

Control Number: 52201



Item Number: 8

Addendum StartPage: 0

#### **DOCKET NO. 52201**

APPLICATION OF UTILITIES	§	2621 JUN 25 AM 10: 03
INVESTMENT COMPANY, INC. AND UIC 113 LLC AND MONARCH	§ 8	BEFORE THE
UTILITIES I L.P. FOR SALE, TRANSFER, OR MERGER OF	\$ \$ \$	PUBLIC UTILITY COMMISSION
FACILITIES AND CERTIFICATE	<b>§</b>	OF TEXAS
RIGHTS IN HARRIS, LIBERTY, AND CHAMBERS COUNTIES	§ §	

THIRD SUPPLEMENT TO THE APPLICATION OF UTILITIES INVESTMENT COMPANY INC. AND UIC 13 LLC AND MONARCH UTILITIES I L.P. FOR SALE, TRANSFER, OR MERGER OF FACILITIES AND CERTIFICATE RIGHTS IN HARRIS, LIBERTY, AND CHAMBERS COUNTIES

Utilities Investment Company, Inc. (UIC) and UIC 13 LLC (UIC 13) and Monarch Utilities I L.P. (Monarch) (collectively, Applicants) file with the Public Utility Commission of Texas (Commission) this Third Supplement (Third Supplement) to the Application of UIC and UIC 13 and Monarch for Sale, Transfer, or Merger of Facilities and Certificate Rights in Harris, Liberty, and Chambers Counties (STM Application).

#### I. PROCEDURAL HISTORY

On June 1, 2021, Applicants filed the STM Application of UIC and UIC 13 and Monarch.<sup>1</sup> On June 2, 2021, the Commission issued Order No. 1, requiring Commission Staff to file comments on the administrative completeness of the application and proposed notice, and requiring Applicants and Commission Staff to file a proposed procedural schedule by July 1, 2021.<sup>2</sup> On June 17, 2021, Applicants filed the First Supplement to the Application, which included a portion of the revised mapping material requested by Commission Staff. On June 23, 2021,

3

3176/33/8260340

<sup>&</sup>lt;sup>1</sup> Application (Jun. 1, 2021).

<sup>&</sup>lt;sup>2</sup> Order No. 1 Requiring Comments on Administrative Completeness, Proposed Notice, Proposed Procedural Schedule, Addressing Other Procedural Matters, and Entering Protective Order (Jun. 2, 2021).

Applicants filed the Second Supplement to the Application, in which a complete package of correct mapping materials were filed together in a single filing.

#### II. THIRD SUPPLEMENT TO THE APPLICATION

Applicants now file this Third Supplement to the Application, which includes Wastewater Permit Transfer Applications submitted by Applicants to the Texas Commission on Environmental Quality (TCEQ) on June 24, 2021. These TCEQ applications only amend and supplement Applicants' response to Question 22B in the original STM Application. Therefore, Applicants file this Third Supplement, including the attached Wastewater Permit Transfer Applications in response to Question 22B, solely for the purposes of Commission Staff's full review of the STM Application.

3176/33/8260340 2

Respectfully submitted,

#### LLOYD GOSSELINK ROCHELLE & TOWNSEND, P.C.

816 Congress Avenue, Suite 1900

Austin, Texas 78701

Telephone: (512) 322-5800 Facsimile: (512) 472-0532

/s/ Taylor P. Denison

LAMBETH TOWNSEND State Bar No. 20167500 ltownsend@lglawfirm.com

WILLIAM A. FAULK, III State Bar No. 24075674 cfaulk@lglawfirm.com

TAYLOR P. DENISON State Bar No. 24116344 tdenison@lglawfirm.com

ATTORNEYS FOR MONARCH UTILITIES I L.P.

#### **CERTIFICATE OF SERVICE**

I certify that, unless otherwise ordered by the presiding officer, notice of the filing of this document was provided to all parties of record via electronic mail on June 25, 2021, in accordance with the Order Suspending Rules, issued in Project No. 50664.

/s/ Taylor P. Denison
TAYLOR P. DENISON

3176/33/8260340 3



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

TCEQ	If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.								
	SECTION 1. CURRENT PERMIT INFORMATION								
What is the	e Permit Number? <u>WQ0014172001</u>								
What is the EPA I.D. Number? TX <u>0121126</u>									
What is the	What is the Current Name on the Permit?								
<u>Utilities In</u>	<u>Utilities Investment</u>								
What is the	e Customer Number (CN) for the current permittee? CN 600633093								
What is the	e Regulated Entity Reference Number (RN): RN <u>102806593</u>								
For Public	y Owned Treatment Works (POTWs) Only:								
a) Doe	s this permit require implementation of an approved pretreatment program by the								
POT	W? Yes 🖺 No 🗓								
NO' per inst	s this permit have a domestic reclaimed water authorization associated with it? TE: The domestic reclaimed water authorization associated with this mit will be cancelled on the same date the transfer took place. See ructions for more information.  No  No								
SECTION	2. FACILITY OWNER (APPLICANT) INFORMATION								
A YA71 1 !-	Allon Yarran and Allon Constitution and the constit								

- **A.** What is the Legal Name of the facility owner? Monarch Utilities I L.P.
- B. What is the Customer Number (CN) issued to this entity? CN 602740706
- C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### **SECTION 3. CO-APPLICANT INFORMATION**

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

#### N/A

- B. What is the Customer Number (CN) issued to this entity? CN N/A
- C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: Pflugerville, Texas 78660

