

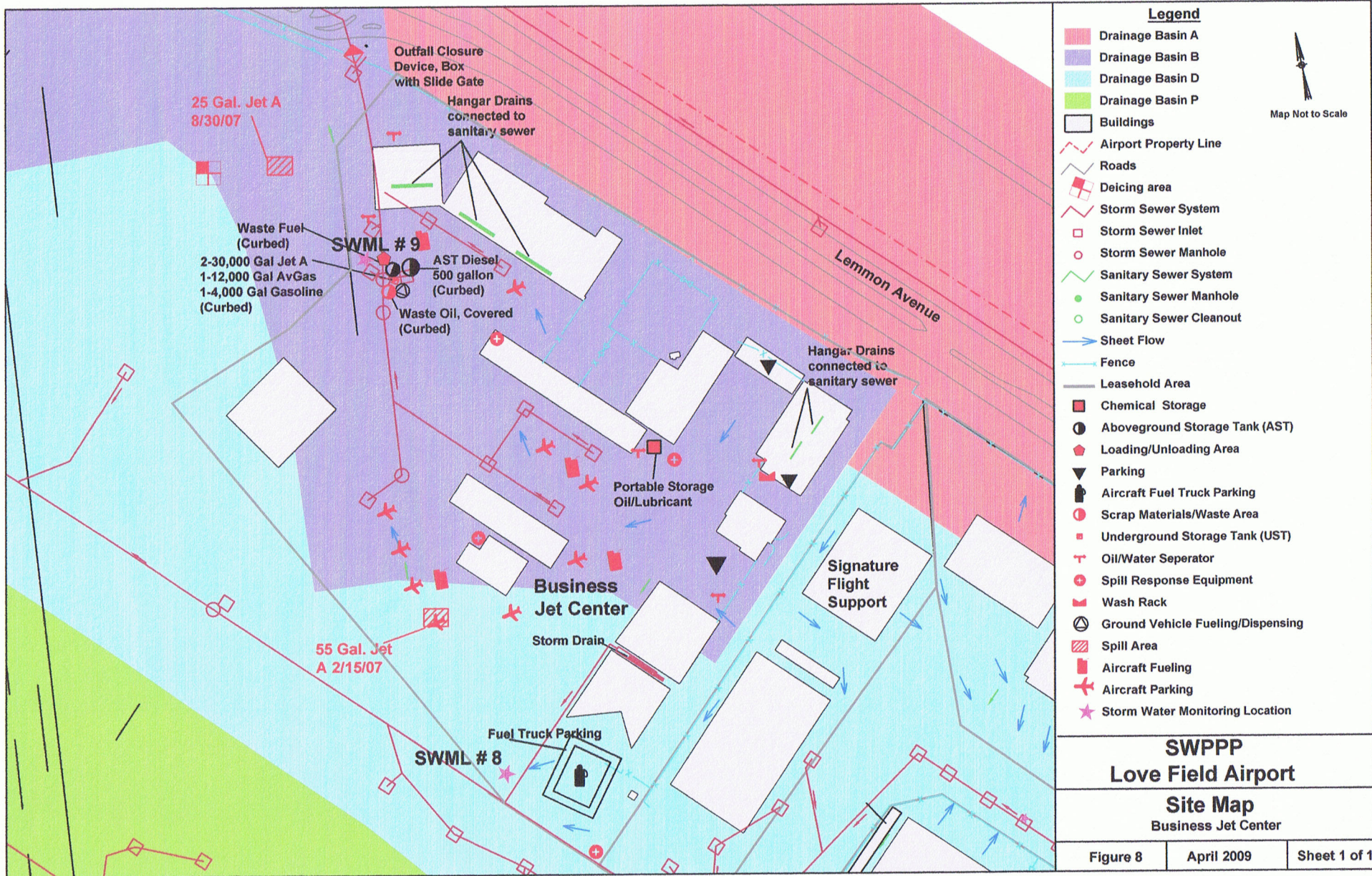
**Business Jet Center (SIC 4581)**

Business Jet Center is a Fixed-base Operator offering fueling, hangar rental, aircraft sales and charter services. Hangar drains are connected to one of five oil/water separators on site prior to discharge in to municipal sanitary sewer system. A dedicated wash rack for vehicles and aircraft drains to an oil/water separator that connects to the sanitary sewer. .

