

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Permitting and Registration Division, MC 178
Water Operator Licensing Program
P.O. Box 13087
Austin, Texas 78711-3087
512/239-6300

COMMISSION USE ONLY
Received Date:
Issued Date:
Expiration Date:
Registration No. :
Region No.:
Date Fee Paid:
Amount Paid:

WATER OPERATIONS COMPANY REGISTRATION APPLICATION AND REPORT FORM

I. COMPANY INFORMATION

APPLICANT (Individual, Company, or Corpora	ite Name):					
MAILING ADDRESS (i.e. P.O. BOX, STREET N	o. etc.):					
CITY:		STATE:		ZIP CODE:		
BUSINESS PHONE No.:		FAX No.:				
BUSINESS PHONE NO		FAX NO				
()		()				
* STATE TAX PAYER IDENTIFICATION No.	* FEDERAL EMPLO	YER'S IDENTIFICATION No.	DATE BUSINES	SS ESTABLISHED:		
* Use the 11- digit State Comptroller's Ta	xpayer Number or	the 9- digit Federal Employ	er's Identificati	on Number.		
II. TYPE OF ACTION						
II. TIFE OF ACTION						
□ New Registration * □ Renev	wal Rogistrati	on * □ Change Noti	CO			

*A fee is due with an application for new or renewal registration ONLY

(No fee is due when submitting the yearly report or change notice)

FEE TABLE				
NUMBER OF FACILITIES SERVED	FEE			
0 to 4	\$122.00			
5 TO 9	\$240.00			
10 TO 19	\$399.00			
20 OR MORE \$636.00				
* Fees cover the three-year validity period of the registration				

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III. FACILITY/ REGULATED ENTITY INFORMATION

List b elow all public water systems currently operated by the company during this and the preceding calendar year. Indicate type of water system, Ground Water, Surface Water, Ground Water Under the Influence of Surface Water (GUI) or Purchased Water. Please provide the number of connections for each system. Attach additional sheets if necessary.

Website for Public Water System ID Numbers: http://www3.tceq.state.tx.us/iwud/

Information must be complete or application will be returned

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OP	ERATIONS (M/Y-M/Y)
OWNED'S MAILING	ADDRESS (i.e. D.O. E	BOX, STREET No. etc.):	CITY	.	TATE: ZIP CODE:
OWNER 5 MAILING	ADDRESS (I.e. P.O. E	OOX, STREET NO. etc.):	CITT	. 3	TATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION	1	<u> </u>	
TYPE OF SYSTEM:	☐ GROUNI	WATER	VATER GUI	_ F	PURCHASED WATER
				,	
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OP	ERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY	: S	TATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION	:		
TYPE OF SYSTEM:	□ GROUNI	U D WATER □ SURFACE V	VATER GUI	_ F	PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OP	ERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY	: S	TATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION	:	I	I
TYPE OF SYSTEM:	□ GROUNI	D WATER	VATER GUI	_ F	PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OP	ERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY	: S	TATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION	:		
TYPE OF SYSTEM:	☐ GROUNI	O WATER	VATER GUI	F	PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OP	ERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY	: S	TATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION	<u> </u>		
		233.2			
TYPE OF SYSTEM:	☐ GROUNI	WATER	VATER 🗆 GUI		PURCHASED WATER

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III. FACILITY/ REGULATED ENTITY INFORMATION - CONTINUED

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		l l
TYPE OF SYSTEM	☐ GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM	: GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	 G ADDRESS (i.e. P.O. E	I BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM:	- CROUNT	NATER - CUREACE WATER	□ GUI	- BURCHACED WATER
	☐ GROUNI	D WATER		□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (MAY MAY)
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:	·	
TYPE OF SYSTEM	□ GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM	: □ GROUNI	│ D WATER □ SURFACE WATER	□ GUI	□ PURCHASED WATER

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IV. OPERATOR INFORMATION

List below the names, addresses, license type (G = Ground Water; S = Surface Water; D = Distribution) and license level (A, B, C or D) and license or social security numbers of those operators currently employed by the company. List the public water system identification number they operate. Indicate if the operator is the Chief Operator at that system. Attach additional sheets if necessary.

Information must be completed or application will be returned

OPERATOR'S NAME:									
LICENSE No. or SSN: LEVEL of LICEN		ICENSE: TYPE of LICENSE:			LIC		EXPIRA [*]	TION DATE:	
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IV. OPERATOR INFORMATION - CONTINUED

OPERATOR'S NAME:										
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYP	E of LICENSE:			LICENS	SE EXPIRA	TION DATE:
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OPERATOR'S MAILING	_		(, STREET No. etc.)	:			TY:		STATE:	ZIP CODE:
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OPERATOR'S NAME:										
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OPERATOR'S MAILING	☐ YES	□ NO	(STREET No. etc.)		☐ YES ☐ NO		TY:		☐ YES	☐ NO ZIP CODE:
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OPERATOR'S NAME:										
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V. COMPLIANCE HISTORY

a. List below all public systems that the company has operated that are now or have been during the past year involved in compliance related enforcement proceedings, such as an enforcement order (issued by either this agency or the U.S. Environ mental Protection Agency) or other court order, ju dgment, etc. State the nature of the non-compliance and in dicate the duration ("March-June, 2000"). Describe what corrective measures have been taken. Attach additional sheets if necessary.

PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
			
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:	<u> </u>	
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION
DESCRIPTION of VIOLATIO	N:		(M/Y-M/Y):
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
CORRECTIVE ACTIONS TA	KEN:		

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V. SIGNATURE

1	
PRINT NAME	TITLE
	cation and any attachments contain no willful or negligent misrepresentation or tte, and complete. I understand that any misrepresentation or falsification may referral for enforcement action.
SIGNATURE:	DATE:
If you have questions on how to fill out this form o	r about the Water Licensing Program, please contact us at 512/239-6300.

To be completed by the applicant or Chief Executive Officer of the company or corporation.

Please forward original signed forms to:

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also

have any errors in their information corrected. To review such information, contact us at 512/239-3282.

Texas Commission On Environmental Quality Permitting and Registration Division, MC 178 Water Operator Licensing Program P.O. Box 13087 Austin, Texas 78711-3087

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