

# Completing the Notice of Intent for Storm Water Discharges Associated with Industrial Activity under the TPDES Multi-Sector General Permit (TXR050000)

This notice of intent (NOI) has recently been expanded to include information that we, the TNRCC, are required to gather from the individuals and businesses that we regulate. Follow these blank-by-blank instructions to complete the NOI correctly.

## A. Facility Owner Information and B. Facility Operator Information

### Check boxes and Customer Reference Number

These boxes designate the owner's (operator's) status as a TNRCC "customer"—in other words, an individual or business that is involved in an activity that we regulate. We assign each customer a number that begins with "CN," followed by nine digits.

**This is not a permit number, registration number, or license number.** In the remainder of this section, we will use "this customer" to mean the owner for Part A of the form and the operator for Part B of the form.

- If this customer has not been assigned a Customer Reference Number, check "New" and leave the space for the Customer Reference Number blank.
- If this customer has already been assigned this number, enter the owner's Customer Reference Number and:
  - Check "No Change" if all the remaining customer information is the same as previously reported. However, you must still complete most blanks in this form for this notice of intent to be valid.
  - If this customer's information has changed since the last time it was reported to the TNRCC, check neither box and complete the remainder of this notice of intent.
- **Do not enter a permit number, registration number, or license number in place of the Customer Reference Number.**

### Name

Enter the legal name of this customer. Include any abbreviations (LLC, Inc., etc.). If the owner and operator are the same, complete Part A, enter "Same as Owner" in this blank in Part B, and continue to Part C of the NOI.

### Mailing Address

Enter a central and general mailing address for this customer to receive mail from the TNRCC. For example, if this customer is a large company, this address might be the corporate or regional headquarters. On the other hand, for a smaller business, this address could be the same as the facility address.

**If this is a street address, please follow US Postal Service standards.** In brief, these standards require this information in this order:

- the "house" number—for example, the 1401 in 1401 Main St
- if there is a direction before the street name, the one- or two-letter abbreviation of that direction (N, S, E, W, NE, SE, SW, or NW)
- the street name (if a numbered street, do not spell out the number—for example, 6th St, not Sixth St)
- an appropriate abbreviation of the type of street—for example, St, Ave, Blvd, Fwy, Exwy, Hwy, Cr, Ct, Ln
- if there is a direction after the street name, the one- or two-letter abbreviation of that direction (N, S, E, W, NE, SE, SW, or NW)

### Address Line 2

Use this line for any information that you cannot fit on the line above—for example, a room number or company mail code.

### City, State, and ZIP Code

Enter the name of the city, the two-letter USPS abbreviation for the state (for example, TX), and the ZIP Code. (Enter the full ZIP+4 if you know it.)

### Country Mailing Information

If this address is **outside** the United States, enter the territory name, country code, and any non-ZIP mailing codes or other non-U.S. Postal Service features here. If this address is **inside** the United States, leave these spaces blank.

### Phone Number and Extension

This number should correspond to this customer's mailing address given earlier. Enter the area code and phone number here. Leave "Extension" blank if this customer's phone system lacks this feature.

### Fax Number

This number should correspond to this customer's mailing address given earlier. Enter the area code and fax number here.

### E-mail Address

As with the mailing address, this should be a general address that is appropriate for e-mail to this customer's central or regional headquarters, if applicable.

**If "No Change" was checked for this customer, you may skip the rest of the fields in this part of the form and continue to the next part of the NOI.**

### Type of Owner/Type of Operator

Check **only one** box.

Check ...	if this customer...
<b>Individual</b>	is a person and has not established a business to do whatever causes them to be regulated by us.
<b>Sole Proprietorship—D.B.A.</b>	is a business that is owned by only one person and has not been incorporated. This business may: <ul style="list-style-type: none"> <li>• be under the person's name</li> <li>• have its own name ("doing business as," or d.b.a.)</li> <li>• have any number of employees</li> </ul>
<b>Partnership</b>	is a business that is established as a partnership as defined by the Texas Secretary of State's Office.
<b>Corporation</b>	meets all of these conditions: <ul style="list-style-type: none"> <li>• is a legally incorporated entity under the laws of any state or country</li> <li>• is recognized as a corporation by the Texas Secretary of State</li> <li>• has proper operating authority to operate in Texas.</li> </ul>
<b>Federal, state, county, or city government (as appropriate)</b>	is either an agency of one of these levels of government or the governmental body itself (If a utility district, water district, tribal government, college district, council of governments, or river authority, check "Other" and write in the specific type of government.)
<b>Other</b>	fits none of the above descriptions. Enter a short description of the type of customer in the blank provided.

