TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the industrial wastewater permit application.**

APPLICANT NAME: Click to enter text.

PERMIT NUMBER (If new, leave blank): WQ00 Click to enter text.

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

**Y N**

**Y N**

Administrative Report 1.0 [ ]    [ ]

Administrative Report 1.1 [ ]    [ ]

SPIF [ ]    [ ]

Core Data Form [ ]    [ ]

Public Involvement Plan Form [ ]    [ ]

Plain Language Summary [ ]    [ ]

Technical Report 1.0 [ ]    [ ]

Worksheet 1.0 [ ]    [ ]

Worksheet 2.0 [ ]    [ ]

Worksheet 3.0 [ ]    [ ]

Worksheet 3.1 [ ]    [ ]

Worksheet 3.2 [ ]    [ ]

Worksheet 3.3 [ ]    [ ]

Worksheet 4.0 [ ]    [ ]

Worksheet 4.1 [ ]    [ ]

Worksheet 5.0 [ ]    [ ]

Worksheet 6.0 [ ]    [ ]

Worksheet 7.0 [ ]    [ ]

Worksheet 8.0 [ ]    [ ]

Worksheet 9.0 [ ]    [ ]

Worksheet 10.0 [ ]    [ ]

Worksheet 11.0 [ ]    [ ]

Worksheet 11.1 [ ]    [ ]

Worksheet 11.2 [ ]    [ ]

Worksheet 11.3 [ ]    [ ]

Original USGS Map [ ]    [ ]

Affected Landowners Map [ ]    [ ]

Landowner Disk or Labels [ ]    [ ]

Flow Diagram [ ]    [ ]

Site Drawing [ ]    [ ]

Original Photographs [ ]    [ ]

Design Calculations [ ]    [ ]

Solids Management Plan [ ]    [ ]

Water Balance [ ]    [ ]

For TCEQ Use Only

Segment Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst](https://www.tceq.texas.gov/publications/search_forms.html)[[1]](#footnote-1)).

# Application Information and Fees (Instructions, Page 26)

1. Complete each field with the requested information, if applicable.

Applicant Name: Click to enter text.

Permit No.: WQ000Click to enter text.

EPA ID No.: TX0Click to enter text.

Expiration Date: Click to enter text.

1. Check the box next to the appropriate authorization type.

[ ]  Industrial Wastewater (wastewater and stormwater)

[ ]  Industrial Stormwater (stormwater only)

1. Check the box next to the appropriate facility status.

[ ]  Active [ ]  Inactive

1. Check the box next to the appropriate permit type.

[ ]  TPDES Permit [ ]  TLAP [ ]  TPDES with TLAP component

1. Check the box next to the appropriate application type.

[ ]  New

[ ]  Renewal with changes [ ]  Renewal without changes

[ ]  Major amendment with renewal [ ]  Major amendment without renewal

[ ]  Minor amendment without renewal

[ ]  Minor modification without renewal

1. If applying for an amendment or modification, describe the request: Click to enter text.

For TCEQ Use Only

Segment Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Application Fee

| **EPA Classification** | **New** | **Major Amend. (with or without renewal)** | **Renewal (with or without changes)** | **Minor Amend. / Minor Mod. (without renewal)** |
| --- | --- | --- | --- | --- |
| 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]](#footnote-2) | [ ]  $2,050 | [ ]  $2,015 | [ ]  $450 |

1. Payment Information

Mailed

Check or money order No.: Click to enter text.

Check or money order amt.: Click to enter text.

Named printed on check or money order: Click to enter text.

Epay

Voucher number: Click to enter text.

Copy of voucher attachment: Click to enter text.

# Applicant Information (Instructions, Pages 26)

1. Customer Number, if applicant is an existing customer: CNClick to enter text.

**Note:** Locate the customer number using the [TCEQ’s Central Registry Customer Search](https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch)[[3]](#footnote-3).

