

TCEQ Office Use Only
Permit No.:
RN:
CN:
Region:



Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity under TPDES General Permit (TXR150000)

IMPORTANT:

- Use the INSTRUCTIONS to fill out each question in this form.
- Use the CHECKLIST to make certain all you filled out all required information. Incomplete applications **WILL** delay approval or result in automatic denial.
- Once processed your permit can be viewed at:
http://www2.tceq.texas.gov/wq_dpa/index.cfm

ePERMITS: Sign up now for online NOI: <https://www3.tceq.texas.gov/steers/index.cfm>
Pay a \$225 reduced application fee by using ePermits.

APPLICATION FEE:

- You must pay the **\$325** Application Fee to TCEQ for the paper application to be complete.
- Payment and NOI must be mailed to separate addresses.
- Did you know you can pay on line?
 - Go to <https://www3.tceq.texas.gov/epay/index.cfm>
 - Select Fee Type: GENERAL PERMIT CONSTRUCTION STORM WATER DISCHARGE NOI APPLICATION
- **Provide your payment information below, for verification of payment:**
 - Mailed Check/Money Order No.: _____
Name Printed on Check: _____
 - EPAY Voucher No.: _____
 - Is the Payment Voucher copy attached? Yes

RENEWAL: Is this NOI a Renewal of an existing General Permit Authorization?
(Note: A permit cannot be renewed after June 3, 2013.)

- Yes The Permit number is: TXR15 _____
(If a permit number is not provided, a new number will be assigned.)
- No

i) OPERATOR (Applicant)

a) If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? You may search for your CN at:
<http://www12.tceq.texas.gov/erpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

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- b) What is the Legal Name of the entity (applicant) applying for this permit?
Hidalgo Wind Farm LLC
 (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)
- c) What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in TAC 305.44(a).
 Prefix (Mr. Ms. Miss): Mr.
 First/Last Name: Kristopher Cheney Suffix: _____
 Title: Director of Project Management Credential: _____
- d) What is the Operator Contact's (Responsible Authority) contact information and mailing address as recognized by the US Postal Service (USPS)? You may verify the address at:
<http://zip4.usps.com/zip4/welcome.jsp>
 Phone #: (713) 265-0350 ext: _____ Fax #: _____
 E-mail: kristopher.cheney@edpr.com
 Mailing Address: 808 Travis St., Suite 700
 Internal Routing (Mail Code, Etc.): _____
 City: Houston State: TX ZIP Code: 77002
 If outside USA: Territory: _____ Country Code: _____ Postal Code: _____
- e) Indicate the type of Customer (The instructions will help determine your customer type):
- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietorship-DBA |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> General Partnership | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> State Government | <input type="checkbox"/> County Government | <input type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | | |
- f) Independent Operator? Yes No
 (If governmental entity, subsidiary, or part of a larger corporation, check "No".)
- g) Number of Employees: 0-20; 21-100; 101-250; 251-500; or 501 or higher
- h) Customer Business Tax and Filing Numbers:
 (REQUIRED for Corporations and Limited Partnerships. Not Required for Individuals, Government, or Sole Proprietors)
 State Franchise Tax ID Number: 32042891542
 Federal Tax ID: 273573365
 Texas Secretary of State Charter (filing) Number: 801334738
 DUNS Number (if known): 79643841

2) APPLICATION CONTACT

If TCEQ needs additional information regarding this application, who should be contacted?

Is the application contact the same as the applicant identified above?

Yes, go to Section 3). No, complete section below.

Prefix (Mr. Ms. Miss): Mr.
 First/Last Name: Bernard Smith Suffix: _____
 Title: Associate Credential: PE

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Organization Name: Westlake Consultants, Inc.
Phone No.: (503) 684-0652 ext: _____ Fax Number: _____
E-mail: bsmith@westlakeconsultants.com
Mailing Address: 15115 SW Sequoia Parkway, Suite 150
Internal Routing (Mail Code, Etc.): _____
City: Tigard State: OR ZIP Code: 97224
Mailing Information if outside USA:
Territory: _____ Country Code: _____ Postal Code: _____

3) REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE

If the site of your business is part of a larger business site or if other businesses were located at this site before yours, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:
<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>.

