

# - - EDWARDS AQUIFER AUTHORITY (EAA) STORAGE TANK REGISTRATION FORM - -

Pursuant to EDWARDS AQUIFER AUTHORITY RULES, § 713.611, all storage tanks (greater than 55-gallons) located on the Edwards Aquifer Recharge Zone and containing a regulated substance, must be registered with the Edwards Aquifer Authority.

**Please mail completed form to:**  
**Edwards Aquifer Authority**  
**1615 North Saint Mary's Street**  
**San Antonio, Texas 78215**

(210) 222-2204, Fax (210) 299-5262



EAA Facility ID No. :  
S -

TCEQ Facility ID No.:

TCEQ Owner ID No.:

## 1. TANK OWNER INFORMATION

TANK OWNER BUSINESS <u>OR</u> LAST NAME:	TANK OWNER FIRST NAME	<b>TYPE OF TANK OWNER:</b>	
OWNER MAILING ADDRESS		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Other (specify below):	
		LOCATION OF RECORDS:	OTHER
CITY:	STATE:	ZIP CODE:	<input type="checkbox"/> At facility <input type="checkbox"/> Offsite at:
COUNTY	E-MAIL ADDRESS	CITY	STATE
OWNER'S AUTHORIZED REPRESENTATIVE: TITLE:		RECORDS CUSTODIAN/CONTACT PERSON:	TELEPHONE NO.
TELEPHONE NO.:	FAX No.:	INDEPENDENTLY OWNED & OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	

## 2. FACILITY INFORMATION

FACILITY NAME:	<b>TYPE OF FACILITY:</b>		
PHYSICAL LOCATION:	<input type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Wholesale <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Indust./Mfg./Chem. Plant <input type="checkbox"/> Watercraft Fueling <input type="checkbox"/> Other (specify):		
CITY:	ZIP CODE:	COUNTY:	Number of regulated USTs* at this facility: _____ *Underground Storage Tanks (USTs) Number of regulated ASTs* at this facility: _____ *Aboveground Storage Tanks (ASTs)
ON-SITE CONTACT PERSON    TITLE:		TELEPHONE NO.:	FAX NUMBER:
<b>LATITUDE AND LONGITUDE LOCATION.</b>		IS THIS A SINGLE SYSTEM FACILITY <input type="checkbox"/>	E-MAIL ADDRESS
FOR A SINGLE TANK PIT FACILITY LOCATE THE TANK PIT. FOR A MULTI-SYSTEM FACILITY LOCATE THE FRONT GATE.		IS THIS A MULTI SYSTEM FACILITY <input type="checkbox"/>	
<b>LATITUDE (NAD 83)</b> Degrees	Minutes	Seconds	<b>LONGITUDE (NAD 83)</b> Degrees    Minutes    Seconds

## 3. TANK OPERATOR\* INFORMATION (mark here if same as owner)

\* An Operator means any person in day-to-day control of, and having responsibility for, the daily operation of the tank system

Texas Commission on Environmental Quality (TCEQ) Operator ID No.: \_\_\_\_\_ (Assigned by TCEQ)

TANK OPERATOR NAME: (DO NOT LIST EMPLOYEES OF OPERATOR)	<b>TYPE OF TANK OPERATOR:</b>		
MAILING ADDRESS:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship DBA <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Other (specify): _____		
CITY:	STATE:	ZIP CODE:	COUNTY:
OPERATOR'S AUTHORIZED REPRESENTATIVE: TITLE:    TELEPHONE NO.: _____			

IF KNOWN: EAA Facility ID No S- \_\_\_\_\_

TCEQ Facility ID No \_\_\_\_\_

**EDWARDS AQUIFER AUTHORITY  
STORAGE TANK REGISTRATION FORM**

**4. REASON FOR THIS FILING**

**TANK REGISTRATION INFORMATION** (Mark all that apply):

Initial Registration     Ownership Change (**New Owner** indicate effective date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Amendment of:**

Owner Information     Operator Information     Facility Information     System Information

Other (specify): \_\_\_\_\_

**5. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)**

**I HEREBY REPRESENT THE FOLLOWING:**

- I am the (*mark one*):     owner . . .     legally-authorized representative of the owner . . .  
                                   operator . . .     legally-authorized representative of the operator . . .

