

Texas Commission on Environmental Quality

Construction Notice of Intent

Site Information (Regulated Entity)

What is the name of the site to be authorized?	HERO WAY (RM 2243 PHASE 1A)
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	From 183A to RM 2243
City	Leander
State	TX
ZIP	78641
County	WILLIAMSON
Latitude (N) (##.#####)	30.587447
Longitude (W) (-###.#####)	-97.78323
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)?	
What is the name of the Regulated Entity (RE)?	HERO WAY (RM 2243 PHASE 1A)
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	From 183A to RM 2243
City	Leander
State	TX
ZIP	78641
County	WILLIAMSON
Latitude (N) (##.#####)	30.587447
Longitude (W) (-###.#####)	-97.78323
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
 First Steve
 Middle
 Last Snell
 Suffix
 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@wilcotx.gov

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?
 Organization Name HNTB Companies
 Prefix
 First Julissa
 Middle
 Last Romero
 Suffix
 Credentials
 Title Construction Contract Administrator
 Enter new address or copy one from list: CN600897888, Williamson County

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	juomero@hntb.com

CNOI General Characteristics

1) Is the project or site located on Indian Country Lands?	No
2) Is the project or site associated to a facility that is licensed for the disposal or storage of high-level radioactive waste by the United States Nuclear Regulatory Commission under 10 CFR Part 72?	No
3) Is your construction activity associated with an oil and gas exploration, production, processing, or treatment, or transmission facility?	No
4) Is the project or site associated to a quarrying facility that is located within either the John Graves Scenic Riverway or Coke Stevenson Scenic Riverway, as defined in 30 TAC 311.71?	No
5) What is the Primary Standard Industrial Classification (SIC) Code that best describes the construction activity being conducted at the site?	1611
6) If applicable, what is the Secondary SIC Code(s)?	
7) What is the total number of acres that the construction project or site will disturb under the control of the primary operator?	50.1
8) What is the construction project or site type?	Highway or Road
9) Is the project part of a larger common plan of development or sale?	No
10) What is the estimated start date of the project?	01/05/2026
11) What is the estimated end date of the project?	12/29/2028
12) Will concrete truck washout be performed at the site?	Yes
13) What is the name of the first water body(s) to receive the stormwater runoff or potential runoff from the site?	Brushy Creek
14) What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?	1244
15) Is the discharge into a Municipal Separate Storm Sewer System (MS4)?	Yes
15.1) What is the name of the MS4 Operator?	City of Leander, City of Georgetown, City of Cedar Park, City of Round Rock
16) Is the discharge or potential discharge within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer, as defined in 30 TAC Chapter 213?	Yes
16.1) I certify that the copy of the TCEQ-approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) that is included or referenced in the Stormwater Pollution Prevention Plan will be implemented.	Yes

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| 17) I certify that a stormwater pollution prevention plan (SWP3) has been developed, 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 operator. | Yes |
| 18) I certify that I have obtained a copy and understand the terms and conditions of the Construction General Permit (TXR150000). | Yes |
| 19) I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed. | Yes |