A fuel farm and fueling trucks are maintained on site. Spill kits are located on each fuel truck and at strategic locations within the hangar. Four (4) underground storage tanks (USTs) and one (1) above ground storage tank (AST) are located at the fuel farm. There are five (5) fuel trucks (four 5,000 gals Jet A trucks and one 1,200 gallon AvGas truck). All USTs are of double-walled steel construction equipped with a leak detection system. Tanks are inspected annually. The fuel farm area also drains through one of the oil/water separators.

Business Jet Center currently conducts deicing activities in a location that is strategically located away from any storm drains.

<b>Chemical Inventory</b>		
<i>Item</i>	<i>Quantity/Where stored</i>	<i>Comments</i>
Aircraft oil	Various Quantities	Lube Building
Glycol	1 250 gallon tote	Hangar 4A
Antifreeze	Multiple Cases, Quantities Vary	Hangar 4A
Lubricant	<55 gallons/ Quantities Vary	Lube Building
Solvents	<55 gallons/ Quantities Vary	
Absorbent	various spill kits & Refuelers	Throughout the site
Used oil	5 drums/at fuel farm	Secondary and tertiary containment
Jet A fuel	2 30,000-gal UST	
AvGas (100LL)	1 12,000-gal UST	
Gasoline	1 4,000-gal UST	
Diesel	1 500-gal AST	



25 Gal. Jet A  
8/30/07

Waste Fuel  
(Curbed)  
2-30,000 Gal Jet A  
1-12,000 Gal AvGas  
1-4,000 Gal Gasoline  
(Curbed)

SWML # 9

AST Diesel  
500 gallon  
(Curbed)

Waste Oil, Covered  
(Curbed)

55 Gal. Jet  
A 2/15/07

SWML # 8

Business  
Jet Center

Fuel Truck Parking

Outfall Closure  
Device, Box  
with Slide Gate

Hangar Drains  
connected to  
sanitary sewer

Lemmon Avenue

Hangar Drains  
connected to  
sanitary sewer

Portable Storage  
Oil/Lubricant

Signature  
Flight  
Support

Storm Drain



## 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/](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.: 19518  
Name Printed on Check: BUSINESS JET CENTER, LTD.
  - EPAY      Voucher No.: \_\_\_\_\_  
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 Q865 \_\_\_\_\_  
(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 601548548
- b) What is the Legal Name of the entity (applicant) applying for this permit?  
Business Jet Center, Ltd  
(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: Bill Moltenbrey Suffix: \_\_\_\_\_  
Title: Director 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) 654-1600 ext: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Mailing Address: 8611 Lemmon Ave  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: Dallas State: Texas ZIP Code: 75209  
E-mail Address: \_\_\_\_\_  
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: 17526916410  
Federal Tax ID: 752691641  
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: Jason Pons Suffix: \_\_\_\_\_  
Title: Manager of FBO Operations Credential: \_\_\_\_\_  
Organization Name: Business Jet Center  
Phone No.: (214) 654-1600 Extension: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: 8611 Lemmon Ave  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: Dallas State: Texas ZIP Code: 75209  
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 103016929
- b) Name of project or site (the name known by the community where located):  
Business Jet Center
- c) In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code): Aircraft hangar and fueling operations
- d) County (or counties if > 1) Dallas
- e) Latitude: 32-deg 51-min 10-sec Longitude: 96-deg 51-min 25-sec

- 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: 8611 Street Name: Lemmon Ave  
 City: Dallas State: Texas ZIP Code: 75209

**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:  
Dallas  
 State: Texas ZIP Code where the site is located: 75209

**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? Bachman Lake

g) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach? 0822

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:

