

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Compliance Support Division, MC 178
Wastewater 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:

WASTEWATER OPERATIONS COMPANY REGISTRATION APPLICATION AND REPORT FORM

I. COMPANY INFORMATION

APPLICANT (Individual, Company, or Corporate Name):						
MAILING ADDRESS (i.e. P.O. BOX, STREET No. etc.):						
CITY:	STATE:	ZIP CODE:				
BUSINESS PHONE No.:	FAX No.:					
	()					
* STATÉ TAX PAYER IDENTIFICATION No. * FEDERA	AL EMPLOYER'S IDENTIFICATION No.	DATE BUSINESS ESTABLISHED:				
* Use the 11- digit State Comptroller's Taxpayer Number or the 9- digit Federal Employer's Identification Number.						
II. TYPE 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 validity period of the registration				

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III. DOMESTIC WASTEWATER FACILITY INFORMATION

List below all domestic wastewater treatment facilities operated by the company during this and the preceding calendar year. Attach additional sheets if necessary.

Information must be complete or application will be returned

TCEQ PERMIT No. :	PERMITEE'S NAME:		DATES OF OPERATIO	NS (M/Y-M/Y)
PERMITEE'S MAILING ADDRESS (i.e. F		CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:		·	
TCEQ PERMIT No. :	PERMITEE'S NAME:		DATES OF OPERATIO	NS (M/Y-M/Y)
				,
PERMITEE'S MAILING ADDRESS (i.e. F	P.O. BOX, STREET No. etc.):	CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:	1	1	l
TCEQ PERMIT No. :	PERMITEE'S NAME:		DATES OF OPERATIO	NS (M/Y-M/Y)
TOLK I EKIMI NO	TERMITEE O NAME:		DATES OF OF ENAME	110 (111/1 111/1)
PERMITEE'S MAILING ADDRESS (i.e. F	P.O. BOX, STREET No. etc.):	CITY:	STATE:	ZIP CODE:
FACILITY NAME:	FACILITY PHYSICAL LOCATION:			<u> </u>
	l			
TCEQ PERMIT No. :	PERMITEE'S NAME:		DATES OF OPERATIO	NS (M/Y-M/Y)
TCEQ PERMIT No. : PERMITEE'S MAILING ADDRESS (i.e. F		CITY:	DATES OF OPERATIO	NS (M/Y-M/Y) ZIP CODE:
		CITY:	Į.	
PERMITEE'S MAILING ADDRESS (i.e. F	P.O. BOX, STREET No. etc.):	CITY:	Į.	ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME:	CITY:	STATE:	ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME: TCEQ PERMIT No. :	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME:		STATE:	ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME: TCEQ PERMIT No.: PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME:	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME: P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION:		DATES OF OPERATION STATE:	NS (M/Y-M/Y) ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME: TCEQ PERMIT No. : PERMITEE'S MAILING ADDRESS (i.e. F	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME: P.O. BOX, STREET No. etc.):		STATE:	NS (M/Y-M/Y) ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME: TCEQ PERMIT No.: PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME:	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME: P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION:		DATES OF OPERATION STATE:	NS (M/Y-M/Y) ZIP CODE:
PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME: TCEQ PERMIT No. : PERMITEE'S MAILING ADDRESS (i.e. F FACILITY NAME:	P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION: PERMITEE'S NAME: P.O. BOX, STREET No. etc.): FACILITY PHYSICAL LOCATION:	CITY:	DATES OF OPERATIO	NS (M/Y-M/Y) ZIP CODE:

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IV. COLLECTION SYSTEM INFORMATION

List below all collection systems operated by the company during this and the preceding calendar year. <u>Attach additional sheets if necessary.</u>

Information must be complete or application will be returned

COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	I
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM LOCATION:	
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COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y): DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION:	
COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME:	
COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y):
COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME: COLLECTION SYSTEM LOCATION: COLLECTION SYSTEM NAME: COLLECTION SYSTEM NAME:	DATES OF OPERATION (M/Y-M/Y): DATES OF OPERATION (M/Y-M/Y):

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V. TREATMENT PLANT OPERATOR INFORMATION

List below the name, address, license number, and level of license for each wastewater treatment operator currently employed by the company. List each facility for which the operator is responsible. Indicate if that operator is the "Chief Operator" at that facility. <u>Attach additional sheets if necessary.</u>

Information must be completed or application will be returned

OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	NSE:	LICEN	SE EXPIRA	ΓΙΟΝ DATE:
OPERATOR'S MAILING	ADDRESS (i.e. P.O. BOX	, STREET No. etc.):		CITY	Y :		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		☐ YES	S 🗆 NO			□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	NSE:	LICEN	SE EXPIRA	ΓΙΟΝ DATE:
	ADDRESS (i.e. P.O. BOX			CIT			STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No.:	CHIEF OP	ERATOR:
	□ YES □ NO						☐ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No.:	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO
						T		
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	NSE:	LICEN	SE EXPIRA	ΓΙΟΝ DATE:
OPERATOR'S MAILING	ADDRESS (i.e. P.O. BOX	, STREET No. etc.):		CIT	Y:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		☐ YES	S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	NSE:	LICEN	SE EXPIRAT	FION DATE:
OPERATOR'S MAILING	ADDRESS (i.e. P.O. BOX	, STREET No. etc.):		CIT	Y :		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES				□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :		OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	
102412111111111111	☐ YES ☐ NO	102412111111111111	☐ YES		1024 12 1111111		□ YES	□ NO
	B ILO B NO		- ·-·	<u> </u>			- 120	
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	NSE:	LICEN	SE EXPIRA	TION DATE:
	ADDRESS (i.e. P.O. BOX			CIT			STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO						□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO

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V. TREATMENT PLANT OPERATOR INFORMATION - CONTINUED

OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	ENSE:	LICEN	SE EXPIRAT	TION DATE:
OPERATOR'S MAILING	ADDRESS (i.e. P.O. BOX	, STREET No. etc.):		CIT	Y:	·	STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No.:	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	ENSE:	LICEN	SE EXPIRAT	TION DATE:
OPERATOR'S MAILING	ADDRESS (i.e. P.O. BOX	(, STREET No. etc.):		CIT	Υ:		STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No.:	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE	ENSE:	LICEN		TION DATE:
	ADDRESS (i.e. P.O. BOX	,		CIT			STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	\square NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO		□ YES	S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE		LICEN		TION DATE:
	ADDRESS (i.e. P.O. BOX	,		CIT			STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No.:	CHIEF OP	ERATOR:
	☐ YES ☐ NO						☐ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO
OPERATOR'S NAME:		LICENSE No. or SSN:		LEVEL of LICE		LICEN		TION DATE:
	ADDRESS (i.e. P.O. BOX			CIT			STATE:	ZIP:
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO
TCEQ PERMIT No. :	CHIEF OPERATOR:	TCEQ PERMIT No. :	CHIEF	OPERATOR:	TCEQ PERMIT	No. :	CHIEF OP	ERATOR:
	□ YES □ NO			S 🗆 NO			□ YES	□ NO

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VI. COLLECTION SYSTEM OPERATOR INFORMATION

List below the name, address, license number, and level of license for each collection system operator <u>currently</u> <u>performing supervisory duties</u> for the company. List each system for which the operator is responsible. <u>Attach additional sheets if necessary.</u>

Information must be completed or application will be returned

OPERATOR'S NAME:			NAME OF COLLECTION SYSTEM:			
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE EXPIRATION DATE:				
OPERATOR'S MAILING ADDRESS (i.	.e. P.O. BOX, STREET No. etc.):			CITY:	STATE:	ZIP CODE:
OPERATOR'S NAME:			NAME	OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.	.e. P.O. BOX, STREET No. etc.):			CITY:	STATE:	ZIP CODE:
OPERATOR'S NAME:			NAME	OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.	.e. P.O. BOX, STREET No. etc.):			CITY:	STATE:	ZIP CODE:
OPERATOR'S NAME:		П	NAME	OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.	.e. P.O. BOX, STREET No. etc.):			CITY:	STATE:	ZIP CODE:
OPERATOR'S NAME:			NAME	OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.	.e. P.O. BOX, STREET No. etc.):			CITY:	STATE:	ZIP CODE:
OPERATOR'S NAME:			NAME	OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.		2.02.102.2		CITY:	STATE:	ZIP CODE:
OFERATOR S MAILING ADDRESS (I.	.e. F.O. BOX, STREET NO. etc.).			CITT.	SIAIE.	ZIF CODE.
OPERATOR'S NAME:			NAME	E OF COLLECTION SYSTEM:		
LICENSE No. or SSN:	LEVEL of LICENSE:	LICENSE E	XPIRA	TION DATE:		
OPERATOR'S MAILING ADDRESS (i.	e. P.O. BOX, STREET No. etc.):	•		CITY:	STATE:	ZIP CODE:

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VII. COMPLIANCE HISTORY

a. List below all facilities and/or collection 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, judgement, etc. State the nature of the non-compliance (e.g., "BOD excursions", "flow violations"...) and indicate the duration ("March-June, 2000"). Describe what corrective measures have been taken, such as "I/I repair underway", "plant expansion just completed", or "solids management plan implemented." Attach additional sheets if necessary.

TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	VIOLATION DURATION (M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:	,	
CORRECTIVE ACTIONS TA	KEN:		
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	VIOLATION DURATION
			(M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
CORRECTIVE ACTIONS TA	KEN:		
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	VIOLATION DURATION
			(M/Y-M/Y):
DESCRIPTION of VIOLATIO	N:		
CORRECTIVE ACTIONS TA	KEN:		
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	VIOLATION DURATION
			(M/Y-M/Y):
DESCRIPTION of VIOLATIO	N: 		
CORRECTIVE ACTIONS TA	KEN:		

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V. COMPLIANCE HISTORY - CONTINUED

b. List below all facilities and/or collection systems that the company has operated within the past year that have been recognized as being well operated (e.g., EPA's O&M Excellence Awards, etc.) Attach additional sheets if necessary.

TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	DATE of AWARD:	
TYPE of AWARD:		I	I .	
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	DATE of AWARD:	
TYPE of AWARD:				
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	DATE of AWARD:	
TYPE of AWARD:				
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	DATE of AWARD:	
TYPE of AWARD:		l	l	
TCEQ PERMIT No.:	PERMITEE NAME:	FACILTY NAME:	DATE of AWARD:	
TYPE of AWARD:				
VI. SIGN	IATURE			
<u>To be</u>	completed by the applicant of	r Chief Executive Officer of the com	pany or corporation.	
l,	RINT NAME	,		
Hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of this application and possible referral for enforcement action.				
SIGNATURE:		DA	TE:	

If you have questions on how to fill out this form or about the Wastewater 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 Wastewater Operator Licensing Program P.O. Box 13087 Austin, Texas 78711-3087

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