1. Legal name of the entity (applicant) applying for this permit: Click to enter text.

**Note:** The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

1. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

1. Will the applicant have overall financial responsibility for the facility?

[ ]  Yes [ ]  No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

# Co-applicant Information (Instructions, Page 27)

[ ]  Check this box if there is no co-applicant.; otherwise, complete the below questions.

1. Legal name of the entity (co-applicant) applying for this permit: Click to enter text.

**Note:** The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

1. Customer Number (if applicant is an existing customer): CNClick to enter text.

**Note:** Locate the customer number using the TCEQ’s Central Registry Customer Search.

1. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

1. Will the co-applicant have overall financial responsibility for the facility?

[ ]  Yes [ ]  No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

# Core Data Form (Instructions, Pages 27)

1. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: Click to enter text.

# Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

1. [ ]  Administrative Contact . [ ]  Technical Contact

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

1. [ ]  Administrative Contact [ ]  Technical Contact

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Attachment: Click to enter text.

# Permit Contact Information (Instructions, Page 28)

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

1. Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

1. Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

Attachment: Click to enter text.

# Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for 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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee’s representative responsible for payment of the invoice.

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

# DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

# Notice Information (Instructions, Pages 28)

1. Individual Publishing the Notices

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

1. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

[ ]  E-mail: Click to enter text.

[ ]  Fax: Click to enter text.

[ ]  Regular Mail (USPS)

Mailing Address: Click to enter text.

City/State/Zip Code: Click to enter text.

1. Contact in the Notice

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

1. Public Viewing Location Information

**Note:** If the facility or outfall is located in more than one county, provide a public viewing place for each county.

Public building name: Click to enter text. Location within the building: Click to enter text.

Physical Address of Building: Click to enter text.

City: Click to enter text. County: Click to enter text.

1. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal 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.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is 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.)

1. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

[ ]  Yes [ ]  No

1. Do the students at these schools attend a bilingual education program at another location?

[ ]  Yes [ ]  No

1. 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 [ ]  N/A

1. 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? Click to enter text.
2. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: Click to enter text.
3. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Click to enter text.

# Regulated Entity and Permitted Site Information (Instructions Page 29)

1. TCEQ issued Regulated Entity Number (RN), if available: RNClick to enter text.

**Note:** If your business site 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 to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

1. Name of project or site (the name known by the community where located): Click to enter text.
2. Is the location address of the facility in the existing permit the same?

[ ]  Yes [ ]  No [ ]  N/A (new permit)

**Note:** If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

1. Owner of treatment facility:

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

1. Ownership of facility: [ ]  Public [ ]  Private [ ]  Both [ ]  Federal
2. Owner of land where treatment facility is or will be: Click to enter text.

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Click to enter text.

1. Owner of effluent TLAP disposal site (if applicable): Click to enter text.

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

1. Owner of sewage sludge disposal site (if applicable):

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/Zip: Click to enter text.

Phone No: Click to enter text. Email: Click to enter text.

**Note:** If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

# TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

1. Is the facility located on or does the treated effluent cross Native American Land?

[ ]  Yes [ ]  No

1. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

[ ]  One-mile radius [ ]  Three-miles downstream information

[ ]  Applicant’s property boundaries [ ]  Treatment facility boundaries

[ ]  Labeled point(s) of discharge [ ]  Highlighted discharge route(s)

[ ]  Effluent disposal site boundaries [ ]  All wastewater ponds

[ ]  Sewage sludge disposal site [ ]  New and future construction

Attachment: Click to enter text.

1. Is the location of the sewage sludge disposal site in the existing permit accurate?

[ ]  Yes [ ]  No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

1. Are the point(s) of discharge in the existing permit correct?

[ ]  Yes [ ]  No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

1. Are the discharge route(s) in the existing permit correct?

[ ]  Yes [ ]  No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

1. City nearest the outfall(s): Click to enter text.
2. County in which the outfalls(s) is/are located: Click to enter text.
3. 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, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

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: Click to enter text.

1. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

[ ]  Yes No or New Permit [ ]  Click to enter text.

If no, or a new application, provide an accurate location description: Click to enter text.