City of 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, Bill Moltenbrey Director  
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: 10-20-11  
(Use blue ink)



Executive Director  
Texas Commission on Environmental Quality  
Storm Water and Pretreatment Team  
P.O. Box 13087, MC-148  
Austin, TX 78711-3087

Subject: Delegation of Signatories to Reports

Facility/Company/Site Name: Business Jet Center  
TPDES Permit Number: TXR05Q865

Dear Executive Director:

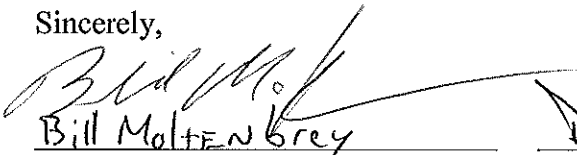
This letter serves to designate the following people or positions as authorized personnel for signing reports, storm water pollution prevention plans, certifications or other information requested by the Executive Director or required by the general permit, as set forth by 30 TAC §305.128 (see page 2).

Name or Position	Jason Pons
Name or Position	NA
Name or Position	NA
Name or Position	NA

I understand that this authorization does not extend to the signing of a Notice of Intent for obtaining coverage under a storm water general permit.

By signing this authorization, I confirm that I meet the requirements to make such a designation as set forth in 30 TAC §305.44 (see page 2).

Sincerely,

  
Bill Moltenbrey

Name

Director

Title

1-20-12

Date



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### Texas Pollutant Discharge Elimination System Storm Water Multi-Sector General Permit

The Notice of Intent (NOI) for the facility listed below was received on October 28, 2011. The intent to discharge storm water associated with industrial activity under the terms and conditions imposed by the Texas Pollutant Discharge Elimination System (TPDES) storm water multi-sector general permit TXR050000 is acknowledged. Your facility's TPDES multi-sector storm water general permit number is:

**TXR05Q865**

Coverage Effective: August 14, 2003

TCEQ's storm water multi-sector general permit requires certain storm water pollution prevention and control measures, possible monitoring and reporting, and periodic inspections. Among the conditions and requirements of this permit, you must have prepared and implemented a storm water pollution prevention plan (SWP3) that is tailored to your industrial site. As a facility authorized to discharge under the storm water multi-sector general permit, all terms and conditions must be complied with to maintain coverage and avoid possible penalties.

Project/Site Information:  
RN103016929  
BUSINESS JET CENTER  
8611 LEMMON AVE  
DALLAS, TX 75209-1614  
DALLAS COUNTY

Operator:  
CN601548548  
BUSINESS JET CENTER LTD  
8611 LEMMON AVE  
DALLAS, TX 75209-1614

This permit expires on August 14, 2016, unless otherwise amended. If you have any questions related to processing you may contact the Storm Water Processing Center by **email at SWPERMIT@tceq.texas.gov or by telephone at (512) 239-3700**. For technical issues, you may contact the storm water technical staff by email at [swgp@tceq.texas.gov](mailto:swgp@tceq.texas.gov) or by telephone at (512) 239-4671. Also, you may obtain information on the storm water web site at [http://www5.tceq.texas.gov/wq\\_dpa/](http://www5.tceq.texas.gov/wq_dpa/). A copy of this document should be kept with your SWP3.

Issued Date: December 28, 2011

  
FOR THE COMMISSION

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

Facility Name: BUSINESS JET CENTER Date: 1-18-12

Address: 8611 LEMMON AVE.

Telephone: 214-654-1600

Fax: 214-442-5483

E-mail: DON.PACE@BUSINESSJETCENTER.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: DON PACE Title: STC

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

Facility Phone: 214-654-1600 Cell Phone: 214-552-2655 Other: \_\_\_\_\_

Alternate emergency contact: JASON PONS Phone: 214-654-1600 Other: 214-869-8868

MANUEL ROJAS 214-654-1600 214-869-8874 Asst. Manager

J.C. CUMPLIDO 214-654-1600 Asst. Manager

Terry Beckham 214-654-1526 TRAINER