



# TCEQ No Exposure Certification (NEC) for Stormwater Discharges Associated with Industrial Activity under TPDES General Permit (TXR050000)

### IMPORTANT:

- Use the **INSTRUCTIONS** to fill out each question in this form.
- Use the **CHECKLIST** to make certain all you filled out all required information. Incomplete applications **WILL** delay approval or result in automatic denial.
- Once processed your permit can be viewed at [http://www5.tceq.texas.gov/wq\\_dpa/](http://www5.tceq.texas.gov/wq_dpa/)

**ePERMITS:** Sign up now for online NEC: <https://www6.tceq.texas.gov/steers/>  
 Pay a \$100 reduced application fee by using ePermits.

### APPLICATION FEE:

- You must pay the **\$200** Application Fee to TCEQ for the application to be complete.
- Payment and NEC must be mailed to separate addresses. See instructions.
- Did you know you can pay on line?
  - Go to <https://www6.tceq.texas.gov/epay/>
  - Select Fee Type: GENERAL PERMIT INDUSTRIAL STORMWATER DISCHARGE NEC APPLICATION
- **Provide your payment information below, for us to verify payment of the application fee:**

Mailed      Check/Money Order No.: 3653  
 Name Printed on Check: Douglas A. Shaw  
 EPAY      Voucher No.: \_\_\_\_\_  
 Is the Payment Voucher copy attached?  Yes

**RENEWAL: Is this NEC a Renewal of an existing General Permit Authorization?**  
 (Note: A permit cannot be renewed after November 14, 2011.)

Yes. The Permit number is: TXRNE \_\_\_\_\_  
 (If a permit number is not provided, a new number will be assigned.)  
 No

### 1) OPERATOR (Applicant)

- a)** If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? You may search for your CN at:  
<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>  
 CN \_\_\_\_\_
- b)** What is the Legal Name of the entity (applicant) applying for this permit?  
Four Points Aero Services, LLC  
 (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

- c) What is the name and title of the person signing the application? (The person must be an executive official meeting signatory requirements in TAC 305.44(a).)

Prefix (Mr. Ms Miss): \_\_\_\_\_  
First/Last Name: Doug Shaw Suffix: \_\_\_\_\_  
Title: Company Representative Environmental Matters Credential: \_\_\_\_\_

- d) What is the Operator Contact's (Responsible Authority) contact information and mailing address as recognized by the US Postal Service (USPS)? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Phone #: (614) 844-3933 ext: \_\_\_\_\_ Fax #: (214) 357-2560  
E-mail: dshaw@businngroup.com  
Mailing Address: 8601 Lemmon Ave  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: Dallas State: tx ZIP Code: 75209  
If outside USA: Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- e) Indicate the type of Customer (The instructions will help determine your customer type):

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship-DBA
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Federal Government
<input type="checkbox"/> State Government	<input type="checkbox"/> County Government	<input type="checkbox"/> City Government
<input type="checkbox"/> Other Government		

- f) Independent Operator?  Yes  No  
(If governmental entity, subsidiary, or part of a larger corporation, check "No".)

- g) Number of Employees:  
 0-20;  21-100;  101-250;  251-500; or  501 or higher

- h) Customer Business Tax and Filing Numbers:  
(REQUIRED for Corporations and Limited Partnerships. Not Required for Individuals, Government, or Sole Proprietors)

State Franchise Tax ID Number: 801773587  
Federal Tax ID: 901000277  
Texas Secretary of State Charter (filing) Number: 801773587  
DUNS Number (if known): \_\_\_\_\_

## 2) APPLICATION CONTACT

If TCEQ needs additional information regarding this application, who should be contacted?

Prefix (Mr. Ms Miss): \_\_\_\_\_  
First/Last Name: Doug Shaw Suffix: \_\_\_\_\_  
Title: Company Representative Environmental Matters Credential: \_\_\_\_\_  
Organization Name: Business Innovations Group LLC  
Phone No.: (614) 844-3933 ext: \_\_\_\_\_ Fax No.: (214) 357-2560  
E-mail: dshaw@businngroup.com  
Mailing Address: 8601 Lemmon Ave  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_



City: Dallas State: TX ZIP Code: 75209  
Mailing Information if outside USA  
Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**3) REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE**

If the site of your business is part of a larger business site or if other businesses were located at the site before yours, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

- a) TCEQ issued RE Reference Number (RN): RN 100857879
- b) Name of project or site (the name known by the community where located):  
Dallas Love Field Airport
- c) In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code):  
Aviation Maintenance
- d) County (or counties if > 1): Dallas
- e) Latitude: 32 Deg. 51' N Longitude: 96 Deg. 51' W
- f) Does the site have a physical address?  
 Yes, complete Section A for a physical address.  
 No, complete Section B for site location information.

**Section A:** Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergency or other online map tools to confirm an address.

