

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT

Submit this checklist with the application. Do not submit the instructions with the application. Indicate if the following are included in the application.

Applicant _____

Permit Number _____

WORKSHEET	Y	N	WORKSHEET	Y	N
Administrative Report 1.0			Worksheet 7.0		
Administrative Report 1.1			Worksheet 8.0		
SPIF			Worksheet 9.0		
Technical Report 1.0			Worksheet 10.0		
Worksheet 1.0			Original USGS Map		
Worksheet 2.0			Affected Landowners Map		
Worksheet 3.0			Landowner Disk or Labels		
Worksheet 3.1			Copy of Application Fee Check		
Worksheet 3.2			All fees owed TCEQ are paid		
Worksheet 3.3			Flow Diagram		
Worksheet 4.0			Site Drawing		
Worksheet 4.1			Original Photographs		
Worksheet 5.0			Solids Management Plan		
Worksheet 6.0			Water Balance		

Please indicate by a check mark the amount submitted for the application fee:

EPA Classification	New	Major Amend. (With or Without Renewal)	Renewal Only	Minor Amend. /Mod.
Minor facility not subject to categorical standards promulgated by the EPA (40 CFR Part 400-471)	_____ \$350	_____ \$350	_____ \$315	_____ \$150
Minor facility subject to categorical standards promulgated by the EPA (40 CFR Part 400-471)	_____ \$1,250	_____ \$1250	_____ \$1215	_____ \$150
Major facility	N/A *	_____ \$2,050	_____ \$2,015	_____ \$450

* All facilities are designated as minors until formally classified as a major by EPA.

For Commission Use Only:			
Segment Number: _____	County: _____	Expiration Date: _____	
Proposed/Current Permit Number: _____		Region: _____	

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

The following is required for all applications--Renewal, New, And Amendment

Type of application:

- | | |
|---|--|
| <input type="checkbox"/> New TPDES | <input type="checkbox"/> New TLAP |
| <input type="checkbox"/> Major amendment with Renewal | <input type="checkbox"/> Major Amendment without Renewal |
| <input type="checkbox"/> Renewal of existing permit | <input type="checkbox"/> Stormwater only discharge |
| <input type="checkbox"/> Minor amendment to permit | <input type="checkbox"/> Minor modification to permit |

If applying for an amendment to a permit, please describe the request in detail.

1. APPLICANT INFORMATION (Instructions, Page 18)

a. Facility Owner (Owner of the facility must apply for the permit.)

What is the Legal Name of the entity (applicant) applying for this permit?

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

What is the applicant's mailing address as recognized by the **US Postal Service**?

You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited 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 type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

- Yes
 No *(If governmental entity, subsidiary, or part of a larger corporation)*

Number of Employees:

- 0-20; 21-100; 101-250; 251-500; or 501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors. **REQUIRED** for corporations and limited partnerships)*

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

b. Co-Permittee information (complete only if the operator must be a co-permittee)

What is the Legal Name of the entity (operator) applying for this permit?

Operator _____

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

If the operator is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

What is the applicant's mailing address as recognized by the **US Postal Service**?

You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited 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 type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

- Yes
 No (*If governmental entity, subsidiary, or part of a larger corporation*)

Number of Employees:

- 0-20; 21-100; 101-250; 251-500; or 501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors. **REQUIRED** for corporations and limited partnerships)*

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

Provide a brief description of the need for a co-permittee:

c. Individual information (complete only if the facility owner or co-permittee is an individual)

What is the Legal Name of the owner/co-permittee applying for this permit?

If the owner/co-permittee is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be the individual. See signatory requirements in TAC 305.43(a).)

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

State Identification Number: _____

Date of Birth: _____

Assumed business or professional name: _____

Business name: _____

What is the applicant's mailing address as recognized by the **US Postal Service**?

You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

2. BILLING CONTACT (Instructions Page 21)

a. Billing Contact and Address Information

*The permittee 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 permittee is responsible for terminating the permit when it is no longer needed.*

Is the billing address the same as the permittee or co-permittee?

Permittee Co-permittee No, fill out this section

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

Organization Name: _____

Billing Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA.
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____

3. APPLICATION CONTACT INFORMATION (Instructions, Page 21)

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

a. Application Contact

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

b. Application Contact

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

4. DMR CONTACT INFORMATION (Instructions Page 21)

Contact Responsible for Discharge Monitoring Reports (EPA 3320-1) Provide the name of the person and their complete mailing address delegated to receive and submit Discharge Monitoring Report Forms.

