



# TCEQ Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity under TPDES General Permit (TXR150000)

## IMPORTANT:

- Use the [INSTRUCTIONS](#) to fill out each question in this form.
- Use the [CHECKLIST](#) to make certain you filled out all required information.  
Incomplete applications **WILL** delay approval or result in denial.
- Once processed your permit can be viewed at: <http://www.tceq.texas.gov/goto/wq-dpa>

**ePERMITS:** Sign up now for online NOI: <https://www3.tceq.texas.gov/steers/>  
Pay a \$225 reduced application fee by using ePermits.

## APPLICATION FEE:

- You must pay the **\$325** Application Fee to TCEQ for the paper application to be complete.
- Payment and NOI must be mailed to separate addresses.
- Did you know you can pay on line?
  - Go to <http://www.tceq.texas.gov/goto/epay>
  - Select Fee Type: GENERAL PERMIT CONSTRUCTION STORM WATER DISCHARGE NOI APPLICATION
- **Provide your payment information below, for verification of payment:**

Mailed      Check/Money Order Number: \_\_\_\_\_  
                  Name Printed on Check: \_\_\_\_\_  
                  Copy of check enclosed?      Yes

EPAY      Voucher Number: \_\_\_\_\_  
                  Is the Payment Voucher copy attached?      Yes

**RENEWAL: Is this NOI a Renewal of an existing General Permit Authorization?**  
**(Note: A permit cannot be renewed after June 3, 2013.)**

Yes      The Permit number is: TXR15\_\_\_\_\_

**(If a permit number is not provided, a new number will be assigned.)**

No

## 1) OPERATOR (Applicant)

- a)** If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? You may search for your CN at:  
<http://www.tceq.texas.gov/goto/cr-customer>

CN \_\_\_\_\_

**b) What is the Legal Name of the entity (applicant) applying for this permit?**

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

**c) What is the contact information for the Operator (Responsible Authority)? The mailing address must be recognized by the US Postal Service (USPS). You may verify the address at: <https://tools.usps.com/go/ZipLookupAction!input.action>**

Prefix (Mr. Ms. Miss): \_\_\_\_\_  
First/Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Title: \_\_\_\_\_ Credential: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
If outside USA:  
Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**d) Indicate the type of Customer (The instructions will help determine your customer type):**

Individual	Limited Partnership	Sole Proprietorship-DBA
Joint Venture	General Partnership	Corporation
Trust	Estate	Federal Government
State Government	County Government	City Government
Other Government		

**e) Independent Operator? (If governmental entity, subsidiary, or part of a larger corporation, check "No".)**

Yes                      No

**f) Number of Employees:**

0-20;              21-100;              101-250;              251-500; or              501 or higher

**g) Customer Business Tax and Filing Numbers:**

(REQUIRED for Corporations and Limited Partnerships. Not Required for Individuals, Government, or Sole Proprietors)

State Franchise Tax ID Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Texas Secretary of State Charter (filing) Number: \_\_\_\_\_

DUNS Number (if known): \_\_\_\_\_

**2) APPLICATION CONTACT**

If TCEQ needs additional information regarding this application, who should be contacted?

Is the application contact the same as the applicant identified above?

Yes, go to Section 3).

No, complete section below

Prefix (Mr. Ms. Miss): \_\_\_\_\_  
First/Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Title: \_\_\_\_\_ Credential: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Mailing Information if outside USA:  
Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **3) REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE**

If the site of your business is part of a larger business site or if other businesses were located at this site before yours, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www.tceq.texas.gov/goto/cr-searchrn>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

**a)** TCEQ issued RE Reference Number (RN): RN \_\_\_\_\_

**b)** Name of project or site (the name known by the community where located):  
\_\_\_\_\_

**c)** In your own words, briefly describe the primary business of the Regulated Entity: (Do not repeat the SIC and NAICS code):

**d)** County (or counties if > 1)

**e)** Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**f)** Does the site have a physical address?

Yes, complete Section A for a physical address.

No, complete section B for site location information.

**Section A:** Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergency or other online map tools to confirm an address.

Physical Address of Project or Site:

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Section B:** Enter the site location information.

If no physical address (Street Number & Street Name), provide a written location access description to the site. (Example: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

City where the site is located or, if not in a city, what is the nearest city:

State: \_\_\_\_\_ ZIP Code where the site is located: \_\_\_\_\_

**4) GENERAL CHARACTERISTICS**

**a)** Is the project/site located on Indian Country Lands?

Yes - If the answer is Yes, you must obtain authorization through EPA, Region 6.

No

**b)** Is your construction activity associated with a facility that, when completed, would be associated with the exploration, development, or production of oil or gas or geothermal resources?

Yes - If the answer is Yes, you may be under jurisdiction of the Railroad Commission of Texas and may need to obtain authorization through EPA, Region 6.

No

**c)** What is the Primary Standard Industrial Classification (SIC) Code that best describes the construction activity being conducted at the site?

Primary SIC Code: \_\_\_\_\_

**d)** If applicable, what is the Secondary SIC Code(s): \_\_\_\_\_

**e)** What is the total number of acres disturbed? \_\_\_\_\_

**f)** Is the project site part of a larger common plan of development or sale?

Yes - If the answer is Yes, the total number of acres disturbed can be less than 5 acres.

No - If the answer is No, the total number of acres disturbed must be 5 or more. If the total number of acres disturbed is less than 5 then the project site does not qualify for coverage through this Notice of Intent. Coverage will be denied. See the requirements in the general permit for small construction sites.

**g)** What is the name of the first water body(s) to receive the stormwater runoff or potential runoff from the site?

**h)** What is the segment number(s) of the classified water body(s) that the discharge will eventually reach?

**i) Is the discharge into an MS4?**

Yes - If the answer is Yes, provide the name of the MS4 operator below.

---

Note: The general permit requires you to send a copy of the NOI to the MS4 operator.

No

**j) Are any of the surface water bodies receiving discharges from the construction site on the latest EPA-approved CWA 303(d) List of impaired waters?**

Yes - If the answer is Yes, provide the name(s) of the impaired water body(s) below.

---

No

**k) 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 - If the answer is Yes, complete certification below by checking "Yes."

No

I certify that a copy of the TCEQ approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) is either included or referenced in the Stormwater Pollution Prevention Plan.

Yes

## 5) CERTIFICATION

Check Yes to the certifications below. Failure to indicate Yes to **ALL** items may result in denial of coverage under the general permit.

- a) I certify that I have obtained a copy and understand the terms and conditions of the Construction General Permit (TXR150000). ☒ Yes
- b) 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
- c) I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed. ☒ Yes
- d) I certify that a Stormwater Pollution Prevention Plan 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 operate under 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

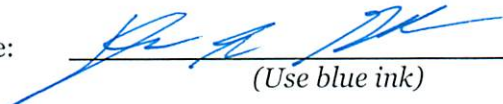
### Operator Certification:

I, DAN A GATTI Cooper  
Typed or printed name Title

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under **30 Texas Administrative Code §305.44** to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signature:

  
(Use blue ink)

Date: 12-11-2017