Physical Address of Project or Site:

Street Number: 8601 Street Name: Lemmon Ave  
City: Dallas State: Texas ZIP Code: 75209

**Section B:** Enter the site location information.

If no physical address (Street Number & Street Name), provide a written location access description to the site. (Ex.: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

City where the site is located or, if not in a city, what is the nearest city:

State: Texas ZIP Code where the site is located: \_\_\_\_\_

#### 4) GENERAL CHARACTERISTICS

a) Is the project/site located on Indian Country Lands?

- Yes - If the answer is Yes, you must obtain authorization through EPA, Region VI.  
 No

b) What is the Primary SIC Code that is within the range listed and corresponds with the selected Activity or Sector in the general permit?

Primary SIC Code 4581

c) If applicable, what is the Secondary SIC code(s): N/A

If the secondary SIC Code(s) is one of 1411, 1422, 1423, 1429, 1442, 1446, 1474, 1475, 1479, 1481, or 1499, the following certification is required to qualify for coverage under this general permit:

I certify that this application does not include any discharges from quarries located in the John Graves Scenic Riverway, in the Brazos River Basin, in Palo Pinto or Parker County, Texas, as described in Texas Water Code, Subchapter 26.553.  Yes

d) What is the Sector(s) that applies to the industrial activity at your facility? The Sector(s) must correspond to the primary SIC Code(s) listed above.

- |                                   |                                   |                                   |  |                                    |
|-----------------------------------|-----------------------------------|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Sector A | <input type="checkbox"/> Sector G | <input type="checkbox"/> Sector M | <input checked="" type="checkbox"/> Sector S | <input type="checkbox"/> Sector Y  |
| <input type="checkbox"/> Sector B | <input type="checkbox"/> Sector H | <input type="checkbox"/> Sector N | <input type="checkbox"/> Sector T            | <input type="checkbox"/> Sector Z  |
| <input type="checkbox"/> Sector C | <input type="checkbox"/> Sector I | <input type="checkbox"/> Sector O | <input type="checkbox"/> Sector U            | <input type="checkbox"/> Sector AA |
| <input type="checkbox"/> Sector D | <input type="checkbox"/> Sector J | <input type="checkbox"/> Sector P | <input type="checkbox"/> Sector V            | <input type="checkbox"/> Sector AB |
| <input type="checkbox"/> Sector E | <input type="checkbox"/> Sector K | <input type="checkbox"/> Sector Q | <input type="checkbox"/> Sector W            | <input type="checkbox"/> Sector AC |
| <input type="checkbox"/> Sector F | <input type="checkbox"/> Sector L | <input type="checkbox"/> Sector R | <input type="checkbox"/> Sector X            |                                    |

Sector AD: For Sector AD a copy of the letter from TCEQ requiring coverage under this general permit must be included with this NOI or coverage may be denied.

e) 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).

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> HZ | <input type="checkbox"/> Wet decking water                        |
| <input type="checkbox"/> SE | <input type="checkbox"/> Phosphate Fertilizers                    |
| <input type="checkbox"/> LF | <input type="checkbox"/> Mining of Sand, Gravel, or Crushed Stone |
| <input type="checkbox"/> TW | <input type="checkbox"/> Cement Manufacturing Materials           |
|                             | <input type="checkbox"/> Asphalt Emulsion                         |



#### 5) NO EXPOSURE CHECKLIST

Answer each of the following questions to determine if your facility is eligible for the No Exposure exclusion.

If you answer Yes to any of the following questions, coverage will be denied.

- Yes  No **a)** Are there any industrial materials or activities (including using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain) exposed to stormwater?
- Yes  No **b)** Are there any materials or residuals on the ground or in stormwater inlets from spills/leaks exposed to stormwater?
- Yes  No **c)** Are there materials or products from past industrial activity exposed to stormwater?
- Yes  No **d)** Is there any material handling equipment (except adequately maintained vehicles) exposed to stormwater?
- Yes  No **e)** Are there any materials or products during loading/unloading or transporting activities that may be exposed to stormwater?
- Yes  No **f)** Are there any materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants) that may be exposed to stormwater?
- Yes  No **g)** Are there any materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers that may be exposed to stormwater?
- Yes  No **h)** Are there any materials or products handled/stored on roads or railways owned or maintained by the operator that may be exposed to stormwater?
- Yes  No **i)** Is there any waste material (except waste in covered, non-leaking containers [e.g., dumpsters]) that may be exposed to stormwater?
- Yes  No **j)** Are there any activities that include application or disposal of process wastewater that are not otherwise permitted?
- Yes  No **k)** Is there any particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater discharge?

**6) CERTIFICATION**

Check Yes to the certifications below. Failure to indicate Yes to **ALL** items may result in denial of coverage under the general permit.

- a) I certify that I have obtained a copy and understand the terms and conditions of the general permit TXR050000.  Yes
- b) I certify that the activities at this site qualify for coverage under the general permit TXR050000.  Yes
- c) I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed.  Yes
- d) 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

**Operator Certification:**

I, Doug Shaw Company Representative  
*Typed or printed name* *Title*

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.

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

Signature:  Date: 12/20/13  
*(Use blue ink)*