDGE	D UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH NED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER THE INFORMATION SUBMITTED. BASED ON MY INQUIRTY OF THE SONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY DER GATHERING THE INFORMATION. THE INFORMATION SUBMITTED SIGNATURE OF PRINCE OF MY KNOWLEDGE AND BELIEF, TRUE. ACCURATE. AND			near 214-670-6654			008 06	10					
	TYPE	D OR PRINTED	SU	BMITTING FALSE INFORMATION, INCL PRISONMENT FOR KNOWING VIOLATION	UDING THE POSSIBILIT		EXECUTIVE ER OR AUTHORI AGENT	ZED AREA CODE	NUMBE	R Y	EAR MO	DAY				

EPA Form 3320-1 (3-99)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

/CO

IAME City of Dalla	DDRESS (Include Facility Na	ame/Location if Different)	NATIONAL P DISC	OLLUTANT DISCH CHARGE MON	HARGE ELIMINATION S	SYSTEM (NPDES) T (DMR)	NOTE: Ent					
ADDRESS 8008 C	edar Springs Rd I	LB 16	(2- TXR05V38	-16) 33	7-19) N/A			n the upper right hand le: STW/ TXR05 <u>J102</u> / CO				
ACILITY	TX 75235		NUMBER	DISCHAR	RGE NUMBER Only If required, mail to:							
OCATION Dallas	Love Field		2008	2008 01 01 2008 12 31					P.O. B Austin	-3087		
PARAMETER (32-37)		(3 Card Only) QL (46-53)	(20-21) (22 JANTITY OR LOADING (54-61)	(-23) (24-25)]		28-29) (30-31) ALITY OR CONC (46-53)	CENTRATION (54-61)		NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYSIS (64-68)	TYPE (69-70)	
Lead	SAMPLE MEASUREMENT	**********	skokokokok	*****	*****	*****	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 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 PR	RINCIPAL EXECUTIV	E OFFICER	CERTIFY UNDER PENALTY OF L		ENT AND ALL		TELE	PHONE		DATE		
teven S. Peacoc nvironmental M			PERSONNEL PROPERLY GATHER SUBMITTED. BASED ON MY INQUIRY MANAGE THE SYSTEM, OR THOSE F. SATHERING THE INFORMATION, THE III DF MY KNOWLEDGE AND BELIEF. TO	Y OF THE PERSON OR P PERSONS DIRECTLY RESI NFORMATION SUBMITTED I RUE ACCURATE AND CO	AAT GUALIFIED INFORMATION SERSONS WHO PONSIBLE FOR IS, TO THE BEST MARIE FEE TAMBER TO SIGNATURE OF PRINCIPAL OF THE PRINCIP		214-670-6654 PAL		2008	06 1	0	
T	YPED OR PRINTED		AWARE THAT THERE ARE SIGNIFICA NFORMATION, INCLUDING THE POSS (NOWING VIOLATIONS.	INT PENALTIES FOR SUB	MITTING FALSE	EXECUTIVE R OR AUTHORIZ AGENT	ED AREA CODE	NUMBER	YEAR	MO	DAY	
	XPLANATION OF AN	NY VIOLATIONS	(Reference all attac	hments here)								
PA Form 3320-1 (3			(REPLACES EPA F	ODM T 40 140								

Form Approved OMB 1 740-004

	OUS METAL							V / TXI	R05 V	383		/ CO				
PERMITTEE NAME/ADDRESS NAME City of Dallas	(Include Facility Name/Lo	ocation if Different)		DLLUTANT DISCHA HARGE MONIT		NOTE: Enter your authorization number in underlined space in the upper right hand										
Dallas TX 752		6	TXR05V383	(2-16) (17-19) TXR05V383 N/A					of this page. Example: STW/ TXR05J102/ CO Only If required, mail to: TCEQ (MC 213)							
FACILITY LOCATION Dall	las Love Field		YEAR 2008 (20-21)	MONITOR MO DA 01 01 (22-23) (24-2	RING PERIOD Y YEAR 2008				F	P.O. Bo	x 1308					
PARAMETER (32-37)		(3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADI (54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	QUALITY OR CON (46-53) AVERAGE	ICENTRATION (54-61 MAXIMUM) UNITS	NO. EX (62-63)	FREQU O ANAL (64-	F YSIS	SAMPLE TYPE (69-70)				
Silver	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	BRL		0	1/Yea		Grab				
	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	0.2 Daily Max	mg/l		1/Y	ear	Grab				
Zinc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.077		0	1/Ye	ar	Grab				
	SAMPLE REQUIREMENT	*****	*****	*****	*****	******		6.0 mg/l		1/Y	ear	Grab				
NAME/TITLE PRINCIPA Steven S. Peacock, Phi Environmental Manage	CERTIFY UNDER PENALTY OF L (TTACHMENTS WERE PREPARED UNI (CCORDANCE WITH A SYSTEM DE ERSONNEL PROPERLY GATHER ANDE' (ASSED ON MY INQUIRY OF THE PERSON OR THOSE PERSONS DIRRETLY RESPONSE THE INFORMATION SUBMITTED IS, TO T RUE, ACCURATE, AND COMPLETE 1A FENAL THES FOR SUBMITTING FALSE INI	DER MY DIRECTION OR SUI SIGNIED TO ASSURE THA VALUATE THE INFORMATION FOR PERSONS WHO MANAGE SIBLEFOR GATHERING THE IN HE BEST OF MY KNOWLEDGI M AWARE THAT THERE ARE	PERVISION IN T QUALIFIED N SUBMITTED PETILE SYSTEM NFORMATION, E SHONIFICANT	ATURE OF PRINCI EXECUTIVE	PAL AREA	10-6654		2008 YEAR	06 MO	10 DAY						
TYPED O COMMENTS AND EXPLAN	R PRINTED	/IOLATIONS	(Pafaranaa all attaches		OFFI	CER OR AUTHORI AGENT	CODE									
BRL = Below Recordate		TOLATIONS	(Reference an attachm	ents here)												
EPA Form 3320-1 (3-99)			(REPLACES EPA FO	ORM T-40 WHI	CH MAY NOT	BE USED)			PAGE	3	OF	3				