



**TEXAS COMMISSION
ON
ENVIRONMENTAL QUALITY**

Permitting and Registration Division, MC 178
Wastewater 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: _____

**WASTEWATER OPERATIONS COMPANY
REGISTRATION APPLICATION AND REPORT FORM**

I. COMPANY INFORMATION

APPLICANT (Individual, Company, or Corporate Name):		
MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		
CITY:	STATE:	ZIP CODE:
BUSINESS PHONE No.:	FAX No.:	
()	()	
* STATE TAX PAYER IDENTIFICATION No.	* FEDERAL EMPLOYER'S IDENTIFICATION No.	DATE BUSINESS ESTABLISHED:

* Use the 11- digit State Comptroller's Taxpayer Number or the 9- digit Federal Employer's Identification Number.

II . TYPE OF ACTION

New Registration * Renewal Registration * Change Notice

***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	

III. DOMESTIC WASTEWATER FACILITY INFORMATION

List below all domestic wastewater treatment facilities operated by the company during this and the preceding calendar year. Attach additional sheets if necessary.

Information must be complete or application will be returned

TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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TCEQ PERMIT No. :	PERMITEE'S NAME:	DATES OF OPERATIONS (M/Y-M/Y)		
PERMITEE'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			
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IV. COLLECTION SYSTEM INFORMATION

List below all collection systems operated by the company during this and the preceding calendar year. Attach additional sheets if necessary.

Information must be complete or application will be returned

COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	

V. TREATMENT PLANT OPERATOR INFORMATION

List below the name, address, license number, and level of license for each wastewater treatment operator currently employed by the company. List each facility for which the operator is responsible. Indicate if that operator is the "Chief Operator" at that facility. Attach additional sheets if necessary.

Information must be completed or application will be returned

OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		

V. TREATMENT PLANT OPERATOR INFORMATION - CONTINUED

OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICENSE:		LICENSE EXPIRATION DATE:	
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):				CITY:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	TCEQ PERMIT No. :	CHIEF OPERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		

VI. COLLECTION SYSTEM OPERATOR INFORMATION

List below the name, address, license number, and level of license for each collection system operator currently performing supervisory duties for the company. List each system for which the operator is responsible. Attach additional sheets if necessary.

Information must be completed or application will be returned

OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	
OPERATOR'S NAME:		NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:			
OPERATOR'S MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):		CITY:	STATE:	ZIP CODE:	

VII. COMPLIANCE HISTORY

- a. List below all facilities and/or collection systems that the company has operated that are now or have been during the past year involved in compliance related enforcement proceedings, such as a n enforcement order (issued by either this agency or the U.S. Environmental Protection Agency) or other court order, judgement, etc. State the nature of the non-compliance (e.g., "BOD excursions", "flow violations"...) and indicate the duration ("March-June, 2000"). Describe what corrective measures have been taken, such as "I/I repair underway", "plant expansion just completed", or "solids management plan implemented." Attach additional sheets if necessary.

TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
<hr/> <hr/>			
CORRECTIVE ACTIONS TAKEN:			
<hr/> <hr/>			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
<hr/> <hr/>			
CORRECTIVE ACTIONS TAKEN:			
<hr/> <hr/>			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
<hr/> <hr/>			
CORRECTIVE ACTIONS TAKEN:			
<hr/> <hr/>			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATION:			
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CORRECTIVE ACTIONS TAKEN:			
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V. COMPLIANCE HISTORY - CONTINUED

b. List below all facilities and/or collection systems that the company has operated within the past year that have been recognized as being well operated (e.g., EPA's O&M Excellence Awards, etc.) Attach additional sheets if necessary.

TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	DATE of AWARD:
TYPE of AWARD:			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	DATE of AWARD:
TYPE of AWARD:			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	DATE of AWARD:
TYPE of AWARD:			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	DATE of AWARD:
TYPE of AWARD:			
TCEQ PERMIT No.:	PERMITEE NAME:	FACILITY NAME:	DATE of AWARD:
TYPE of AWARD:			

VI. SIGNATURE

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

I, _____, _____
 PRINT NAME TITLE

Hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of this application and possible referral for enforcement action.

SIGNATURE: _____ DATE: _____

If you have questions on how to fill out this form or about the Wastewater Licensing Program, please contact us at 512/239-6300. 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.

Please forward original signed forms to:

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