- ... of the regulated underground and/or aboveground storage tank systems at this facility; AND
- I have personally examined and am familiar with the information included in Sections 1 through 7, ; AND
- Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND
- I understand that any person who intentionally or knowingly submits false information on this form is subject to penalties.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

TITLE

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

DATE OF SIGNATURE (PLEASE PRINT)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**INCLUDE A REGISTRATION PROCESSING FEE OF \$10.00 TO:  
EDWARDS AQUIFER AUTHORITY, STORAGE TANK PROGRAM**

IF KNOWN: EAA Facility ID No S-

TCEQ Facility ID No \_\_\_\_\_

### EDWARDS AQUIFER AUTHORITY STORAGE TANK REGISTRATION FORM

**Important: The information in the following sections regarding the storage tank system(s) at this facility must be properly completed in sufficient detail to support registration. Tank system owners & operators are encouraged to examine their storage tank records and/or consult with their equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.**

#### 6. TANK IDENTIFICATION/DESCRIPTION

Tank Identification <i>Number each tank compartment at your site consistent with TCEQ Rule 334.8(c)(5)(C).</i>				
Tank Installation Date (Month /day /year)	/ /	/ /	/ /	/ /
Tank Capacity (in U.S. gallons)				
<b>Tank Status</b> <i>(Mark One Status &amp; Indicate Date, if Applicable)</i>				
1-Currently in Use	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Temporarily out of service (date)	2- ___/___/___	2- ___/___/___	2- ___/___/___	2- ___/___/___
- Meets TCEQ Definition of Empty?-Yes or No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3-Perm.filled in place w/ sand, concrete, etc.(date)	3- ___/___/___	3- ___/___/___	3- ___/___/___	3- ___/___/___
4-Permanently removed from the ground (date)	4- ___/___/___	4- ___/___/___	4- ___/___/___	4- ___/___/___
<b>Current/Last Substance Stored</b> <i>(Mark One Substance per compartment)</i>				
1-Gasoline	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>	1- <input type="checkbox"/>
2-Diesel	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
3-Kerosene	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4-Used Oil	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>	4- <input type="checkbox"/>
5-New Oil	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>	5- <input type="checkbox"/>
6-Other Petroleum Substance (specify)	6- _____	6- _____	6- _____	6- _____
7a-CERCLA Hazardous Substance (specify)	7a- _____	7a- _____	7a- _____	7a- _____
7b-Chemical Abstract Service (CAS) No.	7b- # _____	7b- # _____	7b- # _____	7b- # _____
7c-Hazardous Substances Mixture (specify)	7c- _____	7c- _____	7c- _____	7c- _____
8-Petrol./Haz. Substances Mixture (specify)	8- _____	8- _____	8- _____	8- _____
9-Other (specify)	9- _____	9- _____	9- _____	9- _____

#### 7. TANK SYSTEM TECHNICAL INFORMATION

Tank & Piping Design <i>(Mark One for Tank &amp; Piping)</i>	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-Double-Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3- Triple-Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Containment <i>(Mark all that apply)</i></b>								
3-Factory-Built Nonmetallic Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a-Synthetic Tank-Pit/Piping-Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b-Tank Vault/Rigid Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Piping <i>(Mark One)</i></b>								
5a-Pressurized	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>
5b-Suction	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>
5c-Gravity	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>	-N/A	<input type="checkbox"/>
<b>Tank Internal Protection</b>								
6-Internal Tank Lining <i>(Indicate date)</i>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<b>Tank &amp; Piping Materials <i>(Mark all that apply)</i></b>								
1-Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-FRP (fiberglass-reinforced plastic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-Composite tank (steel w/external FRP cladding)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
4-Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a-Jacketed (steel w/external nonmetallic jacket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b-Coated (steel w/external polyurethane cladding)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
5c-Nonmetallic flexible piping	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
5d-Other (specify)	:	:	:	:	:	:	:	:
<b>Piping Connectors &amp; Valves <i>(Mark all that apply)</i></b>								
6-Shear/Impact Valves (under dispenser)	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
7-Steel swing-joints (at ends of piping)	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
8-Flexible connectors (at ends of piping)	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>

