#### **Texas Commission on Environmental Quality**

Construction Notice of Intent

# Site Information (Regulated Entity)

What is the name of the site to be authorized?

FM 3349 at US 79

No

Yes

Does the site have a physical address?

**Physical Address** 

Because there is no physical address, describe how to locate this site:

FM 3349 from North of CR 404 to CR 395

City Taylor State TX ZIP 76574

 County
 WILLIAMSON

 Latitude (N) (##.#####)
 30.525527

 Longitude (W) (-###.######)
 -97.488286

 Primary SIC Code
 1611

Secondary SIC Code
Primary NAICS Code
Secondary NAICS Code

**Regulated Entity Site Information** 

What is the Regulated Entity's Number (RN)?

What is the name of the Regulated Entity (RE)? FM 3349 at US 79

Does the RE site have a physical address?

**Physical Address** 

Because there is no physical address, describe how to locate this site: FM 3349 from North of CR 404 to CR 395

CityTaylorStateTXZIP76574

 County
 WILLIAMSON

 Latitude (N) (##.#####)
 30.525527

 Longitude (W) (-##.#####)
 -97.488286

Facility NAICS Code

What is the primary business of this entity? Government

## Customer (Applicant) Information

How is this applicant associated with this site?

Operator

What is the applicant's Customer Number (CN)?

CN600897888

Type of Customer County Government

Full legal name of the applicant:

Legal Name Williamson County

Texas SOS Filing Number

Federal Tax ID 746000978

State Franchise Tax ID

State Sales Tax ID

DUNS Number
Number of Employees

Local Tax ID

Independently Owned and Operated?

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.

Responsible Authority Contact

Organization Name Williamson County

Prefix THE HONORABLE

First Middle

Last Gravell
Suffix JR

Credentials

Title County Judge

**Responsible Authority Mailing Address** 

Enter new address or copy one from list:

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) 101 E OLD SETTLERS BLVD # 225

Routing (such as Mail Code, Dept., or Attn:)

City ROUND ROCK

 State
 TX

 ZIP
 78664

Phone (###-####) 5125348178

Extension

Alternate Phone (###-###-####)

Fax (###-###-###)

E-mail aschiele@wilco.org

## **Application Contact**

#### Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name HNTB

Prefix

First Julissa

Middle

Last Vasquez

Suffix

Credentials

Title Construction Contract Administrator

Enter new address or copy one from list:

**Mailing Address** 

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

101 E OLD SETTLERS BLVD # 225

Routing (such as Mail Code, Dept., or Attn:)

City ROUND ROCK

 State
 TX

 ZIP
 78664

 Phone (###-###)
 5125348178

Extension

Alternate Phone (###-###-###)

Fax (###-###-###)

E-mail juvasquez@hntb.com

# **CNOI** General Characteristics

Is the project located on Indian Country Lands?

authorization is no longer needed.

1 PM	ApplicationSummaryReport	t	
Is your construction activity associated with an processing, or treatment, or transmission facilit		No	
What is the Primary Standard Industrial Classif describes the construction activity being condu	, ,	1611	
If applicable, what is the Secondary SIC Code	(s)?		
What is the total number of acres disturbed?		136	
Is the project site part of a larger common plan	of development or sale?	No	
What is the estimated start date of the project?		10/17/2022	
What is the estimated end date of the project?		04/30/2027	
Will concrete truck washout be performed at the	ne site?	Yes	
What is the name of the first water body(s) to r potential runoff from the site?	eceive the stormwater runoff or	Boggy Creek Tributary 1, Mustang Creek Tributary 2	
What is the segment number(s) of the classified will eventually reach?	d water body(s) that the discharge	1244	
Is the discharge into a Municipal Separate Stor	rm Sewer System (MS4)?	No	
Is the discharge or potential discharge within the Zone, or Contributing Zone within the Transition defined in 30 TAC Chapter 213?		No	
I certify that a stormwater pollution prevention implemented prior to construction, and to the becompliant with any applicable local sediment a required in the general permit TXR150000. No operate under a shared SWP3, the confirmatio its obligations under the SWP3 provided all obone operator.	best of my knowledge and belief is nd erosion control plans, as te: For multiple operators who on of an operator may be limited to	Yes	
I certify that I have obtained a copy and unders the Construction General Permit (TXR150000)		Yes	
I understand that a Notice of Termination (NOT	Γ) must be submitted when this	Yes	