## **Texas Commission on Environmental Quality**

Industrial Notice of Intent Renewal TXR05U833

### Site Information (Regulated Entity)

What is the name of the site to be authorized? SOUTHWEST AIRLINES DAL

Does the site have a physical address?

**Physical Address** 

Number and Street 2702 LOVE FIELD DR

City DALLAS
State TX
ZIP 75235

County DALLAS

 Latitude (N) (##.#####)
 32.85

 Longitude (W) (-###.#####)
 -96.85

 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)? RN103948261

What is the name of the Regulated Entity (RE)? SOUTHWEST AIRLINES

Does the RE site have a physical address?

Physical Address

Number and Street 2702 LOVE FIELD DR

 City
 DALLAS

 State
 TX

 ZIP
 75235

 County
 DALLAS

 Latitude (N) (##.######)
 32.84694

Longitude (W) (-###.#####) -96.85167

What is the primary business of this entity?

## SOUTHWE-Customer (Applicant) Information

How is this applicant associated with this site?

Operator

What is the applicant's Customer Number (CN)? CN600366470

Type of Customer Corporation

Full legal name of the applicant:

Legal Name SOUTHWEST AIRLINES CO

Texas SOS Filing Number 023294100

Federal Tax ID

State Franchise Tax ID 17415632409
DUNS Number 55329262

Number of Employees 21-100 Independently Owned and Operated? Yes

Yes

MR

**BARRY** 

**BROWN** 

Domestic PO BOX 36611

**DALLAS** 

2147924263

CN600366470, SOUTHWEST AIRLINES CO

TX

ATTN HDQ-4GC

SOUTHWEST AIRLINES CO

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.

Responsible Authority Contact

Organization Name

Prefix
First

Middle

Last

Suffix

Title Associate General Counsel

Responsible Authority Mailing Address Enter new address or copy one from list:

Address Type

Mailing Address (include Suite or Bldg, here, if

Mailing Address (include Suite or Bldg. here, if applicable)

Routing (such as Mail Code, Dept., or Attn:).

City State

ZIP 75235

Phone (###-###-###)

Extension

Alternate Phone (###-###-###)

Fax (###-####) 2147924086

E-mail barry.brown@wnco.com

# Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment

of the annual fee.

Organization Name SOUTHWEST AIRLINES CO

Prefix MRS

First Susan Middle Elaine Last Karnes

Suffix

Title Director of Environmental Services

Enter new address or copy one from list:

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if PO BOX 36611

applicable)

Routing (such as Mail Code, Dept., or Attn:)

City DALLAS

State TX ZIP 75235

Phone (###-###-) 2147923572

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

2147924086

E-mail

elaine.karnes@wnco.com

### Application Contact

Person TCEQ should contact for questions about

this application:

Same as another contact?

Organization Name

MS

Prefix

First

Lana

Middle

Lorraine

Last

Robinson

Suffix

Title

Sr. Environmental Specialist

SOUTHWEST AIRLINES CO

**Billing Contact** 

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if

Enter new address or copy one from list:

applicable)

PO BOX 36611

Routing (such as Mail Code, Dept., or Attn:)

2702 Love Field Drive **DALLAS** 

City State

TX

ZIP

75235

Phone (###-###-###)

2147923225

Extension

Alternate Phone (###-###-###)

Fax (###-###-####)

2147924086

E-mail

lana.robinson@wnco.com

### **INOI** Renewal General Characteristics

1) Is the project located on Indian Country Lands?

No S

2) What is the Sector(s) that applies to the

industrial activity at your facility?

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).

4512

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?

5) If applicable, what is the Secondary SIC Code

**BACHMAN LAKE** 

6) What is the name of the first water body(s) to receive the storm water runoff or potential runoff from the site?

7) What is the segment number(s) of the classified

0822

reach? 8) Are any of the surface water body(s) receiving

water body that the discharge will eventually

No

the discharge or potential discharge on the latest EPA-approved CWA 303(d) list of impaired waters?

9) Do any of the surface water body(s) receiving the discharge or potential discharge have an EPAapproved or established total maximum daily load

10) Is the discharge into an MS4?

10.a. What is the name of the MS4 Operator?

11) Is the discharge or potential discharge within the Recharge Zone, Contributing zone, or Contributing zone within the Transition zone of the

Edwards Aquifer?

12) I certify that a Storm Water Pollution Prevention Plan has been prepared and implemented as required in the general permit.

13) I certify that I have obtained a copy and understand the terms and conditions of the Multi Sector General Permit (TXR050000).

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.

15) I understand that I must terminate this permit when it is no longer needed.

No

Yes

CITY OF DALLAS

Nο

Yes

Yes

Yes

Yes

#### Certification

I certify that I am authorized under 30 Texas Administrative Code 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 Barry S Brown, the owner of the STEERS account ER026228.
- 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 Renewal.
- My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature: Barry S Brown OPERATOR

Account Number:

ER026228

Signature IP Address:

163.234.25.1

Signature Date:

2011-11-09

Signature Hash:

B6AF3DBC8F32467E3F1131A3C14D6B2DFA6AEE24E76D6E3C7B006D9A498587B0

Form Hash Code at time of

Signature:

3A7E3CEE153B65FC437C6BF36C41237221F87DF6B28ED344CDA5E3837E7EEBDD

#### Fee Payment

Transaction by:

The application fee payment transaction was made

by ER004650/Elaine Karnes

Paid by:

The application fee was paid by ELAINE KARNES

Fee Amount: Paid Date:

The application fee was paid on 2011-11-11

Transaction/Voucher number:

The transaction number is 582EA000110669 and

the voucher number is 142596

#### Submission

Reference Number:

Submitted by:

Submitted Timestamp:

Submitted From:

Confirmation Number:

Steers Version:

Permit Number:

The application reference number is 42151

The application was submitted by ER004650/Elaine

Karnes

The application was submitted on 2011-11-11 at

15:15:11 CST

The application was submitted from IP address

163.234.25.1

The confirmation number is 50760

The STEERS version is 5.67

The permit number is TXR05U833

#### Additional Information

Application Creator: This account was created by Elaine Karnes