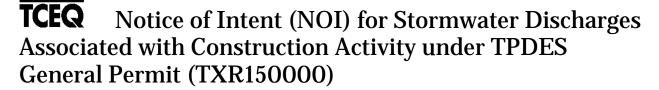
TCEO	Office	Use	Only
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Permit No.: RN: CN: Region:



IMPORTANT:

- Use the <u>INSTRUCTIONS</u> to fill out each question in this form.
- Use the <u>CHECKLIST</u> 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

	DISCHARGE NOTALL EIGHTON				
	• Provide your pay Mailed	ment information below, for verification Check/Money Order No.:			
		Name Printed on Check:			
	☐ EPAY	Voucher No.:			
	_	Is the Payment Voucher copy attached?	☐ Yes		
	ote: A permit cannot Yes The l	a Renewal of an existing General Permode be renewed after June 3, 2013.) Permit number is: TXR15			
1)	OPERATOR (Applica	nt)			
	If the applicant is curre issued to this entity? Y	ntly a customer with TCEQ, what is the Custo ou may search for your CN at: as.gov/crpub/index.cfm?fuseaction=cust.Cust			
	CN_600897888	<u> </u>			

b)	What is the Legal Name of the entity (applicant) applying for this permit?		
	Williamson County (The legal name must be spelled exactly as filed with the Texas Secretary of State, County		
	in the legal document forming the entity.)		
	and the regar assuments remaining the country of		
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): Judge		
	First/Last Name: Dan A. Gattis	Suffix:	
	Title: County Judge	Credential:	
	NAThatiatha Omanatan Cantaat'a (Dagnanaihla Authan	the court of information and mailing	
u)	What is the Operator Contact's (Responsible Author address as recognized by the US Postal Service (USP		
	http://zip4.usps.com/zip4/welcome.jsp	5): Tou may verify the address at.	
	Phone #: (512) 744-9082 ext.	Fax #·	
	Phone #: (512) 744-9082 ext: E-mail: roads@wilco.org	Ι αλ π	
	Mailing Address: 101 E. Old Settlers Blvd., Suite 100		
	Internal Routing (Mail Code, Etc.):		
	City: Round Rock State: TX	ZIP Code: 78664	
	Internal Routing (Mail Code, Etc.): City: Round Rock If outside USA: Territory: Country Co	de:Postal Code:	
e)	Indicate the type of Customer (The instructions will		
	☐ Individual ☐ Limited Partnershi	p Sole Proprietorship-DBA	
	☐ Joint Venture ☐ General Partnershi		
	☐ Trust ☐ Estate	☐ Federal Government	
	☐ State Government ☐ County Government	nt City Government	
	☐ Other Government		
Ð	Independent Operator?	☐ Yes ■ No	
1,	(If governmental entity, subsidiary, or part of a large		
	(11 go · or minor or o	2 corporation, encon 110 th	
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 Partners	hips. Not Required for Individuals,	
	Government, or Sole Proprietors)		
	Texas Secretary of State Charter (filing) Number: DUNS Number (if known):		
	DONS Number (ii known).		
2)) APPLICATION CONTACT		
	TCEQ needs additional information regarding this app	olication, who should be contacted?	
IS I	s the application contact the same as the applicant iden		
	☐ Yes, go to Section 3). ■ No, complete section	below.	
	refix (Mr. Ms. Miss) <u>:</u>		
Fir	irst/Last Name: <u>Dawn Hagg</u> ard itle: <u>Construction Project Administrator</u>	Suffix:	
Tit	itle: Construction Project Administrator		
TC	CEQ 20022 (03/05/2013)	Page 2	

