Texas Commission on Environmental Quality

Construction Notice of Termination TXR1520MG

Site Information (Regulated Entity)

What is the name of the site to be authorized?

Does the site have a physical address?

No

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

0.50 MILE NORTH OF CR 305 TO CR 305 0.11 MILE WEST OF CR 307 TO

0.14 MILE EAST CR 307.

CR 307 RECONSTRUCTION

City

JARRELL

76537

State ZIP TX

County

WILLIAMSON

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

30.83865

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

-97.617749

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)?

RN111706172

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

CR 307 RECONSTRUCTION

Does the RE site have a physical address?

No

Physical Address

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

0.50 MILE NORTH OF CR 305 TO CR 305 0.11 MILE WEST OF CR 307 TO

0.14 MILE EAST CR 307.

City

JARRELL

State

TX

ZIP

76537

County

WILLIAMSON

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

30.83865

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

-97.617749

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

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 (###-####) 5129431577

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

CONSTRUCTION CONTRACT ADMIN

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

1) What is the reason for terminating this authorization? (See Final stabilization has been achieved.

instructions for descriptions of reasons.)

2) Enter the authorization number to be terminated: TXR1520MG