



Form 1

BOISE AIRPORT TERMINAL - Active - Certified on:
01/31/2020

NPDES FORM 3510-6		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	FORM Approved OMB No. 2040-0004
Permit Information			
Master Permit Number: <u>IDR050000</u>			
NPDES ID: <u>IDR053006</u>			
Eligibility Information			
State/territory where your facility is located: <u>ID</u>			
Is your facility located on Federally Recognized Indian Country Lands? <u>No</u>			
Are you a "Federal Operator" as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)? <u>No</u>			
Which type of form would you like to submit? <u>Notice of Intent (NOI)</u>			
<p>By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit.</p> <p><u>Yes</u></p>			
Are you a new discharger or a new source as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)? <u>No</u>			
<p>➔ Have stormwater discharges from your facility been covered previously under an NPDES permit? <u>Yes</u></p>			
<p>➔ Most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit: <u>IDR05CW52</u></p>			
<p>➔ Are you discharging to any waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource water)? (See Appendix L (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixl.pdf)) <u>No</u></p>			
Does your facility discharge to a federal CERCLA site listed in Appendix P (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixp.pdf)? <u>No</u>			
Operator Information			
Operator Information			
Operator Name: <u>DELTA AIR LINES</u>			

Form 2

BOISE AIRPORT TERMINAL - Approved - Certified on:
08/19/2015

NPDES FORM 3510-6		UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	FORM Approved OMB No. 2040-0004
Permit Information			
The data in this form was migrated and may not reflect all data previously entered by the permittee.			
Master Permit Number: <u>IDR050000</u>			
NPDES ID: <u>IDR053006</u>			
Eligibility Information			
State/territory where your facility is located: <u>ID</u>			
Is your facility located on Federally Recognized Indian Country Lands? <u>No</u>			
Are you a "Federal Operator" as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)? <u>No</u>			
Which type of form would you like to submit? <u>Notice of Intent (NOI)</u>			
<p>By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit.</p> <p><u>Yes</u></p>			
Are you a new discharger or a new source as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)? <u>No</u>			
<p>➔ Have stormwater discharges from your facility been covered previously under an NPDES permit? <u>Yes</u></p>			
<p>➔ Most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual permit: <u>IDR05CW52</u></p>			
<p>➔ Are you discharging to any waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding National Resource water)? (See Appendix L (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixl.pdf)) <u>No</u></p>			
Does your facility discharge to a federal CERCLA site listed in Appendix P (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixp.pdf)? <u>No</u>			
Operator Information			
Operator Information			

Operator Mailing Address

Address Line 1: 3201 Airport Way

Address Line 2: Suite 110

City: Boise

ZIP/Postal Code: 83705

State: ID

County or Similar Division: ADA

Operator Point of Contact Information

First Name Jim Middle Initial Last Name: Moore

Organization:

Title: Manager

Phone: 208-433-5701

Ext.:

Email: jim.a.moore@delta.com

Facility Information

Facility Information

Facility Name: BOISE AIRPORT TERMINAL

Facility Address

Address Line 1: 3201 AIRPORT WAY

Address Line 2: SUITE 110

City: BOISE

ZIP/Postal Code: 83705

State: ID

County or Similar Division: ADA

Latitude/Longitude for the Facility

Latitude/Longitude:
43.5702°N, 116.2214°W

Latitude/Longitude Data Source: Map

Horizontal Reference Datum: NAD 27

What is the ownership type of the facility? Municipality

Estimated area of industrial activity at your facility exposed to stormwater (rounded to the nearest quarter acre):

5

Sector-Specific Information

Primary Sector: S

Primary Subsector: S1

Primary SIC Code: 4512

If you are a Sector S (Air Transportation) facility, do you anticipate using more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis?

No

Is your facility presently inactive and unstaffed? No

Discharge Information

Operator Information

Operator Name: DELTA AIR LINES

Operator Mailing Address

Address Line 1: 3201 Airport Way

Address Line 2:

City: Boise

ZIP/Postal Code: 83705

State: ID

County or Similar Division:

Operator Point of Contact Information

First Name Ken Middle Initial Last Name: Dwyer

Organization:

Title: Manager

Phone: 2084335722

Ext.:

Email:

Facility Information

Facility Information

Facility Name: BOISE AIRPORT TERMINAL

Facility Address

Address Line 1: 3201 AIRPORT WAY

Address Line 2: SUITE 400

City: BOISE

ZIP/Postal Code: 83705

State: ID

County or Similar Division: ADA

Latitude/Longitude for the Facility

Latitude/Longitude:
43.5702°N, 116.2214°W

Latitude/Longitude Data Source:

Horizontal Reference Datum:

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Discharge Information

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Yes

Federal Effluent Limitation Guidelines

Identify the Effluent Limitation Guideline(s) that apply to your stormwater discharges.

40 CFR Part/Subpart	Eligible Discharges	Affected MSGP Sector	New Source Date	Applicability
Part 449	Existing and new primary airports with 1,000 or more annual jet departures that discharge wastewater associated with airfield pavement deicing that contains urea commingled with stormwater	S	06/15/2012	Does your facility have any discharges subject to this effluent limitation guideline? <u>No</u>

Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines?

No

Benchmark Monitoring

Are you subject to benchmark monitoring requirements for a hardness-dependent metal?

No

Other Discharge Information

Does your facility discharge into a Municipal Separate Sewer System (MS4)? No

Receiving Waters Information

List all of the stormwater outfalls from your facility.

Outfall 001:

Applicable Sectors

Select the Sectors/Subsector(s) that apply to this outfall.

	Sector	Subsector
<input checked="" type="checkbox"/>	S - AIR TRANSPORTATION FACILITIES	S1 - Air Transportation Facilities

Latitude/Longitude:
43.5702°N, 116.2214°E

☐ This outfall is *Substantially Identical* to an existing outfall.

Receiving Water

GNIS Name:
n/a

Waterbody Name:
New York Irrigation Canal

Listed Water ID:
n/a

Is this receiving water designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water)?

By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit.

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Receiving Waters Information

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Outfall 001:

Applicable Sectors

Select the Sectors/Subsector(s) that apply to this outfall.

	Sector	Subsector
<input checked="" type="checkbox"/>	S - AIR TRANSPORTATION FACILITIES	S1 - Air Transportation Facilities

Latitude/Longitude:
43.5702°N, 116.2214°E

☐ This outfall is *Substantially Identical* to an existing outfall.

Receiving Water

GNIS Name:
n/a

Waterbody Name:
New York Irrigation Canal

Listed Water ID:
n/a

Is this receiving water designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water)?

No

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? No

Monitoring Requirement Changes

☐ Benchmark monitoring requirements have changed for this outfall.

☐ Impaired Water monitoring requirements have changed for this outfall.

☐ Effluent Limitations monitoring requirements have changed for this outfall.

SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI, as required? Yes

SWPPP Contact Information:

First Name Middle Initial Last Name: Jim Moore

Organization:

Professional Title: Manager

Phone: 208-433-5701 Ext.:

Email: Jim.a.moore@delta.com

SWPPP Availability:

Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information:

Note: you are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

☐ Option 1: Maintain a Current Copy of your SWPPP on an Internet Page (Universal Resource Locator or URL).

☒ Option 2: Provide the following information from your SWPPP:

A. Describe your onsite industrial activities exposed to stormwater and potential spill and leak areas.

e.g., material storage; equipment fueling, maintenance, and cleaning; cutting steel beams

De/anti-icing aircraft, equipment fueling, aircraft fueling

B. List the pollutants(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormwater and/or in any authorized non-stormwater discharges listed in Part 1.1.3.

GlycolJet FuelOilGasoline

C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8, and any other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4).

Monthly, Quarterly, and annual inspections of storm water discharge quality.

D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2.5.2).

Quarterly (January-March, April-June, July-September, and October-December).Annual facility compliance inspection of drainage conditions and potential pollution sources.

No

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? No

SWPPP Information

Has the SWPPP been prepared in advance of filing this NOI, as required? Yes

SWPPP Contact Information:

First Name Middle Initial Last Name: Ken Dwyer

Organization:

Professional Title: Manager

Phone: 2084335722 Ext.:

Email: kenneth.m.dwyer@delta.com

SWPPP Availability:

Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information:

Note: you are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixa.pdf)) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.

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GlycolJet FuelOilGasoline

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Quarterly (January-March, April-June, July-September, and October-December).Annual facility compliance inspection of drainage conditions and potential pollution sources.

Endangered Species Protection

Using the instructions in Appendix E

(https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendix-2.pdf) of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit?

Criterion A - No listed species of critical habitat are in the action area

Endangered Species Protection

Using the instructions in Appendix E (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendix-2.pdf) of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage under this permit?

Criterion A - No listed species of critical habitat are in the action area

Provide a brief summary of the basis for the criterion selected in Appendix E (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendix-2.pdf):

N/A

e.g. communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; Implementation of controls approved by EPA and the Services.

Historic Preservation

If your facility is not located on Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe?

No

Using the instructions in Appendix F (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixf.pdf) of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit?

Criterion A - No subsurface stormwater controls

Certification Information

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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Jim Moore

Certifier Title: Station Manager

Certifier Email: jim.a.moore@delta.com

Certified On: 01/31/2020 10:57 AMET

Provide a brief summary of the basis for the criterion selected in Appendix E (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendix-2.pdf):

e.g. communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area; Implementation of controls approved by EPA and the Services.

Historic Preservation

If your facility is not located on Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe?

Using the instructions in Appendix F (https://www.epa.gov/sites/production/files/2015-10/documents/msgp2015_appendixf.pdf) of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit?

Criterion A - No subsurface stormwater controls

Certification Information

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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Kenneth Dwyer

Certifier Title: Manager - DGS

Certifier Email:

Certified On: 08/19/2015 1:00 AMET