

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

TCEQ INDUSTRIAL WASTEWATER PERMIT APPLICATION

INDUSTRIAL ADMINISTRATIVE REPORT

Complete and submit this checklist with the application.

APPLICANT:

PERMIT NUMBER:

Indicate if each of the following items is included in your application.

	Y	N		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			Worksheet 11.0		
Worksheet 2.0			Original USGS Map		
Worksheet 3.0			Affected Landowners Map		
Worksheet 3.1			Landowner Disk or Labels		
Worksheet 3.2			Flow Diagram		
Worksheet 3.3			Site Drawing		
Worksheet 4.0			Original Photographs		
Worksheet 4.1			Solids Management Program		
Worksheet 5.0			Water Balance		
Worksheet 6.0					

For Commission Use Only:

Segment Number: _____ County: _____ Expiration Date: _____

Proposed/Current Permit Number: _____ Region: _____

INDUSTRIAL ADMINISTRATIVE REPORT 1.0

The following information **is required** for **all** applications—renewals, new, and amendments.

1. TYPE OF APPLICATION AND FEES(Instructions, Page 21)

Permit No.:

EPA ID No.:

- | | |
|------------------------------|---------------------------------|
| New TPDES permit | New TLAP |
| Major Amendment with Renewal | Major Amendment without Renewal |
| Renewal of existing permit | Stormwater only discharge |
| Minor Amendment to permit | Minor modification to permit |

If applying for an **amendment** or modification of a permit, please describe the request in detail.

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

EPA Classification	New	Major Amendment (With or Without Renewal)	Renewal Only	Minor Amendment/ Minor Modification
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	\$350	\$350	\$315	\$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	\$1,250	\$1,250	\$1,215	\$150
Major facility	N/A *	\$2,050	\$2,015	\$450

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

Payment Information:

- Mailed Check or Money Order Number:
 Check or Money Order Amount:
 Named Printed on Check or Money Order:
- EPAY Voucher Number:
 Copy of Voucher Enclosed? Yes
 Attachment No.:

2. APPLICANT INFORMATION (Instructions, Pages 21-24)

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 documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may [search for your CN](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch) on the TCEQ website at <http://www15.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 *30 TAC §305.44*.

First/Last Name:

Title:

Credential:

What is the applicant's mailing address as recognized by the US Postal Service (USPS)? You may [verify the address](https://tools.usps.com/go/ZipLookupAction!input.action) on the USPS website at <https://tools.usps.com/go/ZipLookupAction!input.action>.

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

Indicate the type of customer:

Individual*

Sole Proprietorship-D.B.A.

Limited Partnership

Corporation

Trust

Estate

Federal Government

State Government

County Government

City Government

Other Government

Other

* if the customer type selected is **Individual**, complete **Attachment 1**.

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

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:

b. Co-applicant Information

What is the Legal Name of the co-applicant applying for this permit?

(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may [search for your CN](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch) on the TCEQ website at <http://www15.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 *30 TAC §305.44*.

First/Last Name:

Title:

Credential:

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

What is the applicant's mailing address as recognized by the US Postal Service (USPS)? You may [verify the address](https://tools.usps.com/go/ZipLookupAction!input.action) on the USPS website at <https://tools.usps.com/go/ZipLookupAction!input.action>.

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

Indicate the type of customer:

Individual*

Estate

Limited Partnership

State Government

Trust

City Government

Federal Government

Other:

County Government

Other Government

* If the customer type selected is **Individual**, complete **Attachment 1**.

Sole Proprietorship-D.B.A.

Corporation

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

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:

3. APPLICATION CONTACT INFORMATION (Instructions, Page 24)

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

a. First/Last Name:

Title:

Credential:

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

Check one or both:

Administrative Contact

Technical Contact

b. First/Last Name:

Title:

Credential:

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

Check one or both:

Administrative Contact

Technical Contact

Attachment:

4. PERMIT CONTACT INFORMATION (Instructions, Page 24)

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

a. First/Last Name:

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

b. First/Last Name:

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

5. BILLING CONTACT INFORMATION (Instructions, Page 24)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits in effect on September 1 of each year. The 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 (using form TCEQ-20029).

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

If neither, fill out this section.

First/Last Name: _____

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

6. DMR/MER CONTACT INFORMATION (Instructions, Page 25)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or Monthly Effluent Reports.

