

Texas Commission on Environmental Quality

Construction Notice of Termination

TXR1569PR

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CR 332 REALIGNMENT
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	CITY OF JARRELL. 1900 NORTH OF CR 313 TO 1650 SOUTH OF FM 487.
City	JARRELL
State	TX
ZIP	76537
County	WILLIAMSON
Latitude (N) (##.#####)	30.812877
Longitude (W) (-###.#####)	-97.58773
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)?	RN111887618
What is the name of the Regulated Entity (RE)?	CR 332 REALIGNMENT
Does the RE site have a physical address?	No

Physical Address

Because there is no physical address, describe how to locate this site:	CITY OF JARRELL. 1900 NORTH OF CR 313 TO 1650 SOUTH OF FM 487.
City	JARRELL
State	TX
ZIP	76537
County	WILLIAMSON
Latitude (N) (##.#####)	30.812877
Longitude (W) (-###.#####)	-97.58773
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 (###-###-####)

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

Title

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 instructions for descriptions of reasons.)	Final stabilization has been achieved.
2) Enter the authorization number to be terminated:	TXR1569PR