



**Water Utilities Department
Pretreatment & Laboratory Services
Silver Best Management Practice (BMP) Program**



CITY OF DALLAS

ANNUAL LETTER of PARTICIPATION and CERTIFICATION of NO DISCHARGE

ALL FACILITIES MUST COMPLETE EITHER SECTION ONE or SECTION TWO.

Facility Name: _____

Facility Location Address: _____

City, State, Zip: _____

Mailing Address, City, State, Zip (if different from above): _____

Telephone: _____

Fax: _____

Contact: _____

Title: _____

Site Number: _____
(If only one processing unit, Site Number is 1)

Silver BMP ID Number _____
(ID Number located on the received envelope)

Reporting Period: _____ (year in which tests and reports were completed)

For purposes of the Silver BMP program we have determined that we are a:

LARGE FACILITY
(10,000 to 25,000 gpd process flow or
more than 20 gpd of silver rich solution)

SMALL FACILITY
(Less than 10,000 gpd process flow or
less than 20 gpd of silver rich solution)

SECTION ONE

ON-SITE SILVER RECOVERY

YES, this facility is conducting on-site silver recovery. We have performed monthly silver strip tests on our effluent and submitted samples of our wastewater to a certified laboratory for analytical testing to verify the silver recovery equipment is operating properly.

The results of the analytical test(s) are:

Percent recovery TEST ONE _____ % (annual test for **SMALL** facilities)

Percent recovery TEST TWO _____ % (biannual tests for **LARGE** facilities)

% Recovery= 100 - (effluent X 100 / influent)

NO, this facility elects not to participate with Silver BMP and elects to comply with the existing numerical discharge limit of 4.0 mg/L (parts per million) for silver as stated in the Dallas City Code (Chapter 49-42). Facilities not complaint or participating in the Silver BMP may be subject to costs that may include permit fees, sampling expenses, and monetary penalties for noncompliance with the regulations.

PLEASE COMPLETE OTHER SIDE

SECTION TWO

CERTIFICATION of NO DISCHARGE
OFF-SITE SILVER MANAGEMENT

I certify that this facility has not discharged silver-rich solutions from the photographic, radiographic, or micrographic development process to the sanitary sewer system and wastewater treatment facility. All silver-rich solutions have been legally transported off-site for proper treatment and disposal.

LIST NAME and ADDRESS OF WASTE HAULER(S)

_____ **name of hauling company**
_____ **address of hauling company**
_____ **city, state and zip code of hauling company**
_____ **phone number of hauling company**
_____ **contact name**

CERTIFICATION of NO DISCHARGE
Digital Processing

I certify that this facility uses only digital processing and does not discharging any process wastewater or silver bearing waste streams into the sanitary sewer system

I am aware that participation in the Silver Best Management Practice or compliance with the existing numerical limit for silver dischargers is mandatory. I agree to complete all required analytical tests on the wastewater discharged from the photo, imaging, and x-ray processing operations by the specified time and agree to maintain all records for a minimum of three (3) years. I certify that the information submitted on this form is true, accurate and complete.

Name of Authorized Representative
(Type or Print)

Title

Signature of Authorized Representative

Date

Return this form by January 31, 200__ to:
City of Dallas Water Utilities Department
Pretreatment and Laboratory Services Division
5510 South Westmoreland Road, Suite 200
Dallas, TX 75237
214/243-2360 FAX
Attn: Silver BMP

For further information on the silver BMP program contact:
Romulus Celan, Environmental Inspector (214-243-2366)
Yilma Zerihun, Pretreatment Coordinator (214-243-2362)
Grady Coomes, Environmental Coordinator (214-243-2370)