

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Compliance Support Division, MC 178
Water Operator Licensing Program
P.O. Box 13087
Austin, Texas 78711-3087
512/239-6300

COMMISSION USE ONLY
Received Date:
Issued Date:
Expiration Date:
Registration No. :
Region No.:
Date Fee Paid:
Amount Paid:

WATER OPERATIONS COMPANY REGISTRATION APPLICATION AND REPORT FORM

I. COMPANY INFORMATION

APPLICANT (Individual, Company, or Corpora	ite Name):				
(· · · · · · , · · · · · · · · · · · ·					
MAILING ADDRESS (i.e. P.O. BOX, STREET N	o. etc.):				
CITY		STATE:		ZIP CODE:	
GIT:	CITY:			ZIP CODE:	
BUSINESS PHONE No.:		FAX No.:			
()		()			
* STATE TAX PAYER IDENTIFICATION No.	* FEDERAL EMPLO	YER'S IDENTIFICATION No.	DATE BUSINES	SS ESTABLISHED:	
Little die 44 Pair October October 1915 In Tr		0.		N	
* Use the 11- digit State Comptroller's Ta	xpayer number or	the 9- digit Federal Employ	er's identificati	on Number.	
II. TYPE OF ACTION					
II. TIPE OF ACTION					

□ New Registration * □ Renewal Registration * □ Change Notice

*A fee is due with an application for new or renewal registration ONLY

(No fee is due when submitting the yearly report or change notice)

FEE TABLE					
NUMBER OF FACILITIES SERVED	FEE				
0 to 4	\$122.00				
5 TO 9	\$240.00				
10 TO 19	\$399.00				
20 OR MORE	\$636.00				
* Fees cover the three-year val	* Fees cover the three-year validity period of the registration				

TCEQ -00672 (Rev. 04-17-08)

III. FACILITY/ REGULATED ENTITY INFORMATION

List below all public water systems currently operated by the company during this and the preceding calendar year. Indicate type of water system, Ground Water, Surface Water, Ground Water Under the Influence of Surface Water (GUI) or Purchased Water. Please provide the number of connections for each system. Attach additional sheets if necessary.

Website for Public Water System ID Numbers: http://www3.tceq.state.tx.us/iwud/

Information must be complete or application will be returned

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	S ADDRESS (i.e. P.O. E	 BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		<u> </u>
TYPE OF SYSTEM:	☐ GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM:	☐ GROUNI	O WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM:	□ GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM:	□ GROUNI	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	ADDRESS (i.e. P.O. E	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:	1	
TYPE OF SYSTEM:	☐ GROUNI	D WATER	□ GUI	□ PURCHASED WATER

TCEQ -00672 (Rev. 04-17-08) Page 2 of 7

III. FACILITY/ REGULATED ENTITY INFORMATION - CONTINUED

PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. I	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM	: GROUN	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	│ G ADDRESS (i.e. P.O. I	│ BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM	: GROUN	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. I	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:	l	
TYPE OF SYSTEM	: GROUN	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. I	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TYPE OF SYSTEM	: □ GROUN	D WATER	□ GUI	□ PURCHASED WATER
PWS ID No. :	# CONNECTIONS	OWNERS'S NAME:		DATES OF OPERATIONS (M/Y-M/Y)
OWNER'S MAILING	G ADDRESS (i.e. P.O. I	BOX, STREET No. etc.):	CITY:	STATE: ZIP CODE:
SYSTEM NAME:		SYSTEM PHYSICAL LOCATION:		
TVDE OF SVSTEM				
TYPE OF SYSTEM	: □ GROUN	D WATER	□ GUI	□ PURCHASED WATER

TCEQ -00672 (Rev. 04-17-08)

IV. OPERATOR INFORMATION

List below the names, addresses, license type (G = Ground Water; S = Surface Water; D = Distribution) and license level (A, B, C or D) and license or social security numbers of those operators currently employed by the company. List the public water system identification number they operate. Indicate if the operator is the Chief Operator at that system. Attach additional sheets if necessary.

