



Notice of Intent (NOI) for Storm Water Discharges Associated with Industrial Activity under TPDES General Permit (TXR050000)

TCEQ Office Use Only

Permit No.: _____
RN: _____
CN: _____



Sign up now for on line NOI at <http://www.tceq.state.tx.us/permitting/steers/steers.html>

Did you know you can pay on line? Go to <https://www6.tceq.state.tx.us/epay/>

Select Fee Type: GENERAL PERMIT INDUSTRIAL STORM WATER DISCHARGE NOI APPLICATION

Application Fee: You must pay the \$100 Application Fee to TCEQ for the application to be considered complete.

How did you pay this fee?

Mailed: <input checked="" type="checkbox"/>	Check/Money Order No.: 4821	Name Printed on Check: RPS
EPAY: <input type="checkbox"/>	Voucher No.:	Is the Payment Voucher copy attached? <input type="checkbox"/> Yes

IMPORTANT:

- Use the attached **INSTRUCTIONS** when completing this form.
- After completing this form, use the attached **CUSTOMER CHECKLIST** to make certain all items are complete and accurate.
- Missing, illegible, or inaccurate items may delay final acknowledgment or coverage under the general permit.

A. OPERATOR (applicant)

1. If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? **CN 603227588**

2. What is the full Legal Name of the applicant?

Terrabon, Inc.

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

3. What is the applicant's mailing address as recognized by the **US Postal Service**?

Address: 6150 Mumford Road	Suite No./Bldg. No./Mail Code:
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City: Bryan	State: Texas	ZIP Code: 77807
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Country Mailing Information (if outside USA).	Country Code:	Postal Code:
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4. Phone No.: (281) 2217289	Extension:
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5. Fax No.: ()	E-mail Address: rgriggs@terrabon.com
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6. Indicate the type of Customer:

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship-D.B.A.	<input type="checkbox"/> Limited Partnership
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Federal Government	<input type="checkbox"/> General Partnership
<input type="checkbox"/> State Government	<input type="checkbox"/> County Government	<input type="checkbox"/> City Government
<input type="checkbox"/> Other:		

7. Independent Operator: Yes No (If governmental entity, subsidiary, or part of a larger corporation, check "No".)

8. Number of Employees: 0-20; 21-100; 101-250; 251-500; or 501 or higher

9. Customer Business Tax and Filing Numbers *(This item is not applicable to Individuals, Government, GP or Sole Proprietor.)*

REQUIRED for Corporations and Limited Partnerships

State Franchise Tax ID Number: 32040157847	Federal Tax ID: 270754359
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TX SOS Charter (filing) Number: 801162504	DUNS Number (if known): 949313501
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B. BILLING ADDRESS

The Operator is responsible for paying the annual fee. The annual fee will be assessed to permits **active on September 1 of each year**. TCEQ will send a bill to the address provided in this section. The Operator is responsible for terminating the permit when it is no longer needed.

Is the billing address same as the Operator Address? Yes, go to Section C. No, fill out Section B

1. Billing Mailing Address:	Suite No./Bldg. No./Mail Code:
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City:	State:	ZIP Code:
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2. Country Mailing Information (if outside USA). Territory	Country Code:	Postal Code:
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3. Billing Contact (Attn or C/O):

4. Phone No.: ()	Extension:
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5. Fax No.: ()	E-mail Address:
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