Texas Commission on Environmental Quality

Construction Notice of Intent Renewal

TXR1528IY

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CR 401 RECONSTRUCTION
Does the site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	BETWEEN US-79 AND CR 404
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.######)	30.562039
Longitude (W) (-###.######)	-97.451909
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)?	RN111489878
What is the name of the Regulated Entity (RE)?	CR 401 RECONSTRUCTION
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	BETWEEN US-79 AND CR 404
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.######)	30.562039
Longitude (W) (-###.######)	-97.451909
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	
Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	No

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

Responsible Authority Contact

Organization Name	Williamson County
Prefix	THE HONORABLE
First	BILL
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 STE 100
Routing (such as Mail Code, Dept., or Attn:)	
City	ROUND ROCK
State	TX
ZIP	78664
Phone (###-###-####)	5129431550
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 STE 225
Routing (such as Mail Code, Dept., or Attn:)	
City	ROUND ROCK
State	TX
ZIP	78664
Phone (###-###-####)	5125348178
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	

CNOI-R General Characteristics

1	Is the project or site located on Indian Country Lands?	No
2	Is the project or site associated to a facility that is licensed for the storage of high-level radioactive waste by the United States Nuclear Regulatory Commission under 10 CFR Part 72?	No
3	Is your construction activity associated with an oil and gas exploration, production, processing, or treatment, or transmission facility?	No
4	What is the Primary Standard Industrial Classification (SIC) Code that best describes the construction activity being conducted at the site?	1611
5	If applicable, what is the Secondary SIC Code(s)?	
6	What is the total number of acres that the construction project or site will disturb under the control of the primary operator?	21.87
7	What is the construction project or site type?	Highway or Road
8	Is the project part of a larger common plan of development or sale?	No
9	What is the estimated start date of the project?	05/02/2022
10	What is the estimated end date of the project?	09/29/2023
11	Will concrete truck washout be performed at the site?	Yes
12	What is the name of the first water body(s) to receive the stormwater runoff or potential runoff from the site?	MUSTANG CREEK TRIBUTARY 2 LOCAL IRRIGATION CHANNELS
13	What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?	1244
14	Is the discharge into a Municipal Separate Storm Sewer System (MS4)?	No
15	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?	No
16	I certify that a stormwater pollution prevention plan (SWP3) 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
17	I certify that I have obtained a copy and understand the terms and conditions of the Construction General Permit (TXR150000).	Yes
18	I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed.	Yes