Information must be completed or application will be returned

OPERATOR'S NAME:									
LICENSE No. or SSN:	LICENSE No. or SSN: LEVEL of LICENSE: TYPE of		TYPE of LICENSE:	PE of LICENSE:			LICENSE EXPIRATION DATE:		
		□A□	B \square C \square D	□ G □	S	□ D			
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :	CHIEF OPERATO	R:	PWS ID No. :		CHIEF OF	PERATOR:
	□ YES	\square NO		□ YES □ N				□ YES	□ NO
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No.:	CHIEF OPERATO	R:	PWS ID No. :		CHIEF OF	PERATOR:
	□ YES	□ NO		□ YES □ N				□ YES	□ NO
OPERATOR'S MAILING	ADDRESS (i	.e. P.O. BO	(, STREET No. etc.)	:	CI	ITY:		STATE:	ZIP CODE:
					+				
OPERATOR'S NAME:									
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYPE of LICENSE:			LICENS	E EXPIRA	TION DATE:
			B \square C \square D	□ G □	S	□ D			
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :	CHIEF OPERATO	R:	PWS ID No. :		CHIEF OF	PERATOR:
	□ YES	\square NO		□ YES □ N	10			□ YES	□ NO
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No.:	CHIEF OPERATO	R:	PWS ID No. :		CHIEF OF	PERATOR:
	□ YES	□ NO		□ YES □ N				□ YES	□ NO
OPERATOR'S MAILING	ADDRESS (i	.e. P.O. BO	(, STREET No. etc.)	:	CI	ITY:		STATE:	ZIP CODE:
OPERATOR'S NAME:									
OPERATOR S NAME.									
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYPE of LICENSE:			LICENS	E EXPIRA	TION DATE:
			LICENSE:		S	□ D	LICENS	E EXPIRA	TION DATE:
	CHIEF OPE	□ A □				D PWS ID No. :			TION DATE: PERATOR:
LICENSE No. or SSN: PWS ID No. :	□ YES	□ A □ RATOR: □ NO	B C D D PWS ID No. :	CHIEF OPERATO	R: IO	PWS ID No. :		CHIEF OF	PERATOR:
LICENSE No. or SSN:		□ A □ RATOR: □ NO	B 🗆 C 🗆 D	☐ G ☐	R: IO			CHIEF OF	PERATOR:
PWS ID No. :	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B □ C □ D PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF YES CHIEF OF	PERATOR:
LICENSE No. or SSN: PWS ID No. :	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B □ C □ D PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF	PERATOR: □ NO PERATOR:
PWS ID No. :	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B □ C □ D PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF YES CHIEF OF	PERATOR:
PWS ID No. :	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B □ C □ D PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF YES CHIEF OF	PERATOR:
PWS ID No. :	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B □ C □ D PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF YES CHIEF OF	PERATOR:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING	☐ YES CHIEF OPE ☐ YES	RATOR: NO RATOR: NO	B C D PWS ID No.: PWS ID No.:	CHIEF OPERATO)R: IO)R: IO	PWS ID No. :		CHIEF OF YES CHIEF OF YES STATE:	PERATOR:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME:	☐ YES CHIEF OPE ☐ YES	A DRATOR: NO RATOR: NO .e. P.O. BO	B C D PWS ID No.: PWS ID No.:	CHIEF OPERATO CHIEF OPERATO CHIEF OPERATO YES N)R: IO)R: IO	PWS ID No. : PWS ID No. :		CHIEF OF YES CHIEF OF YES STATE:	PERATOR: NO PERATOR: NO ZIP CODE:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME:	☐ YES CHIEF OPE ☐ YES	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BO	B C D PWS ID No.: PWS ID No.: (, STREET No. etc.)	