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA.

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____



Did you know you can submit DMR data on line?

Go to Sign up now at:

<https://www6.tceq.texas.gov/steers/>

Establish an electronic reporting account when you get your permit number.

5. PERMIT CONTACT INFORMATION (Instructions, Page 22)

Provide two names of individuals that can be contacted throughout the permit term.

Prefix (Mr. Ms, Miss): _____

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA.

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

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

6. NOTICE INFORMATION (Instructions, Page 22)

a. Individual publishing the notices

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

b. Method for receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

- E-mail Address: _____
- Fax No.: _____
- Overnight/Priority mail: (self addressed, prepaid envelope required)
- Regular Mail:

Mailing Address: _____
 Internal Routing (Mail Code, Etc.): _____
 City: _____ State: _____ ZIP Code: _____

c. Contact in the Notice

Prefix (Mr. Ms, Miss): _____
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Phone No.: _____ Extension: _____

d. Public Place Information

If the facility and/or outfall are located in more than one county, a public viewing place for each county must be provided.

Public Building name: _____
Location within the building: _____
Physical address of building: _____
City: _____ County: _____
Contact Name: _____
Phone No.: _____ Extension: _____

e. Bilingual Notice Requirements:

For new permit, major amendment and renewal applications. Not applicable for minor amendment or minor modification applications.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice is required:

1. Is a bilingual education program required by the Texas Education Code at the nearest elementary or middle school to the facility or proposed facility?
 Yes No (If No, alternative language notice publication is not required; skip to item 7. SITE INFORMATION.)
2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?
 Yes No
3. Do the students at these schools attend a bilingual education program at another location?
 Yes No
4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
 Yes No
5. If the answer is yes to 1, 2, 3, or 4, public notice in an alternative language is required. Which language is required by the bilingual program?

This section of the application is only used to determine if alternative language notice will be needed. Complete instructions on publishing the alternative language notice will be in your public notice package.

7. REGULATED ENTITY AND PERMITTED SITE INFORMATION (Instructions Page 23)

If the site of your business is part of a larger business site, 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.

TCEQ issued RE Reference Number (RN): **RN** _____

a. State/TPDES Permit No.: _____ Expiration date: _____

EPA Identification No. (TPDES Permits only): TX _____

b. Name of project or site (the name known by the community where located):

c. Is the facility located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County? Yes No

(If Yes, additional information concerning protection of the Edwards Aquifer may be required.)

d. Is the location of the facility used in the existing permit correct? Yes No

e. Does the site have a physical address?

If Yes, complete Section A for a physical address.

If No (the location description is not accurate or this is a new permit application, complete), 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 emergencies, or other online map tool to confirm an address.

Physical Address of Project or Site:

Street Number: _____ Street Name: _____

City: _____ ZIP Code: _____

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)

f. City where the site is located or, if not in a city, what is the nearest city:

g. ZIP Code where the site is located: _____

h. County where the site is located _____

i. Latitude: _____ Longitude: _____

j. In your own words, briefly describe the primary business of the Regulated Entity:
(Do not repeat the SIC and NAICS code)

k. Owner of treatment facility: _____

Ownership of Facility: ___ Public ___ Private ___ Both ___ Federal

l. Owner of land where treatment facility is/will be: _____

(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions.)

m. Owner of effluent disposal site: _____

(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years.)

n. Owner of sewage sludge disposal site: _____

(Required only if authorization is sought in the permit for sludge disposal on property owned/controlled by the applicant.)

8. DISCHARGE/ DISPOSAL INFORMATION (Instructions, Page 26)

a. Is the point of discharge and discharge route in the existing permit correct?

Yes No If no, or a new or amendment permit application, please give an accurate description.

b. City or Town in which the outfall(s) is or will be located _____

c. County the outfall(s) is located: _____

d. Outfall Latitude: _____ Longitude: _____

e. For all applications involving an average daily discharge of 5 million gallons per day or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge. _____

- f.** If a TLAP, is the location of the effluent disposal site in the existing permit accurate?
 Yes No If no, or a new or amendment permit application, please give an accurate description.

g. City or Town in which the disposal site is or will be located _____

h. County the disposal site is located: _____

i. Disposal Site Latitude: _____ Longitude: _____

- j.** If a TLAP, describe the routing of effluent from the treatment facility to the effluent disposal site:

k. For TLAP applications please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: _____

- l.** Is the location of the sewage sludge disposal site in the existing permit accurate?

