

# On-site Activity Reporting System (OARS) Designee(s)

I, HIDALGO COUNTY, the undersigned responsible party for  
Responsible Official Name

RENE A. RAMIREZ, Authorized Agent (AA), hereby delegate the  
Regulated Entity Name

following designee(s) with the responsibility of submitting monthly activity report information in  
TCEQ's OARS program on behalf of the Authorized Agent:

ROBERTO J. SERNA

Name of Designee/Title (print)

1304 SOUTH 25TH STREET EDINBURG, TX 78539

Mailing address of Designee (print)

Continuation of mailing address of Designee (if applicable) (print)

Name of alternate Designee/Title (print) (optional)

Mailing address of alternate Designee (if different from above)

Continuation of mailing address of alternate Designee (if applicable) (print)

RENE A. RAMIREZ

Name/title of AA's responsible party

Signature

3-30-10

Date



**Confidential Automated System Information  
and Password Agreement**

The Texas Commission on Environmental Quality (TCEQ) Operating Policies & Procedures Manual (OPPM) 8.7 Information Protection states that "Information which is sensitive or confidential must be protected from unauthorized access or modification" and that financial information is sensitive information. The OPPM further states that "Failure to comply with information protection policy and procedure can result in suspension or termination."

I understand that Designee or employee information which may come to my knowledge while using any automated system of the TCEQ is to be held in the strictest confidence.

In addition, I understand that password(s) for computer systems and applications that I receive are confidential. I will not disclose the password(s) I am given or devise and I will not write down such password(s) or post them where they may be viewed. I understand that I am responsible for any transactions performed as a result of access authorized by use of my password(s). I agree to abide by all written conditions and restrictions imposed by TCEQ security administrators.

As the Authorized Agent's Designee, I agree to adhere to the security requirements specified in the paragraph above and I understand that failure to comply will result in immediate termination of access.

Signature: \_\_\_\_\_ Date: 03-30-2010

Printed name: ROBERTO J. SERNA

E-mail address: roberto.serna@mail.hchd.org

I am employed by: HIDALGO COUNTY  
(print name of employer)

Please return completed form to: OARS, MC-178  
TCEQ  
P.O. Box 13087  
Austin, TX 78711  
or by fax: (512) 239-6390