CHIEF OPERATO CHIEF OPERATO CHIEF OPERATO YES N	OR: IO OR: IO	PWS ID No. : PWS ID No. :	LICENS	CHIEF OF YES CHIEF OF YES STATE:	PERATOR: NO PERATOR: NO ZIP CODE:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME: LICENSE No. or SSN:	☐ YES CHIEF OPE ☐ YES G ADDRESS (i	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BO	B C D PWS ID No.: PWS ID No.: C, STREET No. etc.)	G	S DR:	PWS ID No. : PWS ID No. : ITY:	LICENS	CHIEF OF YES CHIEF OF YES STATE: E EXPIRA CHIEF OF	PERATOR: NO PERATOR: NO ZIP CODE: TION DATE: PERATOR: NO
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME: LICENSE No. or SSN:	☐ YES ☐ CHIEF OPE ☐ YES ☐ ADDRESS (i	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BOX	B C D PWS ID No.: PWS ID No.: C, STREET No. etc.)	CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO CHIEF OPERATO CHIEF OPERATO YES M CHIEF OPERATO CHIEF OPERATO	S DR:	PWS ID No. : PWS ID No. : ITY:	LICENS	CHIEF OF YES CHIEF OF YES STATE: E EXPIRA CHIEF OF	PERATOR: NO PERATOR: NO ZIP CODE: TION DATE: PERATOR:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME: LICENSE No. or SSN: PWS ID No. :	CHIEF OPE S ADDRESS (i	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BO LEVEL of □ A □ RATOR: □ NO RATOR: □ NO	B C D PWS ID No.: PWS ID No.: C, STREET No. etc.) LICENSE: B C D PWS ID No.:	CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M	S DR:	PWS ID No. : PWS ID No. : ITY: D PWS ID No. : PWS ID No. :	LICENS	CHIEF OF YES CHIEF OF YES E EXPIRA CHIEF OF YES CHIEF OF	PERATOR: NO PERATOR: NO ZIP CODE: TION DATE: PERATOR: NO PERATOR: NO
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME: LICENSE No. or SSN: PWS ID No. :	CHIEF OPE S ADDRESS (i	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BO LEVEL of □ A □ RATOR: □ NO RATOR: □ NO	B C D PWS ID No.: PWS ID No.: C, STREET No. etc.) LICENSE: B C D PWS ID No.:	CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M	S DR:	PWS ID No. : PWS ID No. : ITY: D PWS ID No. :	LICENS	CHIEF OF YES CHIEF OF YES STATE: E EXPIRA CHIEF OF YES CHIEF OF	PERATOR: NO PERATOR: NO ZIP CODE: TION DATE: PERATOR: NO PERATOR:
LICENSE No. or SSN: PWS ID No. : PWS ID No. : OPERATOR'S MAILING OPERATOR'S NAME: LICENSE No. or SSN: PWS ID No. :	CHIEF OPE S ADDRESS (i	A □ RATOR: □ NO RATOR: □ NO .e. P.O. BO LEVEL of □ A □ RATOR: □ NO RATOR: □ NO	B C D PWS ID No.: PWS ID No.: C, STREET No. etc.) LICENSE: B C D PWS ID No.:	CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M CHIEF OPERATO YES M	S DR:	PWS ID No. : PWS ID No. : ITY: D PWS ID No. : PWS ID No. :	LICENS	CHIEF OF YES CHIEF OF YES E EXPIRA CHIEF OF YES CHIEF OF	PERATOR: NO PERATOR: NO ZIP CODE: TION DATE: PERATOR: NO PERATOR: NO

