Texas Commission on Environmental Quality

Construction Notice of Intent Renewal TXR1570LQ

Site Information (Regulated Entity)

What is the name of the site to be authorized?

BUD STOCKTON EXTENSION

Does the site have a physical address?

Physical Address

Because there is no physical address, describe how to locate this site: FROM FM 487 TO CR 305

City JARRELL
State TX
ZIP 76537

 County
 WILLIAMSON

 Latitude (N) (##.#####)
 30.48573

 Longitude (W) (-###.#####)
 -97.37268

 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)? RN111638961

What is the name of the Regulated Entity (RE)?

BUD STOCKTON EXTENSION

Does the RE site have a physical address?

Physical Address

Because there is no physical address, describe how to locate this site: FROM FM 487 TO CR 305

City JARRELL
State TX
ZIP 76537
County WILLIAMSON

Latitude (N) (##.#####) 30.48573 Longitude (W) (-###.######) -97.37268

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 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 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 JUVASQUEZ@HNTB.COM

CNOI-R General Characteristics Is the project or site located on Indian Country Lands? Nο Is the project or site associated to a facility that is licensed for the storage of high-Nο level radioactive waste by the United States Nuclear Regulatory Commission under 10 CFR Part 72? Is your construction activity associated with an oil and gas exploration, production, Nο processing, or treatment, or transmission facility? What is the Primary Standard Industrial Classification (SIC) Code that best 1611 describes the construction activity being conducted at the site? 5 If applicable, what is the Secondary SIC Code(s)? What is the total number of acres that the construction project or site will disturb 13.09 under the control of the primary operator? 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 What is the estimated start date of the project? 01/12/2023 What is the estimated end date of the project? 10/30/2023 10 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 SALADO CREEK.LAMPASAS RIVER potential runoff from the site? What is the segment number(s) of the classified water body(s) that the discharge 1243|1217 will eventually reach? 14 Is the discharge into a Municipal Separate Storm Sewer System (MS4)? Nο 15 Is the discharge or potential discharge within the Recharge Zone, Contributing Yes Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer, as defined in 30 TAC Chapter 213? 15.1 I certify that the copy of the TCEQ-approved Plan required by the Edwards Aquifer Yes Rule (30 TAC Chapter 213) that is included or referenced in the Stormwater Pollution Prevention Plan will be implemented. 16 I certify that a stormwater pollution prevention plan (SWP3) has been developed. Yes 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 17 I certify that I have obtained a copy and understand the terms and conditions of the Yes Construction General Permit (TXR150000). 18 I understand that a Notice of Termination (NOT) must be submitted when this Yes authorization is no longer needed.