### Independent Owner?/Independent Operator?

Check "No" if this customer is a subsidiary or part of a larger company. Otherwise, check "Yes."

### Number of Employees

Check one box to show the number of employees for this customer's entire company, at all locations. ***This is not necessarily the number of employees at the facility named in this NOI.***

### Federal Tax ID

All businesses, except for some small sole proprietors, should have a federal taxpayer identification number (TIN). Enter this number here. Use no prefixes, dashes, or hyphens. If you do not have a TIN because you are an individual or a small sole proprietor, enter your Social Security number here. Use no prefixes, dashes, or hyphens.

#### ***Why we ask for Social Security numbers:***

Under Section 232.302(c)(1) of the Texas Family Code, the TNRCC must ask for your Social Security number to assist in the collection of child support obligations.

### State Franchise Tax ID

Corporations and limited liability companies that operate in Texas are issued a franchise tax identification number. If this customer is a corporation or limited liability company, enter this number here.

### DUNS Number

Most businesses have a DUNS (Data Universal Numbering System) number issued by Dun and Bradstreet Corp. If this customer has one, enter it here.

## C. Billing Address

We will mail the annual fee invoice for this facility to the address entered in this section.

### Name

Enter the legal name of the person or business to which we should mail this facility's fee invoice each year.

### Mailing Address

Enter the specific mailing address to which we should mail this facility's fee invoice each year. If this is a street address, please follow the US Postal Service standards as described under "A. Facility Owner Information/B. Facility Operator Information" on page 1 of these instructions.

### Address Line 2

Use this line for any information that you cannot fit on the line above—for example, a room number or company mail code.

### City, State, and ZIP Code

Enter the name of the city, the two-letter USPS abbreviation for the state (for example, TX), and the ZIP Code. (Enter the full ZIP+4 if you know it.)

### Country Mailing Information

If this address is ***outside*** the United States, enter the territory name, country code, and any non-ZIP mailing codes or other non-U.S. Postal Service features here. If this address is ***inside*** the United States, leave these spaces blank.

### Phone Number and Extension

Enter the area code and phone number that we should call if we have questions related to the processing or collection of the annual fee invoice for this facility. Leave "Extension" blank if the phone system lacks this feature.

### Fax Number

Enter the area code and fax number that we should use for communications related to the processing or collection of the annual fee invoice for this facility.

### E-mail Address

Enter an e-mail address, if there is one, that we should use for correspondence related to this facility's annual fee invoice.

## D. Facility Site Information

### Check boxes and Regulated Entity Reference Number

These boxes designate this facility's status as a TNRCC "regulated entity"—in other words, a location where an activity that we regulate occurs. We assign each regulated entity a number that begins with "RN," followed by nine digits. ***This is not a permit number, registration number, or license number.***

- If this facility has not been assigned a Regulated Entity Reference Number, check "New" and leave the space for the Regulated Entity Reference Number blank.
- If this facility has already been assigned this number, enter the Regulated Entity Reference Number and:
  - Check "No Change" if all the remaining information is the same as previously reported. However, even if there has been no change, you must complete this section at least through "E-mail Address" for this NOI to be valid.
  - If this facility's information has changed since the last time it was reported to the TNRCC, check neither box and complete the remainder of this notice of intent.
- ***Do not enter a permit number, registration number, or license number in place of the Regulated Entity Reference Number.***

### Name

Enter the name by which you want this facility to be known to the TNRCC.

### Physical Address

Enter the physical address of the facility itself. Our staff should be able to use this address to find the facility. If no physical address exists, enter a description of the location of the facility.

### Mailing Address

Enter the mailing address of this facility itself. If this is a street address, please follow the US Postal Service standards as described under "A. Facility Owner Information/B. Facility Operator Information" on page 1 of these instructions.

### City, County, and ZIP Code

Enter the name of the city, the county, and the ZIP Code. (Enter the full ZIP+4 if you know it.)

### Phone Number and Extension

Enter the area code and phone number of this facility. Leave "Extension" blank if the facility phone system lacks this feature.

### Fax Number

Enter this facility's area code and fax number here.

### E-mail Address

If there is an e-mail address for this facility, enter it here.

### Latitude and Longitude

Enter the latitude and longitude of the facility in ***either*** degrees, minutes, and seconds ***or*** decimal form.