First/Last Name:

Title:

Credential:

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

You can [submit DMR data](https://www.tceq.texas.gov/field/netdmr/netdmr.html) on the TCEQ website at <https://www.tceq.texas.gov/field/netdmr/netdmr.html>. Establish an electronic reporting account with the permit number.

7. NOTICE INFORMATION (Instructions, Pages 25-26)

a. Individual Publishing the Notices

First/Last Name:

Title:

Credential:

Organization Name:

Mailing Address:

City:

State:

ZIP 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:

City:

State:

ZIP Code:

Phone No.:

Extension:

c. Contact in the Notice

First/Last Name:

Title:

Credential:

Organization Name:

Phone No.:

Extension:

Fax No.:

E-mail Address:

d. Public Place Information

If the facility or outfall is 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:

This information **is required** for **new, major amendment, and renewal applications**. It is not required for minor amendment or minor modification applications.

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

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

- 1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?
 Yes No

If **no**, publication of an alternative language notice is not required; **skip to** Item 8 (REGULATED ENTITY AND PERMITTED 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 question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program?

8. REGULATED ENTITY AND PERMITTED SITE INFORMATION (Instructions Pages 26-29)

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 the TCEQ's Central Registry](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch) at <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch> to determine the RN or to see if the larger site may already be registered as a regulated site:

If the site is found, provide the assigned Regulated Entity 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 Regulated Entity 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? If yes, additional information concerning protection of the Edwards Aquifer may be required.

Yes No

- d. Is the location of the facility used in the existing permit correct?

Yes No

Does the site have a physical address?

Yes No

If **yes**, complete Section A.

If **no** (the location description is not accurate or this is a new permit application), complete Section B.

Section A: Enter the physical address for the site or project.

Verify the address on the USPS website at <https://tools.usps.com/go/ZipLookupAction!input.action>. 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.

Street Number:

Street Name:

City:

ZIP Code:

Section B: Enter the location information for the site or project.

Provide a written location description of the site or project (example: located 2 miles west from intersection of Highway 290 and IH35, accessible from Highway 290 South):

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

- f. ZIP Code where site is located:
- g. County or counties where site is located:
- h. Site Latitude: _____ Longitude: _____
- i. In your own words, briefly describe the primary business of the Regulated Entity (do not repeat the SIC and NAICS code):

- j. Owner of treatment facility:
- Ownership of Facility: Public Private Both Federal

- k. Owner of land where treatment facility is or will be:

First/Last Name:

Mailing Address:

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ E-mail Address: _____

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.

Attachment No.:

- l. Owner of effluent disposal site:

First/Last Name:

Mailing Address:

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ E-mail Address: _____

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

Attachment No.:

- m. Owner of sewage sludge disposal site:

First/Last Name:

Mailing Address:

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ E-mail Address: _____

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

Attachment No.:

(This information is required only if authorization is sought in the permit for sludge disposal on property owned or controlled by the applicant.)

11. SIGNATURE PAGE (Instructions, Page 32)

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-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

1. AFFECTED LANDOWNER INFORMATION (Instructions, Pages 33-35)

- a. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, 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 (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)

The point(s) of discharge and highlighted discharge route(s) 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) and 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:

Readable/Writeable CD

Four sets of labels

- c. Indicate by a check mark that a separate list with the landowners' names and mailing addresses 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 35)

Provide original ground level photographs. Indicate with checkmarks 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 36)

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 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. WQ00 EPA ID No. TX
3. Address of the project (location description that includes street/highway, city/vicinity, and 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:

Mailing address:

City:

State:

Zip code:

E-mail:

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 classified 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.

Proposed access roads, utility lines, construction easements

Visual effects that could damage or detract from a historic property's integrity

Vibration effects during construction or as a result of project design

Additional phases of development that are planned for the future

Sealing caves, fractures, sinkholes, other karst features

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

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Waste Permit No:

1. Check or Money Order Number:
2. Check or Money Order Amount:
3. Date of Check or Money Order:
4. Name on Check or Money Order:
5. APPLICATION INFORMATION

Name of Project or Site:

Physical Address of Project or Site:

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Staple Check or Money Order in This Space

ATTACHMENT 1
INDIVIDUAL INFORMATION

1. Individual information (Instructions, Page 37)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., Miss):

Full legal name (first, middle, last):

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:

Fax Number:

E-mail Address:

CN:

<p>For Commission Use Only: Customer Number: Regulated Entity Number: Permit Number:</p>