Yes No If no, or a new permit application, please give an accurate description.

- m.** Provide an **original** full size USGS Topographic Map with all required information. Indicate by a check mark that the information is provided.

- Applicant's property boundary
- Treatment facility boundaries
- Labeled point of discharge and highlighted discharge route
- Sewage sludge disposal site
- Effluent disposal site boundaries
- New and future construction
- 1 mile radius and 3 miles downstream information
- All ponds

- n.** Is/will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch? Yes No

If Yes, indicate by a check mark if:

- Authorization granted Authorization pending

(For new and amendments, provide copies of letters that show proof of contact and the approval letter upon receipt.)

- o.** Is the facility located on or does the treated effluent cross American Indian Land?
 Yes No

9. MISCELLANEOUS INFORMATION (Instructions, Pages 29)

- a.** List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:
-

- b.** Do you owe fees to the TCEQ? Yes No

If yes, please provide:

Account number: _____ Amount past due: _____

- c.** Do you owe any penalties to the TCEQ? Yes No

If yes, please provide:

Enforcement order number _____ Amount past due _____

10. SIGNATURE PAGE (Instructions, Page 30)

Permit Number: _____

Applicant: _____

Certification:

I, _____
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: _____
(Use blue ink)

Subscribed and Sworn to before me by the said _____

on this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

Notary Public

[SEAL]

County, Texas

If co-permittees are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL ADMINISTRATIVE REPORT 1.1
The following is required for new and amendment applications.

1. AFFECTED LANDOWNER INFORMATION (Instructions, Page 31)

- a.** Indicate by a check mark that the landowners map or drawing, with scale, includes the following, as applicable.
- The applicant's property boundaries
 - The facility site boundaries within the applicant's property boundaries
 - The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - The property boundaries of all landowners surrounding the applicant's property
 - The point(s) of discharge and highlighted discharge route clearly shown for one mile downstream
 - The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay estuary, or affected by tides
 - The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site), all evaporation/holding ponds within the applicant's property
 - The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located
 - The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- b.** Indicate by a check mark in which format the landowners list is submitted:
- Read/Writeable CD or Disk 4 sets of labels
- c.** Indicate by a check mark that a separate list with the landowners' names and mailing address cross-referenced to the landowners map has been provided.
- d.** Provide the source of the landowners' names and mailing addresses.
-

- e. As required by Texas Water Code §5.115, is any permanent school fund land affected by this application? Yes No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s).

2. ORIGINAL PHOTOGRAPHS (Instructions, Page 33)

Provide original ground level photographs. Indicate by checking that the following information is provided.

- At least one original photograph of the new or expanded treatment unit location
- At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured.
- If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- At least one photograph of the existing/proposed effluent disposal site
- A plot plan or map showing the location and direction of each photograph

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
 SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)
 FOR AGENCIES REVIEWING INDUSTRIAL
 TPDES WASTEWATER PERMIT APPLICATIONS**

TCEQ USE ONLY:	
Application type: _____ Renewal _____ Major Amendment _____ Minor Amendment _____ New	
County: _____ Segment Number _____ Admin Complete Date: _____	
Agency Receiving SPIF:	
_____ Texas Historical Commission	_____ U.S. Fish and Wildlife
_____ Texas Parks and Wildlife Department	_____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 34)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed and/or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: _____
2. Permit No. WQoo _____ (EPA ID No.) TX _____
3. Address of the project (location description that includes street/highway, city/vicinity, & county)

4. Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.
 Name: _____ Company: _____
 Phone number: _____ Fax number: _____
 Street No.: _____ Street name: _____ Street type: _____
 P.O. Box: _____ City: _____ State: _____ ZIP code: _____
 Email: _____

5. List the county in which the facility is located: _____
6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the Segment Number.

8. Please provide a separate 7.5 minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required **in addition to** the map in the administrative report).

9. Provide original photographs of any structures 50 years or older on the property.

10. Does your project involve any of the following? Check all that apply.
- a. Proposed access roads, utility lines, construction easements
 - b. Visual effects that could damage or detract from a historic property's integrity
 - c. Vibration effects during construction or as a result of project design
 - d. Additional phases of development that are planned for the future
 - e. Sealing caves, fractures, sinkholes, other karst features
 - f. Disturbance of vegetation or wetlands

11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features).
-

12. Describe existing disturbances, vegetation and land use.
-

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

13. List construction dates of all buildings and structures on the property.
-

14. Provide a brief history of the property, and name of the architect/builder, if known.
-