



**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 0.36 mg/L (parts per million) at CWWTP and 3.04 mg/L (parts per million) at SSWWTP for silver as stated in the Dallas City Code (Chapter 49-43). 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<sup>st</sup> each year to:**  
**City of Dallas Water Utilities Department**  
**Pretreatment and Laboratory Services Division**  
**2626 Lombardy Lane, Suite 105**  
**Dallas, TX 75237**  
**214/243-2360 FAX**  
**Attn: Silver BMP**

For further information on the silver BMP program contact:  
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