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

- a) TCEQ issued RE Reference Number (RN): RN _____
- b) Name of project or site (the name known by the community where located):
Hidalgo Wind Farm
- c) In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code):
Renewable Energy Company that develops wind farms
- d) County (or counties if > 1) Hidalgo and Starr
- e) Latitude: 26°29'1.68"N Longitude: 98°23'27.65"W
- f) Does the site have a physical address?
 Yes, complete Section A for a physical address.
 No, complete Section B for site location information.

Section A: Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergency or other online map tools to confirm an address.

Physical Address of Project or Site:

Street Number: _____ Street Name: _____
City: _____ State: Texas ZIP Code: _____

Section B: Enter the site location information.

If no physical address (Street Number & Street Name), provide a written location access description to the site. (Ex.: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

Located in McCook, TX (FM 681 @ FM 490) covering approximately 75 square miles.

City where the site is located or, if not in a city, what is the nearest city:

McCook

State: Texas ZIP Code where the site is located: 78541

4) GENERAL CHARACTERISTICS

- a) Is the project/site located on Indian Country Lands?
 Yes - If the answer is Yes, you must obtain authorization through EPA, Region 6.
 No

- b) Is your construction activity associated with a facility that, when completed, would be associated with the exploration, development, or production of oil or gas or geothermal resources?
 Yes - If the answer is Yes, you may be under jurisdiction of the Railroad Commission of Texas and may need to obtain authorization through EPA, Region 6.
 No

- c) What is the Primary Standard Industrial Classification (SIC) Code that best describes the construction activity being conducted at the site?
Primary SIC Code: 4931

- d) If applicable, what is the Secondary SIC Code(s): _____

- e) What is the total number of acres disturbed? 250

- f) Is the project site part of a larger common plan of development or sale?
 Yes - If the answer is Yes, the total number of acres disturbed can be less than 5 acres.
 No - If the answer is No, the total number of acres disturbed must be 5 or more. If the total number of acres disturbed is less than 5 then the project site does not qualify for coverage through this Notice of Intent. Coverage will be denied. See the requirements in the general permit for small construction sites.

- g) What is the name of the first water body(s) to receive the stormwater runoff or potential runoff from the site?
Rio Grande River

- h) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?
Rio Grande Basin 22 & 23



i) Is the discharge into an MS4?

Yes - If the answer is Yes, provide the name of the MS4 operator below.

No

If Yes, provide the name of the MS4 operator:

Note: The general permit requires you to send a copy of the NOI to the MS4 operator.

j) Are any of the surface water bodies receiving discharges from the construction site on the latest EPA-approved CWA 303(d) List of impaired waters?

Yes - If the answer is Yes, provide the name(s) of the impaired water body(s) below.

No

If Yes, provide the name(s) of the impaired water body(s):

k) Is the discharge or potential discharge within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer as defined in 30 TAC Chapter 213?

Yes - If the answer is Yes, complete certification below by checking "Yes."

No

I certify that a copy of the TCEQ approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) is either included or referenced in the Stormwater Pollution Prevention Plan.

Yes

5) CERTIFICATION

Check Yes to the certifications below. Failure to indicate Yes to *ALL* items may result in denial of coverage under the general permit.


- a) I certify that I have obtained a copy and understand the terms and conditions of the Construction General Permit (TXR150000). Yes
- b) I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas. Yes
- c) I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed. Yes
- d) I certify that a Stormwater Pollution Prevention Plan has been developed, will be implemented prior to construction and to the best of my knowledge and belief is compliant with any applicable local sediment and erosion control plans, as required in the general permit TXR150000. Note: For multiple operators who prepare a shared SWP3, the confirmation of an operator may be limited to its obligations under the SWP3 provided all obligations are confirmed by at least one operator. Yes

Operator Certification:

I, Kristopher Cheney Director of Project Management
Typed or printed name Title

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.

Signature:  Date: 1/27/16
(Use blue ink)

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