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

#### **SECTION 5. PERMIT CONTACT INFORMATION**

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: <u>Pflugerville</u>, <u>Texas 78660</u>

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

#### **SECTION 6. SITE INFORMATION**

Site Name: Spring Cypress WWTP

## SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: Utilities Investment Inc

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- · A deed recorded easement if the facility IS a fixture of the land.
- **B.** Landowner of the effluent disposal site:

Landowner Name: Utilities Investment Inc

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

- C. For CAFOs: Attach the following records:
  - Warranty Deed or Property Tax Records
  - Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres:

#### **SECTION 8. TRANSFER DATE**

What is the date that the transfer of operator or ownership will occur? December 1, 2021

#### **SECTION 9. REPORTING AND BILLING INFORMATION**

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manger Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: <u>Pflugerville, Texas 78660</u>

Phone Number: <u>512-531-6271</u> Fax Number: <u>512-252-8782</u>

E-mail Address: tbarry@swwc.com

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials:

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, Texas 77478

Phone Number: <u>281-207-5930</u> Fax Number: . . . .

E-mail Address: etaussig@swwc.com

## **SECTION 10. DELINQUENT FEES OR PENALTIES**

Do you owe fees to the TCEQ? Yes \(\sigma\)

Do you owe any penalties to the TCEQ? Yes □ No ☒

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

Articles of the second

## TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: UIC   Shaudor) M.	ARS 14
Title: President	
Signature:	Date: 6/18/21
SUBSCRIBED AND SWORN to before me b	
this 18th day of TME	, 20_2
My commission expires on the	_day of
	la Gala
(Seal)	Notary Public
MALA GA	Magazety Confy, County, Texas
Are on the same of	
70684525 Millian	

## TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: <u>Chuck Barry</u>	
Title: Environmental Health & Safety Manage	Date:Date:
SUBSCRIBED AND SWORN to before me this	by the said Chuck Barry on
My commission expires on the 197H	
(Seal)	M SAR ICUONAL  Notary Public KIM STRICKLAND
KIMBERLY A. STRICKLAND Notary Public, State of Texas Comm. Expires 06-19-2023	WILLIAMSON COUNTY County, Texas

Notary ID 130266415



TCEQ Use Only

## **TCEQ Core Data Form**

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Inform	<u>nation</u>								
1. Reason for Submission (If other is a	•	•	•	•					
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)									
Renewal (Core Data Form should to	e submitted with	h the renewa	l form)	☐ Oth	er				
2. Customer Reference Number (if iss		Follow this link or CN or RN r		3. Regulated Entity Reference Number (if issued)					
CN 602740706	RN 102806593								
SECTION II: Customer Information									
4. General Customer Information	tomer Info	rmation U	pdates (mm/dd/yy	уу)					
☐ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership							Entity Ownership		
Change in Legal Name (Verifiable wit									
The Customer Name submitted	•	•		-		current and	l active with the		
Texas Secretary of State (SOS)	or Texas Cor	mptroller	of Public	Accoun	its (CPA).				
6. Customer Legal Name (If an individua	, print last name fl	Irst: eg: Doe,	John)	<u>If ne</u>	w Customer, enter	previous Custon	ner below:		
Monarch Utilities I LP									
7. TX SOS/CPA Filing Number	8. TX State Ta	ax ID (11 digits	)	9. Fe	ederal Tax ID (9 dig	its) 10. DUN	IS Number (if applicable)		
					T				
11. Type of Customer: Corporati	ndividual	Partnership: ☐ General ☐ Limited							
Government: City County Federal	] State 🗌 Other	5	Sole Proprie	torship	Other:				
<b>12. Number of Employees</b>	251-500	☐ 501 and	l higher		ndependently Ov /es	vned and Oper No	ated?		
14. Customer Role (Proposed or Actual) -									
Sowner ☐ Operal			ner & Oper		1 loads dileon dile o	i the lonewing			
	nsible Party		untary Clea		cant	4			
			<u> </u>						
15. Mailing									
Address:		T		T [					
City	**	State	<del></del>	ZIP		ZIP + 4			
16. Country Mailing Information (# outsi	de USA)		17.	. E-Mail Address (if applicable)					
40 Talanhara Number		0 F-4la	0		20 Fee No	ushau //E anniisa	61-1		
18. Telephone Number	1	9. Extension	n or Gode	20. Fax Number (if applicable)					
( ) -			. <u></u> .		( )	•			
SECTION III: Regulated En	tity Inforn	nation							
21. General Regulated Entity Informati			" is selecte	d below thi	is form should be a	accompanied by	/ a permit application)		
	to Regulated En	-			ated Entity Informa	•			
The Regulated Entity Name sub	mitted may b	e updated	in orde	r to mee	t TCEQ Agenc	y Data Stan	dards (removal		
of organizational endings such	as Inc, LP, or	r LLC).					AA 40000 A		
22. Regulated Entity Name (Enter name	of the site where th	he regulated a	ection is takii	ng place.)					
Utilities Investment									

the Regulated Entity: (No PO Boxes)  24. County  25. Description to Physical Location:	City	er Physical	State	I	ZIP			ZIP + 4			
25. Description to	Ent	er Physical									
	Ent	er Physical	Landing Deposited								
			Location Descript	ion if no str	reet addre	ess is pr	ovided.				
26. Nearest City						State		Nea	rest ZIP Code		
27. Latitude (N) In Decima					.ongitude	(W) In E					
Degrees	Minutes	-	Seconds	Degre	es		Minutes		Seconds		
29. Primary SIC Code (4 dig	gits) 30. So	econdary SIG	C Code (4 digits)	31. Prima (5 or 6 digits	-	Code	32. Se (5 or 6 d	condary NA igits)	ICS Code		
33. What is the Primary B	usiness of t	his entity?	(Do not repeat the SIC	or NAICS des	cription.)			(4)			
34. Mailing											
Address:	City		State		ZIP			ZIP + 4			
35. E-Mail Address:					1						
36. Telephon	e Number		37. Extension	on or Code			38. Fax Num	nber <i>(if appl</i>	icable)		
( )	•						(	) -			
TCEQ Programs and ID No. See the Core Data Form ins				ermits/registra	tion numbe	ers that wi	I be affected b	y the updates	submitted on this		
Dam Safety	☐ Districts		☐ Edwards Aqu	uifer	☐ Emis	sions Inve	entory Air	☐ Industria	Hazardous Waste		
Municipal Solid Waste	☐ New Soul	rce Review Air	OSSF		☐ Petro	leum Sto	m Storage Tank P		WS		
Sludge	Storm Wa	ater	☐ Title V Air		Tires			Used Oil			
Voluntary Cleanup	☑ Waste Wa	ater	☐ Wastewater A	Agriculture	riculture			Other:			
	001417200			ngriculture	vvaic	a ragino		Other.			
ECTION IV: Prep											
0.	arei ini	or mation		41. Title:							
lame:   2. Telephone Number 43	Evt /Code	44 Fa	x Number	45 F-M	ail Addre	ee					
2. Telephone Number 43	. LALIOUGE	/	\ \	73. L-W	an Addit						
<u> </u>			1 .								
ECTION V: Auth		e best of my k									
By my signature below, I nature authority to submit the		chan of the c			Job Title: Environmental Health & Safety Manage						
By my signature below, I nature authority to submit the ntified in field 39.				Job Title	: Env	vironmen	tal Health &	Safety Mana	ger		
By my signature below, I nature authority to submit the ntified in field 39.	his form on b			Job Title	: Env		T	Safety Mana ( 512 ) 531-			

TCEQ-10400 (02/21) Page 2 of 2



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

TCEQ	If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.										
	SECTION 1. CURRENT PERMIT INFORMATION										
What is the Permit Number? <u>WQ0012863001</u>											
What is the	EPA I.D. Number? TX <u>0094650</u>										
What is the	What is the Current Name on the Permit?										
Orchard Cr	Orchard Crossing WWTP										
What is the	Customer Number (CN) for the current permittee? CN 600633093										
What is the	Regulated Entity Reference Number (RN): RN <u>102800240</u>										
For Publicly	Owned Treatment Works (POTWs) Only:										
a) Does	this permit require implementation of an approved pretreatment program by the										
POT	W? Yes 🗀 No 🗓										
NOT <b>per</b> r	this permit have a domestic reclaimed water authorization associated with it?  E: The domestic reclaimed water authorization associated with this nit will be cancelled on the same date the transfer took place. See actions for more information.  No  No										

## **SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION**

- **A.** What is the Legal Name of the facility owner? Monarch Utilities I L.P.
- B. What is the Customer Number (CN) issued to this entity? CN 602740706
- C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### **SECTION 3. CO-APPLICANT INFORMATION**

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

#### N/A

- **B.** What is the Customer Number (CN) issued to this entity? CN N/A
- C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### **SECTION 4. APPLICATION CONTACT INFORMATION**

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Chuck Barry

Company Name: SouthWest Water Company

Mailing Address: 1620 Grand Avenue Pkwy STE 140 City, State, and Zip Code: Pflugerville, Texas 78660

Phone Number: <u>512-531-6271</u> Fax Number: <u>512-25</u>2-8782

E-mail Address: tbarry@swwc.com

#### **SECTION 5. PERMIT CONTACT INFORMATION**

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: Pflugerville, Texas 78660

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

#### **SECTION 6. SITE INFORMATION**

Site Name:

## **SECTION 7. LEASE AND EASEMENT REQUIREMENTS**

**A.** Landowner where the facility is or will be located:

Landowner Name: Utilities Investment Co Inc

If this individual is not the same person as the facility owner or co-applicant, attach one of the following documents:

- A lease agreement or deed recorded easement, if the facility is NOT a fixture of the land, or
- A deed recorded easement if the facility IS a fixture of the land.
- B. Landowner of the effluent disposal site:

Landowner Name: Utilities Investment Co Inc.

If this individual is not the same person as the facility owner or co-applicant, attach a lease agreement.

- **C.** For CAFOs: Attach the following records:
  - Warranty Deed or Property Tax Records
  - Lease Agreement (for land management units that are not owned by the facility owner or co-applicant)

Facility Size on the proof of ownership, in acres:

#### **SECTION 8. TRANSFER DATE**

What is the date that the transfer of operator or ownership will occur? December 1, 2021

#### SECTION 9. REPORTING AND BILLING INFORMATION

A. Please identify the individual for receiving the reporting forms.

First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manger Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: <u>Pflugerville</u>, <u>Texas 78660</u>

Phone Number: <u>512-531-6271</u> Fax Number: <u>512-252-8782</u>

E-mail Address: <u>tbarry@swwc.com</u>

B. Please identify the individual for receiving the annual fee invoices.

First and Last Name: Ed Taussig

Title: Finance Director Credentials:

Company Name: SouthWest Water Company

Mailing Address: 12535 Reed Road

City, State, and Zip Code: Sugar Land, Texas 77478

E-mail Address: etaussig@swwc.com

## **SECTION 10. DELINQUENT FEES OR PENALTIES**

Do you owe fees to the TCEQ? Yes \( \bigcirc \) No \( \bigcirc \)

Do you owe any penalties to the TCEQ? Yes \( \square\) No \( \text{N} \)

If you answered yes to either of the above questions, provide the amount owed, the type of fee or penalty, and an identifying number.

## TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: U(C (Shawwa)	Masu
Title: Président	
Signature:	Date: 6 18/21
this 18th day of JINE	ne by the said $\frac{\text{Sinder}}{\text{Sinder}}$ Marsh on $\frac{202}{\text{May of TMC}}$ , $\frac{2024}{\text{May of TMC}}$
Seal)  OFTENDER  OFTENDER	Notary Public  Mangamety Comty  County, Texas

## TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Chuck Barry

Title: Environmental Health & Safety Manager

Signature: Date: Date:

Notary ID 130266415



TCEQ Use Only

## **TCEQ Core Data Form**

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

<b>SECTION</b>	I: Ger	<u>ieral Inforn</u>	nation										
T .		sion (If other is a	•		•	•	•						
☐ New Per	rmit, Regis	stration or Authori	zation (Core D	ata Forn	n should be	e subn	nitted v	with t	the prog	ıram ap	plicatio	on.)	
Renewa	l (Core Da	ata Form should b	e submitted wi	ith the re	newal forn	n)	☐ Other						
2. Customer	Reference	e Number <i>(if is</i> s	ued)		his link to se		3. Regulated Entity Reference Number (if issued)						
CN 602740706 for CN or RN numbers Central Registry**						<u>**</u>	RN 102800240						
SECTION II: Customer Information													
4. General C	4. General Customer Information 5. Effective Date for Customer Information						n Up	odates	(mm/dd	/уууу)			
☐ New Cust	omer		U	pdate to	Custome	r Inforr	nation			⊠ Cha	inge in	Regulated i	Entity Ownership
☐Change in	Legal Na	me (Verifiable wit	h the Texas Se	cretary	of State or	Texas	Comp	otroll	er of Pu	blic Acc	counts)	)	,
The Custo	mer Nar	ne submitted	here may b	e upda	ited auto	mati	cally	bas	sed on	what	is cu	rrent and	active with the
Texas Sec.	retary o	f State (SOS)	or Texas Co	omptro	ller of P	ublic	Acc	oun	ts (CP	A).			
6. Customer	Legal Na	me (If an Individua	, print last name	first: eg:	Doe, John)			f nev	v Custoi	ner, ent	er prev	ious Custom	er below:
Monarch U	Itilities	IID											1-11-11-11-11-11-11-11-11-11-11-11-11-1
7. TX SOS/CI			8. TX State T	Гах ID и	1 digits)			). Fe	deral T	ax ID (9	dinits)	10. DUN	S Number (if applicable)
		· (diliboi		. 43. 12 (1	- aignoj		`			· (0	uigitoj		- training or (in opphousing)
11. Type of C	11. Type of Customer: Corporation				☐ Individ	dual		Partnership: ☐ General ☐ Limited					
Government:							torship						
12. Number o			251-500		 01 and high	·		13. lr	ndepen 'es		Owner No	and Opera	ited?
							n ébin é					following	
	i Kule (Pi	oposed or Actual) -		ne regui				Juli.		MOUN UTN	# OI (III	TOHOWITY	
☐ Owner☐ Occupation	nal Licens	☐ Operat ee ☐ Respo	or nsible Party		☐ Owner 8 ☐ Voluntar	•		.ppliq	ant	☐ Oth	ner:		
,	_												
15. Mailing						·							
Address:		******			<del></del>		1	1			_	T	T
	City			Sta	te		ZIP		.,,			ZIP + 4	
16. Country I	Mailing In	formation (if outsi	de USA)			17. [	E-Mail	Add	iress (if	applicabl	le)		
						ļ					<del> </del>		
18. Telephon	e Numbe	r		19. Exte	ension or	Code			2	0. Fax I	Numbe	er (if applicat	ol <del>o</del> )
( )	-								(	•	)	-	
ECTION	III. B	egulated En	tity Infor	matin	n								
····						electe	d helou	n thi	e form s	hould b	e acco	mnanied hy	a permit application)
☐ New Regu	•	-	to Regulated E	~	•					tity Infor			a pomiti application
		· · · · · · · · · · · · · · · · · · ·	<del></del>										lards (removal
_		ndings such	•	-		~. w V	,			~ - <del></del>	, <b></b>		
		ame (Enter name o				is takir	ng place	9.)					
Orchard C	rossing	WWTP											

23. Street Address of the Regulated Entity:							***************************************	***************************************	
(No PO Boxes)	City		State		ZIP	T		ZIP+4	
24. County							***************************************		
	Е	nter Physical	Location Descrip	tion if no str	eet addre	ss is pro	ovided.		
25. Description to Physical Location:									
26. Nearest City						State		Ne	earest ZIP Code
27. Latitude (N) In Decim	nal:				ongitude	(W) In D	ecimal:		
Degrees	Minutes		Seconds	Degree	es		Minutes		Seconds
29. Primary SIC Code (4	digits) 30.	Secondary S	IC Code (4 digits)	31. Primar (5 or 6 digits	-	Code	<b>32. S</b> 6 (5 or 6	econdary N digits)	AICS Code
		****							
33. What is the Primary I	Business of	f this entity?	(Do not repeat the SI	C or NAICS desc	cription.)				
	T								
34. Mailing									
Address:		1	T		·				
	City		State		ZIP			ZIP + 4	
35. E-Mail Address:								******************	
36. Telephone Number 37. Extension or Code 38. Fax Number (if applicable)									
36. Telepho	ne Number		37. Extensi	on or Code			38. Fax Nu	mber (if app	olicable)
( )	•				Ц.		(	) -	
( ) TCEQ Programs and ID	Numbers C	theck all Progra	ms and write in the p		ion numbe		(	) -	
( ) TCEQ Programs and ID n. See the Core Data Form ir	Numbers C	heck all Progra additional guid	ms and write in the p	ermits/registrat			be affected	) - by the update	
( ) TCEQ Programs and ID n. See the Core Data Form ir	Numbers Constructions for	heck all Progra additional guid	ms and write in the polance.	ermits/registrat		rs that will	be affected	) - by the update	es submitted on this
( ) TCEQ Programs and ID n. See the Core Data Form ir Dam Safety	Numbers Constructions for	heck all Progra additional guid	ms and write in the prance.	ermits/registrat	☐ Emis	rs that will	( be affected entory Air	) - by the update	es submitted on this
( ) TCEQ Programs and ID n. See the Core Data Form ir Dam Safety Municipal Solid Waste	Numbers Constructions for Districts	Check all Progra r additional guid s ource Review Ai	ms and write in the priance.  Edwards Aq	ermits/registrat	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( ) TCEQ Programs and ID n. See the Core Data Form ir Dam Safety Municipal Solid Waste	Numbers Constructions for	Check all Progra r additional guid s ource Review Ai	ms and write in the prance.	ermits/registrat	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( )  TCEQ Programs and ID  n. See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge	Numbers Constructions for Districts  New So	Check all Progra r additional guid s ource Review Ai	ms and write in the plance.  □ Edwards Aq  □ OSSF □ Title V Air	ermits/registrat uifer	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( )  TCEQ Programs and ID  n. See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge	Numbers Constructions for Districts  New So	Check all Program additional guides  Durce Review Air  Water	ms and write in the priance.  Edwards Aq	ermits/registrat uifer	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( ) TCEQ Programs and ID m. See the Core Data Form in Dam Safety Municipal Solid Waste Sludge Voluntary Cleanup	Numbers Constructions for Districts  New So  Storm V  Waste V	Check all Progra r additional guid s ource Review Ai Water Water	ms and write in the prance.    Edwards Aq     OSSF     Title V Air     Wastewater	ermits/registrat uifer	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( ) TCEQ Programs and ID n. See the Core Data Form in Dam Safety  Municipal Solid Waste Sludge Voluntary Cleanup	Numbers Constructions for Districts  New So  Storm V  Waste V	Check all Progra r additional guid s ource Review Ai Water Water	ms and write in the prance.    Edwards Aq     OSSF     Title V Air     Wastewater	ermits/registrat uifer Agriculture	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( ) TCEQ Programs and ID m. See the Core Data Form in Dam Safety Municipal Solid Waste Sludge Voluntary Cleanup	Numbers Constructions for Districts  New So  Storm V  Waste V	Check all Progra r additional guid s ource Review Ai Water Water	ms and write in the prance.    Edwards Aq     OSSF     Title V Air     Wastewater	ermits/registrat uifer	☐ Emis	rs that will sions Inve	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( )  TCEQ Programs and ID  n. See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  ECTION IV: Prepl.  ame:	Numbers Constructions for Districts  New So  Storm V  Waste V	Check all Program additional guides  Durce Review Air  Water  Water  001	ms and write in the prance.    Edwards Aq     OSSF     Title V Air     Wastewater	ermits/registrat uifer  Agriculture  41. Title:	☐ Emis	rs that will sions Inve leum Stor r Rights	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
( ) TCEQ Programs and ID n. See the Core Data Form in Dam Safety  Municipal Solid Waste  Sludge Voluntary Cleanup  ECTION IV: Prepo. ame:	Numbers Constructions for Districts  New So  Storm V  Waste V  00128630	Check all Program additional guides  Durce Review Air  Water  Water  001	ms and write in the prance.  □ Edwards Aq  □ OSSF □ Title V Air □ Wastewater	ermits/registrat uifer  Agriculture  41. Title:	☐ Emis	rs that will sions Inve leum Stor r Rights	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
TCEQ Programs and ID  n. See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  CCTION IV: Pre  ame:  Telephone Number 4	Numbers Constructions for Districts  New So Storm V  Waste V  00128630  parer In  3. Ext./Code	Check all Program additional guides  Durce Review Air  Water  Water  DO 1  formatio  44. F	ms and write in the prance.    Edwards Aq     For the V Air     Wastewater     Max Number     Compared to the prance of the pran	ermits/registrat uifer  Agriculture  41. Title:	☐ Emis	rs that will sions Inve leum Stor r Rights	( be affected entory Air	by the update	es submitted on this ial Hazardous Waste
TCEQ Programs and ID  1. See the Core Data Form in  2. Dam Safety  Municipal Solid Waste  CCTION IV: Preplace  3. Telephone Number  4. Description of the content of the co	Numbers Constructions for Districts  New So Storm V  Waste V  00128630  parer In  3. Ext./Code  corrided Storm V	Check all Program additional guides  Durce Review Air  Water  Water  001  formatio  e 44. F  (Signature the best of my	ms and write in the prance.    Edwards Aq     For a continuous con	ermits/registrat uifer  Agriculture  41. Title: 45. E-Mai	☐ Emis ☐ Petro ☐ Tires ☐ Wate	rs that will sions Inve leum Stor r Rights	be affected entory Air age Tank	by the update Industr PWS Used C	es submitted on this ial Hazardous Waste
TCEQ Programs and ID  In See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  CCTION IV: Preplete  In Telephone Number 4  Description of the Company o	Numbers Constructions for Districts  New So Storm V  Waste V  00128630  parer In  3. Ext./Code  corrided Storm V	check all Program additional guides  ource Review Air  Water  Water  001  formatio  e 44. F  (Signature the best of my behalf of the	ms and write in the prance.    Edwards Aq     For a continuous con	ermits/registrat uifer  Agriculture  41. Title: 45. E-Mai	☐ Emis ☐ Petro ☐ Tires ☐ Wate ☐ Wate ☐ provided eld 6 and/	rs that will sions Inve leum Stor r Rights in this for as requ	the affected entory Air age Tank	by the update Industr PWS Used C	es submitted on this fal Hazardous Waste  bil  e, and that I have the ID numbers
TCEQ Programs and ID  n. See the Core Data Form in  Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  CCTION IV: Preplete  Telephone Number 4  ) -  CCTION V: Autl  By my signature below, nature authority to submit intified in field 39.	Numbers Constructions for Districts  New So  Storm V  Waste V  00128630  parer In  3. Ext./Code  chorized Storm on the Utilities   Learning to	check all Program additional guides  ource Review Air  Water  Water  001  formatio  e 44. F  (Signature the best of my behalf of the	ms and write in the prance.    Edwards Aq     For a continuous con	Agriculture  41. Title:  45. E-Mai	☐ Emis ☐ Petro ☐ Tires ☐ Wate ☐ Wate ☐ provided eld 6 and/	rs that will sions Inve	the affected entory Air age Tank	by the update Industri PWS Used C Other:	es submitted on this fal Hazardous Waste  oil e, and that I have the ID numbers  ager

Page 2 of 2



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## APPLICATION TO TRANSFER A WASTEWATER PERMIT OR CAFO PERMIT

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

	Noview and Processing Team at 312 239 40/1.								
	SECTION 1. CURRENT PERMIT INFORMATION								
What is the	e Permit Number? <u>WQ0013882001</u>								
What is the EPA I.D. Number? TX <u>0070769</u>									
What is the Current Name on the Permit?									
Aldine Vill	age								
What is the	e Customer Number (CN) for the current permittee? CN 604676981								
What is the	e Regulated Entity Reference Number (RN): RN <u>102807070</u>								
For Publicl	y Owned Treatment Works (POTWs) Only:								
a) Doe	s this permit require implementation of an approved pretreatment program by the								
РОТ	W? Yes 🗒 No 🗒								
NOT <b>per</b> :	s this permit have a domestic reclaimed water authorization associated with it? TE: The domestic reclaimed water authorization associated with this mit will be cancelled on the same date the transfer took place. See ructions for more information.  No  No								

## SECTION 2. FACILITY OWNER (APPLICANT) INFORMATION

- **A.** What is the Legal Name of the facility owner? Monarch Utilities I L.P.
- B. What is the Customer Number (CN) issued to this entity? CN 602740706
- C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### **SECTION 3. CO-APPLICANT INFORMATION**

Complete this section only if another person or entity is required to apply as a co-permittee.

A. What is the Legal Name of the co-applicant applying for this permit?

N/A

B. What is the Customer Number (CN) issued to this entity? CN N/A

C. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

#### SECTION 4. APPLICATION CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed about this application.

Application Contact First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: Pflugerville, Texas 78660

Phone Number: 512-531-6271 Fax Number: 512-252-8782

E-mail Address: tbarry@swwc.com

#### SECTION 5. PERMIT CONTACT INFORMATION

This is the person TCEQ will contact if additional information is needed during the term of the permit.

Permit Contact First and Last Name: Chuck Barry

Title: Environmental Health & Safety Manager Credentials:

Company Name: SouthWest Water Company

Mailing Address: <u>1620 Grand Avenue Pkwy STE 140</u> City, State, and Zip Code: Pflugerville, Texas 78660

Phone Number: <u>512-531-6271</u> Fax Number: <u>512-252-8</u>782

E-mail Address: tbarry@swwc.com

#### **SECTION 6. SITE INFORMATION**

Site Name:

#### SECTION 7. LEASE AND EASEMENT REQUIREMENTS

A. Landowner where the facility is or will be located:

Landowner Name: UIC 13 LLC

## TRANSFEROR SIGNATURE (Current Facility Owner)

I consent to the transfer of the permit and I 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 Section 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

Facility Owner Name: UIC 13 LLC (Shan	was Mansu
Title: Passidom	
Signature:	Date: 6/18/21
SUBSCRIBED AND SWORN to before me b	
My commission expires on the	
	On Con-
TARY OF TEXAS	Notary Public  Mongawyty (Wyty County, Texas)
23.82.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	

## TRANSFEREE SIGNATURE (New Facility Owner)

I certify that a change of ownership of the facility for the subject permit has been issued will occur as indicated in the application. As a condition of the transfer, I do hereby declare that:

The transferee will be the owner of the existing treatment facility from which wastewater is discharged, deposited or disposed or the facilities required to comply with the permit will be constructed as described in the application considered by the TCEQ prior to the issuance of the permit.

The transferee possesses a copy of the permit, understands the terms and conditions therein, and does accept and assume all obligations of the permit.

The transferee assumes financial responsibility for the proper maintenance and operation of all waste treatment and disposal facilities required by the permit or which may be required to comply with the permit terms and conditions. The transferee certifies that the transfer is not made for the purpose of avoiding liability for improper actions carried out prior to the date of transfer. Neither is the transfer made for the purpose of transferring responsibility for improper operations to an insolvent entity.

The transferee certifies under penalty of law that this document 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 known violations and revocation of this permit.

New Facility Owner: Chuck Barry

Title: Environmental Health & Safety Manager

Signature: Date: Date:



**TCEQ Core Data Form** 

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

<b>SECTION</b>	I: Ger	<u>ieral Inforn</u>	<u>nation</u>											
1. Reason f	or Submis	sion (If other is o	hecked please o	lescribe	in space	provid	led.)							
☐ New Pe	ermit, Regis	stration or Author	zation (Core Da	ta Forn	n should b	e subn	nitted	with	the prog	ram applicat	ion.)			
Renewa	al (Core De	ata Form should t	e submitted with	the re	newai forn	n)		Oth	er					
2. Custome	sued)	Follow this link to search for CN or RN numbers in Central Registry**				egul	ated En	tity Referen	ce Number (	if issued)				
CN 602	<u>fo</u>					RN 102807070								
SECTION	II: Cu	stomer Info	<u>ormation</u>											
4. General C	ustomer l	nformation	5. Effective D	ate for	Custome	r Info	rmatic	on U	pdates (	mm/dd/yyyy	)			
New Cus					Custome				•		•	Entity Ownership		
······································		me (Verifiable wit						•						
			-	•			•				urrent and	active with the		
Texas Sec	retary o	f State (SOS)	or Texas Cor	nptro	ller of P	ublic	Acc	oun	ts (CP	А).				
6. Customer	Legal Na	me (If an Individua	, print last name fi	rst: eg: i	Doe, John)			lf ne	w Custon	ner, enter pre	vious Custom	er below:		
Monarch	Utilities	I LP												
7. TX SOS/C	PA Filing	Number	8. TX State Ta	8. TX State Tax ID (11 digits)				9. Federal Tax ID (9 digits)			10. DUN	10. DUNS Number (if applicable)		
11. Type of	Customer:	☐ Corporati	on	☐ Individu					Partne	rship: 🔲 Gen	eral 🔲 Limited	al 🔲 Limited		
Government:	City 🔲	County 🔲 Federal 🗆	] State 🔲 Other		Sole F	<sup>o</sup> roprie	torshi	р	☐ Oth	er:				
12. Number			D 054 500		اسلمالتسمية						ed and Opera	ited?		
	21-100	101-250	251-500		11 and high				es	☐ No	***************************************			
	r Kole (Pro	oposed or Actual) -	··-	Regula	·			orm.	Please cl	heck one of th	e following			
	nal Licene	Operat	or nsible Party	L	Owner &	-		\ nnlic	nant	Othori				
	Tar Licensi	ee [] Kespu	nsible Farty		] Voluntar	y Cies			 Janu	Other:				
15. Mailing														
Address:														
	City			Stat	е		ZIP				ZIP + 4			
16. Country	Mailing In	formation (if outsi	te USA)			17. I	E-Mail	Ado	iress (if	applicable)				
18. Telephor	ie Numbei		19	9. Exte	nsion or	Code			20	. Fax Numb	er (if applical	ble)		
( )	-								10	)	-			
										•				
		gulated En	······		<del></del>					<del></del>				
	=	-	•		-							a permit application)		
New Reg	<del></del>		to Regulated Ent	······································				<u> </u>		ty Information		James (marrier 1		
		ity Name subi ndings such :				oraei	to n	neel	t 10EG	Agency	vata Stand	lards (removal		
		ame (Enter name :				is takir	na plan	 ea.)			······			
	minity 110	mine (Einer Herite)	, are one miles in	rogun	acou donor	io cunii	ig prac	<u> </u>						