IF KNOWN: EAA Facility ID No  S-\_\_\_\_\_

TCEQ Facility ID No \_\_\_\_\_

**EDWARDS AQUIFER AUTHORITY  
STORAGE TANK REGISTRATION FORM**

**7. TANK SYSTEM TECHNICAL INFORMATION - continued from page 3**

<b>Tank Identification (e.g. 1, 2, 3, 4, etc.)</b>								
<b>Tank/Piping Corrosion Protection (Mark all that apply)</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>
1-External dielectric coating/laminate/tape/wrap	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2a-Listed/certified factory-built cathodic protection	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>	2a- <input type="checkbox"/>	<input type="checkbox"/>
2b-Certified field-installed cathodic protection	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>	2b- <input type="checkbox"/>	<input type="checkbox"/>
3a-Listed composite tank (steel w/FRP external laminate)	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A	3a- <input type="checkbox"/>	N/A
3b-Listed coated tank (steel w/external polyurethane laminate)	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A	3b- <input type="checkbox"/>	N/A
4a-Listed FRP tank or piping (noncorrodible)	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>	4a- <input type="checkbox"/>	<input type="checkbox"/>
4b-Listed nonmetallic flexible piping (noncorrodible)	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>	4b-N/A <input type="checkbox"/>	<input type="checkbox"/>
5a-Listed/certified external nonmetallic jacket	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A	5a- <input type="checkbox"/>	N/A
5b-Isolated in open-area (e.g., sump, boot, etc.)	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>	5b- <input type="checkbox"/>	<input type="checkbox"/>
6-Other (specify)	6- <input type="checkbox"/>		6- <input type="checkbox"/>		6- <input type="checkbox"/>		6- <input type="checkbox"/>	
<b>Tank &amp; Piping Release Detection (Mark all that apply)</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>	<b>Tank</b>	<b>Piping</b>
1-External vapor/tracer monitoring	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>	1- <input type="checkbox"/>	<input type="checkbox"/>
2-External groundwater monitoring	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>	2- <input type="checkbox"/>	<input type="checkbox"/>
3-Monitoring of secondary containment barrier	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>	3- <input type="checkbox"/>	<input type="checkbox"/>
4-Automatic tank gauge test & inv.control	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A	4- <input type="checkbox"/>	N/A
5-Interstitial monitoring within secondary wall/jacket	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>	5- <input type="checkbox"/>	<input type="checkbox"/>
6a-Monthly piping tightness test (@ 0.2 gph)	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>	6a-N/A <input type="checkbox"/>	<input type="checkbox"/>
6b-Annual piping tightness test (@ 0.1gph)	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>	6b-N/A <input type="checkbox"/>	<input type="checkbox"/>
6c-Triennial tightness test (for suction/gravity piping)	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>	6c-N/A <input type="checkbox"/>	<input type="checkbox"/>
6d-Auto. line leak detector (3.0gph for pressure piping)	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>	6d-N/A <input type="checkbox"/>	<input type="checkbox"/>
7a-Weekly manual tank gauging (tanks ≤ 1,000 gal)	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A	7a- <input type="checkbox"/>	N/A
7b-Monthly tank gauging (for emer. generator tanks)	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A	7b- <input type="checkbox"/>	N/A
8-SIR-Statistical Inventory Reconciliation & inv. control	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>	8- <input type="checkbox"/>	<input type="checkbox"/>
9-Other (specify)	9- <input type="checkbox"/>		9- <input type="checkbox"/>		9- <input type="checkbox"/>		9- <input type="checkbox"/>	
<b>Spill Containment &amp; Overfill Prevention Equipment</b>								
1- Tight-fill fitting	1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>		1 - <input type="checkbox"/>	
2- Factory-built spill container/bucket/sump	2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>		2 - <input type="checkbox"/>	
3a-Delivery shut-off valve (set@ ≤95%capacity)	3a- <input type="checkbox"/>		3a- <input type="checkbox"/>		3a- <input type="checkbox"/>		3a- <input type="checkbox"/>	
3b-Flow restrictor, e.g., vent ball-float (set@ ≤90% cap.)	3b- <input type="checkbox"/>		3b- <input type="checkbox"/>		3b- <input type="checkbox"/>		3b- <input type="checkbox"/>	
3c-Alarm (set@ ≤90%), w/3a or 3b (set@ ≤98% cap.)	3c- <input type="checkbox"/>		3c- <input type="checkbox"/>		3c- <input type="checkbox"/>		3c- <input type="checkbox"/>	
4 - N/A - All deliveries to tank are ≤ 25 gal. each	4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>		4 - <input type="checkbox"/>	
<b>Stage 1/Stage 2 Vapor Recovery (Mark all that apply)</b>								
<b>1-Stage I (UST to tanker truck):</b> Installation date:	1- _____/_____/_____		1- _____/_____/_____		1- _____/_____/_____		1- _____/_____/_____	
§ Type: 1a-Stage 1 two-point system	1a- <input type="checkbox"/>		1a- <input type="checkbox"/>		1a- <input type="checkbox"/>		1a- <input type="checkbox"/>	
1b-Stage 1 coaxial system	1b- <input type="checkbox"/>		1b- <input type="checkbox"/>		1b- <input type="checkbox"/>		1b- <input type="checkbox"/>	
§ Exempt by: 1c-TCEQ Rule	1c- <input type="checkbox"/>		1c- <input type="checkbox"/>		1c- <input type="checkbox"/>		1c- <input type="checkbox"/>	
<b>2-Stage II (vehicle to UST):</b> Installation date:	2- _____/_____/_____		2- _____/_____/_____		2- _____/_____/_____		2- _____/_____/_____	
§ Type: 2a-Stage II balance system	2a- <input type="checkbox"/>		2a- <input type="checkbox"/>		2a- <input type="checkbox"/>		2a- <input type="checkbox"/>	
2b-Stage II assist system	2b- <input type="checkbox"/>		2b- <input type="checkbox"/>		2b- <input type="checkbox"/>		2b- <input type="checkbox"/>	
§ Exempt by: 2c-TCEQ Rule	2c- <input type="checkbox"/>		2c- <input type="checkbox"/>		2c- <input type="checkbox"/>		2c- <input type="checkbox"/>	

**\*\*\*MAKE A COPY OF THIS FORM FOR YOUR RECORDS\*\*\***