For help obtaining the latitude and longitude, go to:

**[teraserver.homeadvisor.msn.com/default.asp](http://teraserver.homeadvisor.msn.com/default.asp)**

### Is the facility located on Indian Country Lands?

Check "Yes" only if the facility is on a reservation or other areas designated by the federal government as Indian Country Lands. If not, check "No."

## SIC and NAICS Codes

All facilities should have a Standard Industrial Classification (SIC) code and a North American Industrial Classification System (NAICS) code. These codes may or may not correspond to why this facility is regulated by the TNRCC. When NAICS codes replace SIC codes, you will probably be asked to provide NAICS codes, unless you provide them now.

Enter the SIC (or NAICS) code that best describes the main business activity at this facility as the "Primary SIC (or NAICS) Code." Enter the SIC (or NAICS) code that best describes other business activity at this facility as the "Secondary SIC (or NAICS) Code."

For example, for a typical convenience store with fuel pumps, you might enter a primary SIC code of 5411 (Convenience food stores-retail) and a secondary SIC code of 5541 (Filling stations-gasoline-retail).

For a list of SIC codes on the Web, go to:

[www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)

For a list of NAICS codes on the Web, go to:

[www.census.gov/epcd/www/naicscod.htm](http://www.census.gov/epcd/www/naicscod.htm)

## Activity Code

If any of the following narrative descriptions pertain to your facility, provide the appropriate activity code.

**HZ:** Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under Subtitle C of RCRA;

**LF:** Landfills, land application sites, and open dumps that receive or have received any industrial wastes, including those that are subject to regulation under Subtitle D of RCRA;

**SE:** Steam electric power generating facilities, including coal handling sites;

**TW:** Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage;

**AD:** For a facility without an applicable SIC or Activity Code that was specifically designated by TNRCC to obtain permit coverage.

## Primary Business of This Facility

In your own words, briefly describe the primary business of this regulated entity. Please do not repeat the SIC or NAICS description. For example, for a typical convenience store, you might enter, "Grocery store with fuel pumps and car wash."

## Industrial Activity Sector

General Permit TXR050000 defines the 30 industrial activity sectors listed on the NOI on the basis of SIC and activity codes. For more information about these sectors, read the general permit, *Texas Pollutant Discharge Elimination System Multi-Sector General Permit for Industrial Storm Water Discharges* (TNRCC publication RG-394). This publication is available on our Web site:

[www.tnrcc.state.tx.us](http://www.tnrcc.state.tx.us)

**Note:** More than one sector may apply to your facility. **On this NOI, be sure to check each applicable sector.**

## Storm Water Pollution Prevention Plan

This plan identifies the areas and activities that could produce contaminated runoff at your facility and then tells how you will ensure that this contamination is mitigated. For example, in describing your mitigation measures, your facility's plan might identify the devices that collect and filter storm water, tell how those devices are to be maintained, and tell how frequently that maintenance is to be carried out. **Develop and implement this plan before you complete this NOI.** This plan must be available

for a TNRCC investigator to review on request. Specific requirements for the development of the plan can be found in the *Texas Pollutant Discharge Elimination System Multi-Sector General Permit for Industrial Storm Water Discharges* (TNRCC publication RG-394).

## Destination of Storm Water Discharge

The storm water from your facility goes into either receiving water (a local stream or lake, possibly via a drainage ditch) or a municipal separate storm sewer system (MS4). Check the appropriate boxes. If you checked "Yes" to "A receiving water?", then name the body of water that your facility's runoff goes into. If you checked "Yes" to "An MS4?", then enter the name of whoever owns that storm sewer—often a city, town, or utility district, but possibly another form of local government.

## E. Contact

Give all the relevant information for the person you would like our staff to contact if they have questions about any of the information on this form—perhaps the same person who completed the form.

## F. Certification

Both the owner and the operator must sign and date this statement to validate this NOI. Be sure to enter the full legal name of the person signing the form and the relevant title—for example, "Owner," "Owner's attorney," or "Senior Facility Manager." Use the "Prefix" blank for such titles as Dr., Mr., or Ms., as desired. Use the "Suffix" blank for such designations as Ph.D., Jr., Sr., III, or J.D., if applicable.

For a corporation, the application shall be signed by a responsible corporate officer. A responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this application, a principal executive officer of a federal agency includes the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g. regional administrator of the United States Environmental Protection Agency).

## Questions?

If you have questions about any of the information on this form, contact our Storm Water Program at 512/239-4671 or look for "Storm Water" on our Web site:

[www.tnrcc.state.tx.us](http://www.tnrcc.state.tx.us)