

## Texas Commission on Environmental Quality

### Construction Notice of Termination

TXR1571KA

#### Site Information (Regulated Entity)

What is the name of the site to be authorized?	FUTURE COUNTY ROAD
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	CR 404 TO FM 973
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.#####)	30.524163
Longitude (W) (-###.#####)	-97.448277
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)?	RN111547519
What is the name of the Regulated Entity (RE)?	FUTURE COUNTY ROAD
Does the RE site have a physical address?	No

#### Physical Address

Because there is no physical address, describe how to locate this site:	CR 404 TO FM 973
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.#####)	30.524163
Longitude (W) (-###.#####)	-97.448277
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.

**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 (###-###-####)	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 COMPANIES
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

### Construction Notice of Intent - Termination Reason

What is the reason for terminating this authorization? (See instructions for descriptions of reasons.)

Enter the authorization number to be terminated: