

# Texas Commission on Environmental Quality

## Industrial Notice Of Intent

### Site Information (Regulated Entity)

What is the name of the site to be authorized?	RAYTHEON LOVE FIELD
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	ON LOVE FIELD IN DALLAS
City	DALLAS
State	TX
ZIP	75243
County	DALLAS
Latitude (N) (##.#####)	32.7654
Longitude (W) (-###.#####)	-96.7766
Primary SIC Code	4581
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN103899225
What is the name of the Regulated Entity (RE)?	RAYTHEON LOVE FIELD
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	ON LOVE FIELD IN DALLAS
City	DALLAS
State	TX
ZIP	75243
County	DALLAS
Latitude (N) (##.#####)	32.7654
Longitude (W) (-###.#####)	-96.7766
What is the primary business of this entity?	

### RAYTHEO-Customer (Applicant) Information

How is this applicant associated with this site?	Operator
What is the applicant's Customer Number (CN)?	CN600130488
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	RAYTHEON COMPANY
Texas SOS Filing Number	007494706
Federal Tax ID	751153105

State Franchise Tax ID	19517785002
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	No
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	RAYTHEON COMPANY
Prefix	
First	Bill
Middle	
Last	Chance
Suffix	
Title	Environmental Engineer
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	13510 N CENTRAL EXPY
Routing (such as Mail Code, Dept., or Attn:)	M/S 207
City	DALLAS
State	TX
ZIP	75243
Phone (###-###-####)	9723443901
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	chance_bill2@raytheon.com

## Billing Contact

Responsible contact for receiving billing statements:

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

Organization Name	CN600130488, RAYTHEON COMPANY
Prefix	
First	Bill
Middle	
Last	Chance
Suffix	
Title	Environmental Engineer
Enter new address or copy one from list:	RAYTHEON COMPANY
Mailing Address	
Address Type	Domestic

Mailing Address (include Suite or Bldg. here, if applicable)	13510 N CENTRAL EXPY
Routing (such as Mail Code, Dept., or Attn:)	M/S 207
City	DALLAS
State	TX
ZIP	75243
Phone (###-###-####)	9723443901
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	chance_bill2@raytheon.com

## Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

Prefix

First

Middle

Last

Suffix

Title

Enter new address or copy one from list:

Mailing Address

Address Type

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

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

City

State

ZIP

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

Extension

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

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

E-mail

Billing Contact  
RAYTHEON COMPANY

Bill

Chance

Environmental Engineer

Billing Contact

Domestic

13510 N CENTRAL EXPY

M/S 207

DALLAS

TX

75243

9723443901

chance\_bill2@raytheon.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?  | 4581            |
| 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?   | Knight's Branch |
| 7) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?   | 0822            |
| 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?  | Dallas          |
| 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 permit when it is no longer needed.  | Yes             |

## 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 William M Chance, the owner of the STEERS account ER006823.

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: William M Chance OPERATOR

Account Number:	ER006823
Signature IP Address:	163.234.25.119
Signature Date:	2011-11-10
Signature Hash:	EECEB3547208CBECF83F8174F44A692D35B92037DEEA7611C45FEEE8A38E399D
Form Hash Code at time of Signature:	6C02AF3F3DC05569939AAABC3E053F48D226FCA2CBE7A8F458FEC71240F56351

## Fee Payment

Transaction by:	The application fee payment transaction was made by ER006823/William M Chance
Paid by:	The application fee was paid by WILLIAM M CHANCE
Fee Amount:	100
Paid Date:	The application fee was paid on 2011-11-10
Transaction/Voucher number:	The transaction number is 582EA000110387 and the voucher number is 142177

## Submission

Reference Number:	The application reference number is 42388
Submitted by:	The application was submitted by ER006823/William M Chance
Submitted Timestamp:	The application was submitted on 2011-11-10 at 14:39:51 CST
Submitted From:	The application was submitted from IP address 163.234.25.119
Confirmation Number:	The confirmation number is 50447

Steers Version:

The STEERS version is 5.67

## Additional Information

Application Creator: This account was created by William M Chance