#  SECTION 1. PERMIT INFORMATION

1. WQ Permit Number: WQ00 Click here to enter text.
2. Permittee’s Name: Click here to enter text.
3. Industrial Wastewater Alternate Name: Click here to enter text.
4. Facility Direct Phone Number: Click here to enter text.
5. After Hours Emergency Hotline Phone Number: Click here to enter text.
6. United States Postal Service Physical Address (**No P.O. Box**): Click here to enter text.
7. City, State, and Zip Code: Click here to enter text.
8. Location Description: (The description must include the direction and distance in feet or miles from road intersections. i.e. *The facility is located on the North side of FM 123, 2.3 miles west of the intersection of FM 123 and Hwy 1)*.Click here to enter text.
9. County: Click here to enter text.
10. WW Latitude and Longitude at the **Front Gate**, decimal degrees format to six decimal places.

(i.e. 24.698524; -96.435620): Lat Click here to enter text. Long Click here to enter text.

# SECTION 2. PRIMARY HOMELAND SECURITY CONTACT PERSON

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.

**SECTION 3. SECONDARY HOMELAND SECURITY CONTACT PERSON**

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.

**SECTION 4. OUTSIDE OPERATING COMPANY CONTACT PERSON**

Is the daily operation of the WW contracted to an outside operating company?

Yes [ ]    No [ ]  Company Name: Click here to enter text.

Contact Name: Click here to enter text. Title: Click here to enter text.

Mailing Address: Click here to enter text.

City, State, and Zip Code: Click here to enter text.

E-mail Address: Click here to enter text.

Work Phone Number: Click here to enter text. Cell Phone Number: Click here to enter text.

# SECTION 5. WASTEWATER INFORMATION

1. List the primary and secondary Standard Industrial Classification (SIC) code(s) for this WW? Click here to enter text.
2. List the primary and secondary North American Industry Classification System (NAICS) code(s) for this WW? Click here to enter text.
3. Does the WW have back-up power? Yes [ ]    No [ ]
4. If yes, what type of fuel does the power source use? (Butane Gas, Battery, Diesel, Fuel Oil, Gasoline, Propane or LP Gas, Natural Gas, Solar, Wind Generator, Other – *if other, list the fuel* *type*). Click here to enter text.
5. If yes, is there additional fuel supply onsite? Yes [ ]  No [ ]
6. If yes, estimate how many hours of operation on fuel supply? Click here to enter text.

**D.** Provide any additional information that would assist first responders in the event of an emergency. Click here to enter text.

# SECTION 6. ANNUAL EMAIL NOTICE CONTACT

Please list the names of individual(s) that need to receive the annual email update notice for this permit.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Contact Name** | **Company Name** | **Title** | **Mailing Address** | **City** | **State** | **Zip Code** | **Email Address** | **Work Phone** | **Cell Phone** |
|  |  |  |  |  |  |  |  |  |  |
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**Please type or print the information and submit the completed form as soon as possible or within 30 days of receipt: By email**: Homeland@tceq.texas.gov **By mail** to: TCEQ, WQD Homeland Security (MC-148), P.O. Box 13087, Austin, Texas 78711-3087