



Prefix (Mr. Ms. or Miss): Miss

First and Last Name: Dawn Haggard Suffix:

Title: Project Administrator Credentials:

Phone Number: 512-527-6714 Fax Number:

Email: dhaggard@hntb.com

Mailing Address: 101 E Old Settlers Blvd, Ste 100

City, State, and Zip Code: Round Rock, TX 78664

Country Mailing Information, if outside USA:

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

- a) TCEQ issued RE Reference Number (RN): RN 109620666
- b) Name of project or site as known by the local community: County Road 110 South
- c) County, or counties if more than 1: Williamson County
- d) Latitude: 32.519444 Longitude: -97.601111
- e) Site Address/Location:

If the site has a physical address such as 12100 Park 35 Circle, Austin, TX 78753, complete Section 3A.

If the site does not have a physical address, provide a location description in Section 3B.
Example: located on the north side of FM 123, 2 miles west of the intersection of FM 123 and Highway 1.

Section 3A: Physical Address of Project or Site:

Street Number and Name:

City, State, and Zip Code:

Section 3B: Site Location Description:

Location description: Roadway Widening Between US 79 and Limmer Loop on CR 110

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

Zip Code where the site is located: 78665

Section 4. REASON FOR TERMINATION

Check the reason for termination:

- ☒ Final stabilization has been achieved on all portions of the site that are the responsibility of the Operator and all silt fences and other temporary erosion controls have been removed, or scheduled for removal as defined in the SWP3.
- ☐ Another permitted Operator has assumed control over all areas of the site that have not been finally stabilized, and temporary erosion controls that have been identified in the SWP3 have been transferred to the new Operator.
- ☐ The discharge is now authorized under an alternate TPDES permit.

- ☐ The activity never began at this site that is regulated under the general permit.

Section 5. CERTIFICATION

Signatory Name:

Signatory Title:

I 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 (use blue ink): _____ Date: _____