

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

P.O. Box 13087 MC-160, Austin, Texas 78711-3087

Telephone (512) 239-4600, FAX (512) 239-4770

APPLICATION FOR A TEMPORARY WATER USE PERMIT FOR MORE THAN 10 ACRE-FEET OF WATER, AND/OR FOR A DIVERSION PERIOD LONGER THAN ONE CALENDAR YEAR

This form is for an application for a temporary permit to divert water under Section 11.138, Texas Water Code. Any permit granted from this application may be suspended at any time by the applicable TCEQ Office if it is determined that surplus water is no longer available.

Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

- 1. Data on Applicant and Project: Social Security or Federal ID No. [redacted]
A. Name: Principle Industrial Services LLC
B. Mailing Address: 715 Wesley Avenue
C. Telephone Number: (214) 934-2027 Fax Number: E-mail Address: [redacted]
D. Applicant owes fees or penalties? [ ] Yes [x] No
E. Describe Use of Water: Transfer/pump dredge materials from Corpus Christi Ship Channel to DM Placement Area
F. Description of Project (TDH Project No. if applicable): CC Ship Channel - Viola Turning Basin/Suntide
G. Highway Designation No.: Suntide 51B/Joe Fulton Road County: Nueces

- 2. Type of Diversion (check one): [ ] From Stream [x] From Reservoir
3. Rate of Diversion:
A. Maximum: 7,000 gpm (capacity of pump)

- 4. Amount and Source of Water:
2,500 acre-feet of water within a period of 10 months (specify term period not to exceed a three year term). The water is to be obtained from Corpus Christi Ship Channel, tributary of CC Bay, tributary of Gulf of Mexico, tributary of Nueces River Basin.

- 5. Location of Diversion Point: Provide Latitude and Longitude in decimal degrees to at least six decimal places, and indicate the method used to calculate the diversion point location.
At Latitude 27.843889 °N, Longitude 97.525556 °W, ((at) or (near) the stream crossing of), (at a reservoir in the vicinity of) Joe Fulton Cor(R-O-W) (Highway), located in Zip Code 78409, located 13 miles in a west direction from Corpus Christi (County Seat), Nueces County, and miles in a direction from, a nearby town shown on County road map. Note: Distance in straight line miles.

Enclose a USGS 7.5 minute topographic map with the diversion point and/or the return water discharge points labeled. Owner's written consent is required for water used from any private reservoir, or private access to diversion point.

- 6. Access to Diversion Point (check one): [x] Public right-of-way [ ] Private property [ ] Other (Explain)
7. Fees Enclosed:
Table with columns: Fee Type, 10 ac-ft or less, greater than 10 ac-ft
Filing: \$ 100.00, \$ 250.00
Recording: \$ 1.25, \$ 1.25
Use (\$1.00 per ac-ft or fraction thereof): \$, \$ 2500.00
Total: \$, \$ 2751.25
(1 ac-ft = 325,851 gals. 1 ac-ft = 7758.35 bbls.)

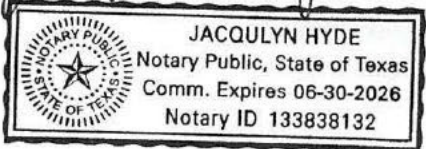
Upon completion of any project for which a temporary water permit is granted, the Permittee is required by law to report the amount of water used. This document must be properly signed and duly notarized before it can be accepted or considered by the Texas Commission on Environmental Quality.

[Signature]
Name (sign)

ALLAN ADAMI
Name (print)

Subscribed and sworn to me as being true and correct before me this 17 day of November, 20 22

[Signature: Jacquelyn Hyde]
Notary Public, State of Texas





TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN		RN

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<b>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</b>			
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
Principle Industrial Services LLC			
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
<b>15. Mailing Address:</b>	715 Wesley Avenue		
	City	Tarpon Springs	State FL ZIP 34689 ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)		<b>17. E-Mail Address</b> (if applicable)	
		[REDACTED]	
<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number</b> (if applicable)	
(214) 934-2027		( ) -	

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).</b>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)	
CC Ship Channel - Viola Turning Basin/Suntide	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County	Nueces County						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	Approximately 500 ft north west of the Oil Dock 10, located on the Corpus Christi Ship Channel at Viola Turning Basin						
26. Nearest City	Corpus Christi				State	Texas	
					Nearest ZIP Code	78409	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
27	50	38	97	31	32		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)			32. Secondary NAICS Code (5 or 6 digits)		
		237120					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
34. Mailing Address:	715 Wesley Avenue						
	City	Tarpon Springs	State	FL	ZIP	34689	ZIP + 4
35. E-Mail Address:							
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>	
(214) 934 2027						( ) -	

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input checked="" type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

40. Name:	Vijay Kurki	41. Title:	Environmental Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 713 ) 408 - 6775		( ) -	

**SECTION V: Authorized Signature**

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Principle Industrial Services LLC	Job Title:	Vice President Gulf Coast
Name <i>(In Print)</i> :	Allan Adami	Phone:	(214) 934 2027
Signature:		Date:	11/10/2022