



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

1. Reason for Submission (If other is checked please describe in space provided.)		
<input 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 checked="" type="checkbox"/> Other Update information
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600753990		RN 106035801

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
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).				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			If new Customer, enter previous Customer below:	
HIDALGO				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:		
12. Number of Employees		13. Independently Owned and Operated?		
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Customer Role (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:
15. Mailing Address:	100 E. CANO			
	City	EDINBURG	State	TX
	ZIP	78539	ZIP + 4	4582
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)
(956) 318-2600				() -

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
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.)	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Hidalgo County MS4	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							
Enter Physical Location Description if no street address is provided.							
25. Description to Physical Location:	Area within the limits of Hidalgo County						
26. Nearest City					State	Nearest ZIP Code	
Edinburg					TX	78539	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
26	17	59	98	09	44		
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)			
9111							
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Stormwater conveyances for Hidalgo County							
34. Mailing Address:	100 E. CANO						
	City	Edinburg	State	TX	ZIP	78539	ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(956) 318-2600					() -		

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 checked="" type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input checked="" type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
R15110527090, 120130, 120145	103798, 960496H		85027, 85026, 77407, 85439, 77540, 84949,	
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input checked="" type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
		3527		
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Martin Ramirez	41. Title:	Env. Health Div. Mgr.
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(956) 383-0111		() -	martin.ramirez@hchd.org

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:	Hidalgo County	Job Title:	Hidalgo County Judge
Name <i>(In Print)</i> :	Richard Cortez	Phone:	(956) 318-2600
Signature:		Date:	