23. Street Address of the Regulated Entity:																
(No PO Boxes)	City				State					ZIP	+ 4					
24. County																
		Enter P	hysical	Locat	ion Descri	otion i	f no stre	et addre	ess is p	orovid	ed.					
25. Description to Physical Location:																
26. Nearest City									Sta	te			Nea	rest ZIP Co	de	
							_									
27. Latitude (N) In Decir	nal:						28. Longitude (W)			) In Decimal:						
Degrees	Minutes			Secor	nds		Degree	S		Min	utes			Seconds		
29. Primary SIC Code (4	digits) 30. Secondary SIC				LOGE (4 digits)			Primary NAICS Code or 6 digits)			32. Seconda (5 or 6 digits)			lary NAICS Code		
Parameter State Commission of the Commission of					************	T										
33. What is the Primary	Business	of this e	entity?	(Do n	ot repeat the S	IC or NA	AICS descr	ription.)								
<u>, , , , , , , , , , , , , , , , , , , </u>				1				<del></del>								
34. Mailing													Andrews Commencer			
Address:	City	T		Т			Т	ZIP	T			710	+ 4	I		
		1			Ctata	- 1		411				415				
25 E Mail Address	City				State									<u> </u>		
35. E-Mail Address		<u></u>				ion or	Code			38 E	av Mur	nhar /if		(cable)		
35. E-Mail Address		er			State 37. Extens	ion or	Code			38. F	ax Nur	mber (if		cable)		
36. Telepho	one Numbe		II Program	me and	37. Extens			on number	are that a		(	) -	appli		thic	
36. Telepho ( ) TCEQ Programs and ID	one Numbers	Check al			37. Extens			on numbe	ers that v		(	) -	appli		this	
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i	one Numbers	Check al		ance.	37. Extens	permits/			ers that v	vill be a	( iffected	) -	appli odates			
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i	one Numbers Numbers	Check al		ance.	37. Extens write in the p	permits/				vill be a	( iffected	by the up	appli odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety	Numbers nstructions f	Check al or addition		ance.	37. Extens	permits/			sions In	vill be a	( affected Air	) -	appli odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste	Done Numbers  Numbers  nstructions fr	Check allor additionals	onal guida	ance.	37. Extens write in the p Edwards Ad	permits/		☐ Emis	sions In	vill be a	( affected Air	by the up	i <b>appli</b> odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste	Numbers nstructions f	Check allor additionals	onal guida	ance.	37. Extens write in the p	permits/		☐ Emis	sions In	vill be a	( affected Air	by the up	i <b>appli</b> odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge	New S	Check al or addition tts Source Rource Rource	onal guida	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air	permits/ quifer	/registrati	☐ Emis	sions In	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge	Districtions for Distri	Check all or additions the control of the control o	onal guida	ance.	37. Extens write in the p Edwards Ad	permits/ quifer	/registrati	☐ Emis	sions In	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup	District New S  Waste  0013882	Check all or addition of the course Rource Rource Rource Rource Rource Rource Rource Rource Water	eview Air	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air	permits/ quifer	/registrati	☐ Emis	sions In	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup	District New S  Waste  0013882	Check all or addition of the course Rource Rource Rource Rource Rource Rource Rource Rource Water	eview Air	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air	permits/ quifer	/registrati	☐ Emis	sions In	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge Voluntary Cleanup  ECTION IV: Pre	District New S  Waste  0013882	Check all or addition of the course Rource Rource Rource Rource Rource Rource Rource Rource Water	eview Air	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air	permits/ quifer	/registrati	☐ Emis	sions In	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( )  TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  ECTION IV: Pre D. ame:	Districtions for Distri	Check allor additions to the control of the control	eview Air		37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater	permits/ quifer Agricu	/registrati	☐ Emis	oleum S	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( )  TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  ECTION IV: Pre D. ame:	District New S  Waste  0013882	Check allor additions to the control of the control	eview Air		37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater	permits/ quifer Agricu	/registrati	☐ Emis	oleum S	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge Voluntary Cleanup  CCTION IV: Pre n. ame: Telephone Number	Done Numbers Numbers Instructions fr District New S Waste 0013882 parer I	Check allor additionsts  Source Rowald Water  Water  2001  nforn  de	eview Air	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater	permits/ quifer Agricu	/registrati	☐ Emis	oleum S	vill be a	( affected Air	by the up	odates dustrial	submitted or		
36. Telepho ( ) TCEQ Programs and ID a. See the Core Data Form in Dam Safety  Municipal Solid Waste  Sludge  Voluntary Cleanup  CCTION IV: Pre ame: Telephone Number  CCTION V: Aut By my signature below, sature authority to submit	Districtions for Districtions for New State Oo 1388.	Check allor additions to the control of the control	nation  44. Fa	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater  Wastewater	ermits/ quifer Agricu	/registration/registration	☐ Emis ☐ Petro ☐ Tires ☐ Wate	oleum S er Rights	ventory torage	(  Iffected  Air  Tank	by the up	dustrial  VS  ed Oil  her:	submitted or Hazardous \	Waste	
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge Voluntary Cleanup  CCTION IV: Pre name: CCTION V: Aut By my signature below, nature authority to submit natified in field 39.	Districtions for Districtions for New State Oo 1388.	Check allor addition of the control	nation  44. Fa	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater  Wastewater	permits/ quifer  Agricu  41  42	/registration/registration	☐ Emis ☐ Petro ☐ Tires ☐ Wate ☐ il Addre	er Rights	vill be a	( affected of Air	by the up	odates  odates  VS  ed Oil  her:	submitted or Hazardous \ and that I he ID number	Waste	
36. Telepho ( ) TCEQ Programs and ID n. See the Core Data Form i Dam Safety  Municipal Solid Waste  Sludge Voluntary Cleanup  CCTION IV: Pre D. ame: CCTION V: Aut By my signature below, nature authority to submit intified in field 39.	Districtions for the state of t	Check allor addition of the control	nation  44. Fa	ance.	37. Extens write in the p Edwards Ad OSSF Title V Air Wastewater  Wastewater	permits/ quifer  Agricu  41  42	rmation n II, Fie	☐ Emis ☐ Petro ☐ Tires ☐ Wate ☐ il Addre	sions In Soleum	vill be a	(  Infected  Air  Fank  Strue a for the ealth &	by the up	dustrial  below the control of the c	submitted or Hazardous \ and that I he ID number	Waste	

TCEQ-10400 (02/21) Page 2 of 2