TCEQ -00672 (Rev. 04-17-08) Page 4 of 7

IV. OPERATOR INFORMATION - CONTINUED

OPERATOR'S NAME:										
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYPE	of LICENSE:			LICEN	SE EXPIRA	TION DATE:
		\Box A \Box	B \square C \square D		□ G □ S	•	□ D			
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :		CHIEF OPERATOR	R:	PWS ID No. :		CHIEF O	PERATOR:
	□ YES	□ NO			□ YES □ NC)			□ YES	□ NO
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :		CHIEF OPERATOR	R :	PWS ID No. :		CHIEF O	PERATOR:
	□ YES	\square NO			□ YES □ NO)			□ YES	□ NO
OPERATOR'S MAILING	ADDRESS (i	i.e. P.O. BO)	(, STREET No. etc.)):		CI	TY:		STATE:	ZIP CODE:
OPERATOR'S NAME:										
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYPE	of LICENSE:			LICEN	SE EXPIRA	TION DATE:
		\Box A \Box	B \square C \square D		□ G □ S	•	□ D			
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :	1	CHIEF OPERATOR	: :	PWS ID No. :		CHIEF O	PERATOR:
	□ YES	□ NO			□ YES □ NO)			□ YES	□ NO
PWS ID No. :	CHIEF OPE		PWS ID No. :		CHIEF OPERATOR		PWS ID No. :			PERATOR:
	□ YES	□ NO			□ YES □ NO)			□ YES	□ NO
OPERATOR'S MAILING			(, STREET No. etc.)):	2 .20 2		TY:		STATE:	ZIP CODE:
	`		- ,	-						
OPERATOR'S NAME:										
LICENSE No. or SSN:		15/51 -4	LICENCE.	TVDE	- ALIOENOE			LICEN	OF EVDIDA	TION DATE:
LICENSE NO. OF SSN:		LEVEL of		IYPE	of LICENSE:			LICEN	SE EXPIRA	TION DATE:
			B \square C \square D		□ G □ S					
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No.:		CHIEF OPERATOR	? :	PWS ID No. :		CHIEF OI	PERATOR:
	☐ YES	□ NO			☐ YES ☐ NO				☐ YES	□ NO
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :		CHIEF OPERATOR	:	PWS ID No. :		CHIEF OF	PERATOR:
	□ YES	□ NO			☐ YES ☐ NO				☐ YES	□ NO
OPERATOR'S MAILING	ADDRESS (i	i.e. P.O. BO	(, STREET No. etc.)):		CI	TY:		STATE:	ZIP CODE:
ODEDATORIO NAME:										
OPERATOR'S NAME:										
LICENSE No. or SSN:		LEVEL of	LICENSE:	TYPE	of LICENSE:			LICEN	SE EXPIRA	TION DATE:
			B \square C \square D		□G□S	5 [⊐ D			
PWS ID No. :	CHIEF OPE		PWS ID No. :	1	CHIEF OPERATOR		PWS ID No. :		CHIEF O	PERATOR:
	□ YES	□ NO	1.10.2.10.1		☐ YES ☐ NO		1.0.0.0.1		□ YES	□ NO
PWS ID No. :	CHIEF OPE		PWS ID No. :		CHIEF OPERATOR		PWS ID No. :			PERATOR:
	□ YES	□ NO			☐ YES ☐ NO				□ YES	□ NO
OPERATOR'S MAILING			(. STREET No. etc.)):	<u> </u>		TY:		STATE:	ZIP CODE:
	•		,	•						
OPERATOR'S NAME:										
		T . =		1 = 1						
LICENSE No. or SSN:		_	LICENSE:	TYPE	of LICENSE:			LICEN	SE EXPIRA	TION DATE:
			B \square C \square D	1	□ G □ S	[□ D			
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :		CHIEF OPERATOR	? :	PWS ID No. :		CHIEF O	PERATOR:
	□ YES	□ NO			□ YES □ NO)			□ YES	□ NO
PWS ID No. :	CHIEF OPE	RATOR:	PWS ID No. :		CHIEF OPERATOR	? :	PWS ID No. :		CHIEF O	PERATOR:
	□ YES	□ NO			□ YES □ NO)			□ YES	□ NO
OPERATOR'S MAILING	ADDRESS (i	i.e. P.O. BO	(, STREET No. etc.)):		CI	TY:		STATE:	ZIP CODE:
										<u> </u>

TCEQ -00672 (Rev. 04-17-08) Page 5 of 7

V. COMPLIANCE HISTORY

a. List below all public systems that the company has operated that are now or have been during the past year involved in compliance related enforcement proceedings, such as an enforcement order (issued by either this agency or the U.S. Environmental Protection Agency) or other court order, judgment, etc. State the nature of the non-compliance and indicate the duration ("March-June, 2000"). Describe what corrective measures have been taken. Attach additional sheets if necessary.

PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:	<u> </u>	
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
CORRECTIVE ACTIONS TA	KEN:		
PWS ID No.:	SYSTEM OWNER NAME:	SYSTEM NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
AAAAAAAAAAA			
CORRECTIVE ACTIONS TA	KEN:		

TCEQ -00672 (Rev. 04-17-08) Page 6 of 7

V. SIGNATURE

1	
PRINT NAME	TITLE
	ation and any attachments contain no willful or negligent misrepresentation or e, and complete. I understand that any misrepresentation or falsification may eferral for enforcement action.
SIGNATURE:	DATE:

To be completed by the applicant or Chief Executive Officer of the company or corporation.

If you have questions on how to fill out this form or about the Water Licensing Program, please contact us at 512/239-6300.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

Please forward original signed forms to:

Texas Commission On Environmental Quality Compliance Support Division, MC 178 Water Operator Licensing Program P.O. Box 13087 Austin, Texas 78711-3087

TCEQ -00672 (Rev. 04-17-08) Page 7 of 7