Or	rganization Name:			
Ph	none No.: (512) 744-9082 -mail: dhaggard@hntb.com	ext:	Fax Nur	nber:
E-1	-mail: dhaggard@hntb.com			
Ma	ailing Address: 101 E. Old Settlers Bl	vd., Suite 100		
Int	tternal Routing (Mail Code, Etc.): ty: Round Rock ailing Information if outside USA:			70//4
Cit	ty: Round Rock	_State: X	ZIP	Code: /8664
Ma	ailing Information if outside USA:	~ 1	D . 10	1
Te	erritory:Country C		Postal C	ode:
ച	REGULATED ENTITY (RE) INF	OPMATION (N PRO IFC	T OP SITE
	the site of your business is part of a la			
	is site before yours, a Regulated Entit			
	te. Use the RN assigned for the larger			
	te may already be registered as a regu		0 _ {00000000000000000000000000000000000	11082017 10 000 11 1110 1117801
	tp://www12.tceq.texas.gov/crpub/inc		tion=regent.R	NSearch.
	the site is found, provide the assigned			
	formation for the site to be authorized			low. The site information
for	r this authorization may vary from the	e larger site info	ormation.	
a)	TCEQ issued RE Reference Number	r (RN): RN	1	
b)	Name of project or site (the name k RM 620 Phase 2	nown by the co	mmunity whe	re located):
c)	In your own words, briefly describe repeat the SIC and NAICS code): Widening and Safety Improvements			
d)	County (or counties if > 1) Williams	son		
e)	Latitude: <u>30° 30"32.94" N</u>	Longitu	de: <u>97° 42' 4</u>	0.56" 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 add Verify the address with USPS. If the the address as identified for overnig tools to confirm an address.	address is not	recognized as	
	Physical Address of Project or Site: Street Number: S City:	street Name:	State	7IP Code:
	City		Diate.	ZII 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)		
	Roadway Widening and Safety Improvements from just east of Wyoming Springs Dr. to Deep Wood Dr.		
	City where the site is located or, if not in a city, what is the nearest city:	凵	
	Round Rock		
	State: Texas ZIP Code where the site is located: 78681	_	
4)	CENEDAL CHADA OTEDISTICS		
	GENERAL CHARACTERISTICS Is the project/site located on Indian Country Lands?		
a)	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: 1611		
	Filmary Sic Code. 1011		
d)	If applicable, what is the Secondary SIC Code(s):		
e)	What is the total number of acres disturbed? 12.99		
_			
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?		
	Lake Creek and Brushy Creek	_	
L	What is the geoment number(s) of the elegatical costs is be defeated a discharge of		
11)	What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?		
	1244B and 1244A		

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: Round Rock 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): Brushy Creek		
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		

Check	RTIFICATION Yes to the certifications below. Failure to indicate erage under the general permit.	Yes to ALL items may result in denial
a)	I certify that I have obtained a copy and understant Construction General Permit (TXR150000).	nd the terms and conditions of the Yes
b)	I certify that the full legal name of the entity apply and is legally authorized to do business in Texas.	ving for this permit has been provided Yes
c)	I understand that a Notice of Termination (NOT) authorization is no longer needed.	must be submitted when this Yes
d)	I certify that a Stormwater Pollution Prevention P implemented prior to construction and to the best compliant with any applicable local sediment and the general permit TXR150000. Note: For multip SWP3, the confirmation of an operator may be lin SWP3 provided all obligations are confirmed by a	t of my knowledge and belief is erosion control plans, as required in ple operators who prepare a shared nited to its obligations under the
Opera	tor Certification:	
Т	Dan A. Gattis	County Judge
-,	Typed or printed name	Title
direction proper person informaccura	under penalty of law that this document and all atton or supervision in accordance with a system desirely gather and evaluate the information submitted. It is who manage the system, or those persons directle ation, the information submitted is, to the best of the te, and complete. I am aware there are significant eation, including the possibility of fine and imprison	gned to assure that qualified personnel Based on my inquiry of the person or y responsible for gathering the my knowledge and belief, true, penalties for submitting false

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

(Use blue ink)

request.

Signature:

____ Date:____