

For Authority Use Only					
Form: 090908					
Registration #:					

1615 N. St. Mary's St., San Antonio, Texas 78215 (210) 222-2204 or 1-800-292-1047 Fax (210)222-9869

## Registration for a Facility Storing Regulated Substances

## One registration required for <u>each</u> facility.

- 1. This registration must be completed, signed, and submitted to the Authority Docket Clerk for any existing or new facility storing regulated substances as defined in EDWARDS AQUIFER AUTHORITY RULES, ch. 702 (Definitions), § 702.1 (158) (Regulated substance). These regulations may be viewed on the Edwards Aquifer Authority (Authority) website at <a href="http://www.edwardsaquifer.org/">http://www.edwardsaquifer.org/</a>.
- 2. This registration must be submitted within a 180 days from the effective date of the EDWARDS AQUIFER AUTHORITY RULES, ch. 713 (Water Quality), subch. F (Hazardous Substances Registration, Storage, and Planning), § 713.503 (Registration of Facilities Storing Regulated Substances) (rule effective date is March 21, 2008) for an existing facility or submitted within a 180 days after commencement of operations for a new facility.
- 3. The registration must be typed or printed legibly using ink.
- 4. A processing fee of \$10.00 must accompany the registration.
- 5. <u>Only checks and money orders</u> made payable to the "Edwards Aquifer Authority" will be accepted. <u>Do not</u> submit cash.
- 6. Incomplete registrations will be returned to the registrant for completion.

## <u>I. - Registrant Information - Please provide all of the following:</u>

1.	Facility Owner Name:
2.	Facility Owner Contact Name:
3.	Owner Telephone No. ( ) Owner Facsimile No. ( )
4.	Owner e-mail address:
5.	Facility Owner Mailing Address:
6.	Facility Operator Name:
7.	Facility Operator Contact Name:
8.	Operator Telephone No. ( ) Operator Facsimile No. ( )
9.	Operator e-mail address:
	Operator Mailing Address:
11	Operator Regulatory License(s) No. (if applicable):

II.	- Facility Site Information - Please	provide <u>all</u> the follo	owing:				
1.	Please indicate if this is an existing facility or a new facility:						
	☐ Existing ☐ New*						
	* If this is a new facility, please indicate the date of commencement of operations:						
	Date:		_				
2.	Please provide the Facility Site Physical Address:						
	City:	Zip:	County:				
3.							
4.	Please provide the regular hours of o	operation for this fac	cility:				
5.	Please provide the latitude and longi (example, each process area or build						
	Name of Storage Area		Latitude:	Longitude:			
	*Please provide attachments if needed						
6.	Please provide general information regarding the type and quantity of regulated substances normally stored at the facility:						
	Type (substance):	Quantivolume in lb	•	Container size:			
				*			
			<del></del>				

\*Please provide attachments if needed

III. – Owner's or Agent's Certification:  I certify that, as the Registrant, I am the owner of the facility which is the subject of this Registration, or the Authorized Agent of the facility owner. Additionally, I certify that each and all of the statements and information contained herein are true and correct to the best of my knowledge and belief. Moreover, I agree to fully comply with the terms of the Edwards Aquifer Authority Act and the rules of the Authority.				
Signature of Owner or Operator:	_ Date			
Print Name:	-			
Co-Signature:	_ Date			
Print Name:	-			