

Bombardier Aerospace (SIC 4581)

Bombardier Aerospace operates a maintenance facility primarily for Bombardier manufactured business aircraft, such as Learjet, Challenger, and Global Express at Dallas Love field. Minor painting activities occur (touch up, small parts, N-numbers, etc) in a filtered paint booth. An FBO conducts all fueling/defueling/refueling operations. All six drains located in each of the two the hangars connect to the sanitary sewer system via a 10,000 gallon oil/water separator. This facility does not conduct deicing activities.

Chemical Inventory		
<i>Item</i>	<i>Quantity/Where stored</i>	<i>Comments</i>
Paint	22 Gallons / Paint Room	Storage Cabinets
Paint Thinners/Solvents	15 Gallons / Paint Room	Storage Cabinets
Engine Oil	66 gallons / inside hangars /stock room	Storage Cabinets
Hydraulic Fluids	110 gallons / outside storage	Bermed, covered
Skydrol	25 gallons / outside storage	Bermed, covered
Grease	20 gallons / inside hangars /stock room	Storage Cabinets
Isopropyl Alcohol	55 gallons / outside storage	Bermed, covered
Methyl Ethyl Ketone	10 gallons / paint room	Bermed, covered
Aerosol Paints	8 gallons / inside hangars /stock room	Storage Cabinets
Sealants	10 gallons / inside hangars /stock room	Storage Cabinets
Waste Jet Fuel/ Used Oil	2- 550 gallon totes / outside storage	Bermed, covered
Waste Solvents	2- 55 gallon drums / outside storage	Bermed, covered



Notice of Intent (NOI) for Storm Water 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.state.tx.us/wq_dpa/

ePERMITS: Sign up now for online NOI: <https://www6.tceq.state.tx.us/steers/>
Pay a \$100 reduced application fee by using ePermits.

APPLICATION FEE:

- You must pay the **\$200** Application Fee to TCEQ for the paper application to be complete.
- Payment and NOI must be mailed to separate addresses.
- Did you know you can pay on line?
 - Go to <http://www.tceq.texas.gov/epay>
 - Select Fee Type: GENERAL PERMIT INDUSTRIAL STORM WATER DISCHARGE NOI APPLICATION
- **Provide your payment information below, for verification of payment:**
 - Mailed Check/Money Order No.: _____
Name Printed on Check: _____
 - EPAY Voucher No.: 142624
 - Is the Payment Voucher copy attached? Yes

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

- Yes The Permit number is: TXR05 X428
(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 603001504
- b)** What is the Legal Name of the entity (applicant) applying for this permit?
Learjet Inc.
(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): Mr.
First/Last Name: Mark Karls Suffix: _____
Title: General Manager 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 #: (469) 791-4000 ext: 14011 Fax #: (469) 791-4062
Mailing Address: 7336 Aviation Place
Internal Routing (Mail Code, Etc.): _____
City: Dallas State: Tx ZIP Code: 75235
E-mail Address: mark.karls@aero.bombardier.com
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 type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship-DBA
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> General Partnership	<input checked="" 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: _____
Federal Tax ID: 133567473
Texas Secretary of State Charter (filing) Number: _____
DUNS Number (if known): _____

2) ANNUAL BILLING CONTACT

The Operator is responsible for paying the annual fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The Operator is responsible for terminating the permit when it is no longer needed.

Is the billing address the same as the applicant address identified above?

Yes, go to Section 3). No, complete section below

Prefix (Mr. Ms Miss): _____
First/Last Name: _____ Suffix: _____
Title: _____ Credential: _____
Organization Name: _____

Phone No.: _____ Extension: _____
Fax No.: _____ E-mail: _____
Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____

3) APPLICATION CONTACT

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

Prefix (Mr. Ms Miss): Mr.
First/Last Name: Ronald Ytuarte Suffix: _____
Title: EHS Specialist Credential: _____
Organization Name: Learjet Inc.
Phone No.: (469) 791-4000 Extension: 14059
Fax No.: (469) 791-4062 E-mail: ronald.ytuarte@aero.bombardier.com
Mailing Address: 7336 Aviation Place
Internal Routing (Mail Code, Etc.): _____
City: Dallas State: Tx ZIP Code: 75235
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____

4) 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 this 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 102254471
- b) Name of project or site (the name known by the community where located):
Bombardier Aerospace
- c) In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code): General Aviation and Aircraft Maintenance
- d) County (or counties if > 1) Dallas
- e) Latitude: 32.83992 Longitude: -96.84282

- 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: 7336 Street Name: Aviation Place
 City: Dallas State: Texas ZIP Code: 75235

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: _____

5) 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): _____
 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 |

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

g) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach? 0805

h) 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?

Yes No

If the answer is Yes, what is the name of the impaired water body(s)?
Upper Trinity River

i) 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)? Yes No

j) Does the discharge or potential discharge flow to an MS4? Yes No

If the answer is Yes, provide the name of the MS4 operator:
City of Dallas

Note: The general permit requires you to send a copy of the NOI to the MS4 operator.

k) 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?

Yes No

If the answer is Yes, the following certification is required:

I certify that a copy of the agency approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) will either be included or referenced in the Storm Water Pollution Prevention Plan before discharge can begin. Yes

F. CERTIFICATION

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

- I certify that I have obtained a copy and understand the terms and conditions of the general permit TX050000. Yes
- I certify that the activities at this site qualify for coverage under the general permit TX050000. Yes
- I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed. Yes
- I understand that permits active on September 1st of each year will be assessed an Annual Water Quality Fee. Yes
- I certify that a Storm Water Pollution Prevention Plan has been prepared and implemented as required in the general permit. Yes

Operator Certification:

I, Mark Karls GM
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: [Signature] Date: 11-9-2011
(Use blue ink)

Department of Aviation Tenant Facility SWP3 Team Personnel Information
Storm Water Pollution Prevention Plan

Facility Name: Bombardier Date: _____

Address: 7336 Aviation Pl Dallas, Tx

Telephone: (469) 791-4000

Fax: (469) 791-4062

E-mail: ronald.ytuarte@aero.bombardier.com

The SWP3 must identify a specific individual, or group of individuals, within each tenant's leasehold as members of the SWP3 Team. Tenants shall supply the following to the DOA Environmental Section: phone numbers, pager numbers, or other means of contacting the SWP3 Team Member, or designated alternate, 24 hours per day, 7 days per week.

Tenant SWP3 Team Member Responsibilities: The Tenant SWP3 Team Member is responsible for ensuring the Facility's compliance with the permit via ongoing implementation of the SWP3. Key SWP3 requirements include implementing Best Management Practices (BMPs) to prevent contact of pollutants by storm water, inspecting outdoor operations areas at the specified frequencies, completing required documentation, as well as complying with all other SWP3 requirements as listed in the SWP3. Records of all required inspections must be maintained at the leasehold. The SWP3 Team Member shall sign off on the inspection forms and on follow up records where corrective action or other follow up is required.

The Tenant SWP3 Team designee is:

Facility SWPPP Team Member: Ronnie Ytuarte Title: EHS

This person may be reached 24 hours per day, 7 days per week, at one of the following contact numbers:

Facility Phone: 469-791-4059 Cell Phone: 469-263-5767 Other: _____

Alternate emergency contact: _____ Phone: _____ Other: _____

