

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

MARINE SEAWATER DESALINATION PERMIT APPLICATION

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			Original USGS Map		
SPIF			Flow Diagram		
Technical Report 1.0			Water Balance		
Technical Report 2.0			Site Drawing		
Worksheet 1.0					
Worksheet 1.1					
Worksheet 1.2					
Worksheet 2.0					
Worksheet 3.0					

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 15)

Permit No.:

EPA ID No.:

New Marine Seawater Desalination permit
 Major Amendment with Renewal
 Renewal of existing permit

Minor Amendment to permit
 Major Amendment without Renewal
 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:

New	Major Amendment (With or Without Renewal)	Renewal Only	Minor Amendment/ Minor Modification
\$1,250	\$1,250	\$1,215	\$150

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 15-18)

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 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](#) 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](#) 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 18)

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 18)

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 18)

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).

Please identify the individual who is to receive the annual fee invoices.

First/Last Name: _____

Title: _____ Credential: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

6. DMR CONTACT INFORMATION (Instructions, Page 19)

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

First/Last Name:

Title:

Credential:

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Phone No.:

Extension:

Fax No.:

E-mail Address:

7. NOTICE INFORMATION (Instructions, Pages 19-20)

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 20-22)

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 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):

- d. City where site is located or, if not in a city, the nearest city:
- e. ZIP Code where site is located:
- f. County or counties where site is located:
- g. Site Latitude: _____ Longitude: _____

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

i. Owner of treatment facility:

Ownership of Facility: Public Private Both Federal

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

Landowner Name:

Mailing Address:

City: State: ZIP Code:

Contact Name:

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.:

9. DISCHARGE INFORMATION (Instructions, Pages 22-24)

a. Is the facility located on or does the treated effluent cross American Indian Land?

Yes No

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

Applicant's property boundary	New and future construction
Treatment facility boundaries	One-mile radius and three-miles downstream information
Labeled point(s) of discharge and highlighted discharge route(s)	All ponds

c. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

Yes No

If **no, or a new or amendment permit application**, provide an accurate description:

d. City nearest the outfall(s):

e. County in which the outfalls(s) is/are located:

f. Outfall Latitude: Longitude:

g. Is or 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 amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment No.:

h. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

10. MISCELLANEOUS INFORMATION (Instructions, Page 24)

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 any fees to the TCEQ?

Yes No

If **yes**, provide the following information:

Account number:

Amount past due:

c. Do you owe any penalties to the TCEQ?

Yes No

If **yes**, please provide the following information:

Enforcement order number:

Amount past due:

11. SIGNATURE PAGE (Instructions, Pages 24-25)

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.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

<p>TCEQ USE ONLY:</p> <p>Application type: ___Renewal ___Major Amendment ___Minor Amendment ___New</p> <p>County: _____ Segment Number: _____</p> <p>Admin Complete Date: _____</p> <p>Agency Receiving SPIF:</p> <table><tr><td>___ Texas Historical Commission</td><td>___ U.S. Fish and Wildlife</td></tr><tr><td>___ Texas Parks and Wildlife Department</td><td>___ U.S. Army Corps of Engineers</td></tr></table>	___ Texas Historical Commission	___ U.S. Fish and Wildlife	___ Texas Parks and Wildlife Department	___ U.S. Army Corps of Engineers
___ Texas Historical Commission	___ U.S. Fish and Wildlife			
___ Texas Parks and Wildlife Department	___ U.S. Army Corps of Engineers			

This form applies to Marine Seawater Desalination permit applications only. (Instructions, Page 26)

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 MARINE SEAWATER DESALINATION PERMITS AND MAJOR AMENDMENTS TO MARINE SEAWATER DESALINATION 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 27)

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>
