

Texas Commission on Environmental Quality
Industrial Notice Of Intent

Site Information (Regulated Entity)

What is the name of the site to be authorized?	Colgan Air Inc.
Does the site have a physical address?	Yes
Physical Address	
Number and Street	8008 CEDAR SPRINGS RD
City	DALLAS
State	TX
ZIP	75235
County	DALLAS
Latitude (N) (##.#####)	32.8252
Longitude (W) (-###.#####)	-96.8388
Primary SIC Code	4512
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN103148433
What is the name of the Regulated Entity (RE)?	TERMINAL MAINTENANCE DIVISION
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	8008 CEDAR SPRINGS RD
City	DALLAS
State	TX
ZIP	75235
County	DALLAS
Latitude (N) (##.#####)	32.8252
Longitude (W) (-###.#####)	-96.8388
What is the primary business of this entity?	

COLGAN -Customer (Applicant) Information

How is this applicant associated with this site?	Operator
What is the applicant's Customer Number (CN)?	CN602980930
Type of Customer	Corporation
Full legal name of the applicant:	

Legal Name	COLGAN AIR INC
Texas SOS Filing Number	800447503
Federal Tax ID	541397506
State Franchise Tax ID	15413975069
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	COLGAN AIR INC
Prefix	
First	Steve
Middle	
Last	Letz
Suffix	
Title	Base Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	RE Physical Address
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8008 CEDAR SPRINGS RD
Routing (such as Mail Code, Dept., or Attn:)	
City	DALLAS
State	TX
ZIP	75235
Phone (###-###-####)	2143584182
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	SteveLetz@colganair.com

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

Organization Name	CN602980930, COLGAN AIR INC
Prefix	
First	Steve
Middle	
Last	Letz

Suffix	
Title	Base Manager
Enter new address or copy one from list:	RE Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	8008 CEDAR SPRINGS RD
Routing (such as Mail Code, Dept., or Attn:)	
City	DALLAS
State	TX
ZIP	75235
Phone (###-###-####)	2143584182
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	SteveLetz@Colganair.com

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	Pinnacle Airline Corp
Prefix	
First	Rhonda
Middle	
Last	Quint
Suffix	
Title	Manager Environmental Compliance
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	40 S MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	Att: Environmental Manager
City	MEMPHIS
State	TN
ZIP	38103
Phone (###-###-####)	9019220660
Extension	
Alternate Phone (###-###-####)	9013611708
Fax (###-###-####)	
E-mail	rquint@pncl.com

INOI General Characteristics

- | | |
|--|------------------------------------|
| 1) Is the project located on Indian Country Lands? | No |
| 2) What is the Sector(s) that applies to the industrial activity at your facility? | S |
| 3) If applicable, select the Activity Code(s) that corresponds with the Sector or if seeking coverage based on federal effluent guidelines, select the qualifying activity type(s). | |
| 4) What is the Primary SIC Code that is within the range listed and corresponds with the selected Activity or Sector in the general permit? | 4512 |
| 5) If applicable, what is the Secondary SIC Code(s)? | |
| 6) What is the name of the first water body(s) to receive the storm water runoff or potential runoff from the site? | Knights Creek |
| 7) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach? | 0805 |
| 8) Are any of the surface water body(s) receiving the discharge or potential discharge on the latest EPA-approved CWA 303(d) list of impaired waters? | No |
| 9) Do any of the surface water body(s) receiving the discharge or potential discharge have an EPA-approved or established total maximum daily load (TMDL)? | No |
| 10) Is the discharge into an MS4? | Yes |
| 10.a. What is the name of the MS4 Operator? | City of Dallas - Dallas Love Field |
| 11) Is the discharge or potential discharge within the Recharge Zone, Contributing zone, or Contributing zone within the Transition zone of the Edwards Aquifer, as defined in 30 TAC Chapter 213? | No |
| 12) I certify that a Storm Water Pollution Prevention Plan has been prepared and implemented as required in the general permit. | Yes |
| 13) I certify that I have obtained a copy and understand the terms and conditions of the Multi Sector General Permit (TXR050000). | Yes |
| 14) I understand that permits active on September 1 of each year will be assessed an Annual Water Quality fee in the amount specified in the Multi Sector General Permit. | Yes |
| 15) I understand that I must terminate this | Yes |

permit when it is no longer needed.

Certification

I certify that I am authorized under 30 Texas Administrative Code Subchapter 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1. I am Steve S Letz, the owner of the STEERS account ER026569.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Industrial Notice Of Intent.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature: Steve S Letz OPERATOR

Account Number:

ER026569

Signature IP Address:

66.192.230.130

Signature Date:

2012-01-11

Signature Hash: EE16DCB1E60E7E8FD5E3D8E49E2DD01CBB736EBB9FE31BB5F1F8D8C2C2832828

Form Hash Code 0DE8E8AB82A37419DFEE23D64CE425E66CCC06241547D4CD9919708C3F88A260
at time of

Signature:

Certification

I certify that I am authorized under 30 Texas Administrative Code Subchapter 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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OPERATOR Signature: Steve S Letz OPERATOR

Account Number: ER026569
 Signature IP Address: 66.192.230.130
 Signature Date: 2012-01-11
 Signature Hash: EE16DCB1E60E7E8FD5E3D8E49E2DD01CBB736EBB9FE31BB5F1F8D8C2C2832828
 Form Hash Code at time of Signature: 0DE8E8AB82A37419DFEE23D64CE425E66CCC06241547D4CD9919708C3F88A260

Fee Payment

Transaction by: The application fee payment transaction was made by ER024338/Rhonda J Quint
 Paid by: The application fee was paid by RHONDA QUINT
 Fee Amount: 100
 Paid Date: The application fee was paid on 2012-01-11
 Transaction/Voucher number: The transaction number is 582EA000114381 and the voucher number is 147296

Submission

Reference Number: The application reference number is 45213
 Submitted by: The application was submitted by ER024338/Rhonda J Quint
 Submitted Timestamp: The application was submitted on 2012-01-11 at 15:03:59 CST
 Submitted From: The application was submitted from IP address 66.192.230.130
 Confirmation Number: The confirmation number is 52917
 Steers Version: The STEERS version is 5.71

Additional Information

Application Creator: This account was created by Rhonda J Quint