1. City nearest the disposal site: Click to enter text.
2. County in which the disposal site is located: Click to enter text.
3. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Click to enter text.
4. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.

# Miscellaneous Information (Instructions, Page 33)

1. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

[ ]  Yes [ ]  No

If yes, list each person: Click to enter text.

1. Do you owe any fees to the TCEQ?

[ ]  Yes [ ]  No

If yes, provide the following information:

Account no.: Click to enter text.

Total amount due: Click to enter text.

1. Do you owe any penalties to the TCEQ?

[ ]  Yes [ ]  No

If yes, provide the following information:

Enforcement order no.: Click to enter text.

Amount due: Click to enter text.

# Signature Page (Instructions, Page 33)

Permit No: WQ000Click to enter text.

Applicant Name: Click to enter text.

Certification: I, Click to enter text., 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.

Signatory name (typed or printed): Click to enter text.

Signatory title: Click to enter text.

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

**Note:** If co-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

# Affected Landowner Information (Instructions, Page 35)

1. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

[ ]  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 (e.g., 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 within one-quarter mile of 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 (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: Click to enter text.

1. Check the box next to the format of the landowners list:

[ ]  Readable/Writeable CD [ ]  Four sets of labels

1. [ ]  Check this box to confirm a separate list with the landowners’ names and mailing addresses cross-referenced to the landowner map has been attached.

Attachment: Click to enter text.

1. Provide the source of the landowners’ names and mailing addresses: Click to enter text.
2. 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): Click to enter text.

# Original Photographs (Instructions, Page 37)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

[ ]  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.

Attachment: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

**Attachment:** Click to enter text.

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

**Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)**

* 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 BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality Texas Commission on Environmental Quality

Financial Administration Division Financial Administration Division

Cashier’s Office, MC-214 Cashier’s Office, MC-214

P.O. Box 13088 12100 Park 35 Circle

Austin, Texas 78711-3088 Austin, Texas 78753

**Fee Code: WQP Permit No:** WQ000Click to enter text.

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

Name of Project or Site: Click to enter text.

Physical Address of Project or Site: Click to enter text.

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. Attachment: Click to enter text.

**Staple Check or Money Order in This Spac**e

ATTACHMENT 1

INDIVIDUAL INFORMATION

# Individual information (Instructions, Page 38)

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., or Miss): Click to enter text.

Full legal name (first, middle, and last): Click to enter text.

Driver’s License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

[ ]  Core Data Form (TCEQ Form No. 10400)

(Required for all applications types. Must be completed in its entirety and signed.

Note: Form may be signed by applicant representative.)

[ ]  Correct and Current Industrial Wastewater Permit Application Forms

(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)

[ ]  Water Quality Permit Payment Submittal Form (Page 14)

(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)

[ ]  7.5 Minute USGS Quadrangle Topographic Map Attached

(Full-size map if seeking “New” permit.

8 ½ x 11 acceptable for Renewals and Amendments.)

[ ]  N/A [ ]  Current/Non-Expired, Executed Lease Agreement or Easement Attached

[ ]  N/A [ ]  Landowners Map

(See instructions for landowner requirements.)

**Things to Know:**

* All the items shown on the map must be labeled.
* The applicant’s complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
* The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
* If the applicant’s property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant’s property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

[ ]  N/A [ ]  Landowners Cross Reference List

(See instructions for landowner requirements.)

[ ]  N/A [ ]  Landowners Labels or CD-RW attached

(See instructions for landowner requirements.)

[ ]  Original signature per 30 TAC § 305.44 – Blue Ink Preferred

(If signature page is not signed by an elected official or principle executive officer,

a copy of signature authority/delegation letter must be attached.)

[ ]  Plain Language Summary

1. <https://www.tceq.texas.gov/publications/search_forms.html> [↑](#footnote-ref-1)
2. All facilities are designated as minors until formally classified as a major by EPA. [↑](#footnote-ref-2)
3. <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch> [↑](#footnote-ref-3)