



Notice of Change to an Authorization for Storm Water Discharges Associated With Industrial Activity under TPDES General Permit TXR050000

IMPORTANT – Please read the following information and INSTRUCTIONS before filling out this form

ePERMITS: Sign up now for online NOC: <https://www6.tceq.state.tx.us/steers/>

This form will be returned for any of the following reasons:

- 1) The permit number is not provided, is invalid, or is no longer active,
- 2) Wet ink signature of person meeting signatory requirements is not provided,
- 3) The current permittee is not the applicant, and;
- 4) A requested change in operator name is not a legal name change.

This form cannot be used for a change in operator. Refer to your general permit for Information.

What is the permit number of the authorization to be changed?

TXR05AQ81 _____ or TXRNE _____

1) APPLICANT INFORMATION

- a) What is the full Legal Name of the current operator as on the authorization?
Pinnacle Airlines Inc
- b) What is the Customer Number (CN) assigned to this operator? You may search for your CN at: <http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>
CN 603672775
- c) What is the Regulated Entity Reference Number (RN) assigned to this site?
RN 103148433
- d) 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

Prefix (Mr. Ms Miss): Mr
First/Last Name: Steve Letz Suffix: _____
Title: Base Manager Credential: _____

2) REQUESTED CHANGE TO PERMITTED INFORMATION

What information has changed or needs to be corrected? Check one or more of the following options and enter the new information below.

- Operator legal name change with Texas Secretary of State (TX SOS).
Go to sections a) and b) as applicable.
Note: Permits are not transferable. If a change in entity has occurred, this NOC is not attainable.
- Address and contact information for operator, billing, or Discharge Monitoring Reports (DMRs).
- Site Information (Regulated Entity). Note: Permits under a general permit are site specific. If a change in site location has occurred, this NOC is not attainable.
- General characteristics relating to the regulated activity.

a) Operator Legal Name Change

- i. What is the NEW active Legal Name with TX SOS or on other legal document?
New Legal Name: _____
- ii. What is the TX SOS Filing Number for us to confirm this official name change?
This is only applicable to Limited Partnerships or Corporations.
TX SOS Filing number: _____

b) Address and Contact Information

What information has changed? Check one or more as applicable.

- Operator mailing address for permit correspondence
- Billing address/contact for receiving Annual Fee Statement
- Reporting address/contact for receiving DMRs

Is the updated information the same for each selection?

- Yes Provide the updated information in the fields below.
- No Use Attachment 1 of the NOC.

Prefix (Mr. Ms Miss): Mr
 First/Last Name: Steve Letz Suffix: _____
 Title: Base Manager Credential: _____
 Organization Name: Pinnacle Airlines Inc
 Phone No.: (214) 358-4182 Extension: 6 Fax No.: _____
 e-mail Address: steveletz@colganair.com
 Mailing Address: 8008 Cedar Springs Rd
 Internal Routing (Mail Code, Etc.): _____
 City: Dallas State: TX ZIP Code: 75235
 Mailing Information if outside USA
 Territory: _____ Country Code: _____ Postal Code: _____

c) Regulated Entity (Site) Information Correction

- i. Is this a change to the location of the permitted activity?
 Yes This NOC will not be processed since the authorizations are site specific.
 No Continue with NOC form.

ii. Corrected Name of Project or Site :

iii. Updated Physical Address (new 911 address):

Street Number: _____ Street Name: _____
City: _____ State: TX ZIP Code: 75235

iv. Corrected location access description, if no physical address (street number/street name):

v. Corrected Latitude: _____ N

vi. Corrected Longitude: _____ W

vii. Corrected County (Counties if >1): _____

d) Change in General Characteristics Provided on Original Form. Identify the specific change and provide the updates information. If an attachment is needed, please reference it below:

3) APPLICATION CONTACT

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

Prefix (Mr. Ms Miss): Ms
First/Last Name: Rhonda Quint Suffix: _____
Title: Manager, Environmental Compliance Credential: _____
Organization Name: Pinnacle Airlines Corp.
Phone No.: (901) 922-0660 Extension: _____ Fax No.: _____
e-mail Address: rquint@pncl.com
Mailing Address: 40 South Main Street
Internal Routing (Mail Code, Etc.): 12th floor
City: Memphis State: TN ZIP Code: 38103
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____

4) OPERATOR CERTIFICATION

I, Steve Letz Base Manager
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: 2-24-12
(Use blue ink)

Attachment 1 to a NOC Form for Providing Address & Contact Information Related to a Specific Permit under General Permit TXR050000

PERMIT NUMBER REQUIRED: TXR 05AQ81

Provide additional address and contact information below. Incomplete and invalid addresses will not be used. Verify mailing addresses at <http://zip4.USPS.com/zip4/welcome.jsp>

a. Operator Contact Information and Address

Prefix (Mr. Ms Miss): Mr
First/Last Name: Steve Letz Suffix: _____
Title: Base Manager Credential: _____
Organization Name: Pinnacle Airlines Inc
Phone No.: (214) 358-4182 Extension: 6 Fax No.: _____
e-mail Address: steveletz@colganair.com
Mailing Address: 8008 Cedar Springs Rd
Internal Routing (Mail Code, Etc.): _____
City: Dallas State: TX ZIP Code: 75235
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____

b. Billing Contact Information and Address for Receiving Annual Fee Statement

Prefix (Mr. Ms Miss): Mr
First/Last Name: Steve Letz Suffix: _____
Title: Base Manager Credential: _____
Organization Name: Pinnacle Airlines Inc
Phone No.: (214) 358-4182 Extension: 6 Fax No.: _____
e-mail Address: Steveletz@colganair.com
Mailing Address: 8008 Cedar Springs Rd
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____

c. Reporting Address/ Contact for Receiving Discharge Monitoring Reports (DMRs)

Prefix (Mr. Ms Miss): _____
First/Last Name: _____ Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Phone No.: _____ Extension: _____ Fax No.: _____
e-mail Address: _____
Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____