

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): Ms
First/Last Name: JILL A JERDON Suffix: _____
Title: ASSISTANT CITY 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 #: 214 670 7143 ext: _____ Fax #: 214 670 - 6051
Mailing Address: 8208 CEDAR SPRINGS RD
Internal Routing (Mail Code, Etc.): LB-114
City: DALLAS State: TX ZIP Code: 75235
E-mail Address: Elizabeth.garrett@dallascityhall.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 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 checked="" 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: 756000050
Texas Secretary of State Charter (filing) Number: _____
DUNS Number (if known): 608790337

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): MS
First/Last Name: LIZA GARRETT Suffix: _____
Title: ENVIRONMENTAL SPECIALIST Credential: _____
Organization Name: CITY OF DALLAS - DEPARTMENT OF AVIATION
Phone No.: 214 670 7143 Extension: _____
Fax No.: 214 670 6051 E-mail: lizagarr@ Dallascityhall.com
Mailing Address: 8008 CEDAR SPRINGS RD
Internal Routing (Mail Code, Etc.): LB-16
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 _____
- b) Name of project or site (the name known by the community where located):
DALLAS EXECUTIVE AIRPORT
- c) In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code):
AIRFIELD AND TERMINAL OPERATIONS
- d) County (or counties if > 1) DALLAS
- e) Latitude: 32 40' 51" N Longitude: 96 52' 06" 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: 5303 Street Name: CHALLENGER
 City: DALLAS State: Texas ZIP Code: 75237

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? FIVE-MILE CREEK

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)?

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:

DALLAS WATER UTILITIES

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

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 understand that permits active on September 1st of each year will be assessed an Annual Water Quality Fee. Yes
- e) I certify that a Storm Water Pollution Prevention Plan has been prepared and implemented as required in the general permit. Yes
- f) 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, JILL A JORDAN, P.E. ASSISTANT CITY 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: Jill Jordan Date: 10/3/11
(Use blue ink)