TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Public Notice Verification Form

Notice of Receipt of Application and Intent to Obtain Permit

(NORI)

Water Quality Permit

**All applicants must complete this page.**

Applicant Name: Click here to enter text.

Site or Facility Name: Click here to enter text.

Water Quality Permit Number: Click here to enter text.

Regulated Entity Number: RN Click here to enter text. Customer Number: CN Click here to enter text.

**PUBLIC VIEWING LOCATION**

I certify that a copy of the complete water quality application, and all revisions, were placed at the following public place for public viewing and copying. I understand that the copy will remain available at the public place from the 1st day of publication of the NORI until the end of the designated comment period. I further understand that the copy will be updated with any revisions to the application.

Name of Public Place: Click here to enter text.

Address of Public Place: Click here to enter text.

Applicant or Applicant Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Complete this page only if you are required to publish in an alternative language and are not able to do so.**

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**ALTERNATIVE LANGUAGE EXEMPTION**

I certify that I have conducted a diligent search for a newspaper or publication of general circulation in both the municipality and county in which the facility is located or proposed to be located and was unable to publish the notice in the required alternative language because:

  A newspaper or publication could not be found in any of the alternative languages in which notice is required.

  The publishers of the newspapers listed below refused to publish the notice as requested, and another newspaper or publication in the same language and of general circulation could not be found in the municipality or county in which the facility is located or proposed to be located.

Newspaper Name: Click here to enter text.

Language: Click here to enter text.

Applicant or Applicant Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_