

**Texas Commission on Environmental Quality**

## Construction Notice of Termination

TXR1581LH

**Site Information (Regulated Entity)**

What is the name of the site to be authorized?	CR 366
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM MALLARD LANE TO CHANDLER ROAD
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.#####)	30.609806
Longitude (W) (-###.#####)	-97.452044
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)?	RN111615027
What is the name of the Regulated Entity (RE)?	CR 366
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	FROM MALLARD LANE TO CHANDLER ROAD
City	TAYLOR
State	TX
ZIP	76574
County	WILLIAMSON
Latitude (N) (##.#####)	30.609806
Longitude (W) (-###.#####)	-97.452044
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
<b>Full legal name of the applicant:</b>	
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 (###-###-####)

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 COMPANIES

Prefix

First

JULISSA

Middle

Last

VASQUEZ

Suffix

Credentials

Title

CONSTRUCTION CONTRACT  
ADMINISTRATOR

Enter new address or copy one from list:

**Mailing Address**

2/8/25, 6:36 PM

ApplicationSummaryReport

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

1) What is the reason for terminating this authorization? (See instructions for descriptions of reasons.)	Final stabilization has been achieved.
2) Enter the authorization number to be terminated:	TXR1581LH