



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**DOMESTIC WASTEWATER PERMIT APPLICATION  
 CHECKLIST**

Complete and submit this checklist with the application.

APPLICANT: Aqua Texas, Inc.

PERMIT NUMBER: W00012563001

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

**For TCEQ Use Only**

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
 Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

APPLICATION FOR A DOMESTIC WASTEWATER PERMIT  
ADMINISTRATIVE REPORT 1.0

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

**Section 1. Application Fees (Instructions Page 29)**

Indicate the amount submitted for the application fee (check only one).

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input checked="" type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed      Check/Money Order Number: [REDACTED]

Check/Money Order Amount: [REDACTED]

Name Printed on Check: [REDACTED]

EPAY      Voucher Number: 437683/437684

Copy of Payment Voucher enclosed?      Yes

**Section 2. Type of Application (Instructions Page 29)**

- New TPDES
- Major Amendment *with* Renewal
- Major Amendment *without* Renewal
- Renewal without changes
- New TLAP
- Minor Amendment *with* Renewal
- Minor Amendment *without* Renewal
- Minor Modification of permit

For amendments or modifications, describe the proposed changes: [REDACTED]

**For existing permits:**

Permit Number: WQ0012563001

EPA I.D. (TPDES only): TX0090697

# TCEQ ePay Voucher Receipt

## Transaction Information

Voucher Number: 470614  
Trace Number: 582EA000393939  
Date: 07/10/2020 11:37 AM  
Payment Method: CC - Authorization 0000065993  
Amount: \$300.00  
Fee Type: WW PERMIT - FACILITY WITH FLOW < .05 MGD - RENEWAL  
ePay Actor: Abel Bautista

## Payment Contact Information

Name: Abel Bautista  
Company: Aqua Texas Inc  
Address: 2211 Louetta Road, Spring, TX 77388  
Phone: 281-651-0174

## Site Information

Site Name: CRESTWOOD WWTP  
Site Location: 1.3-M W FM 729 & FM 1969 & 4-M SW SH 49& FM 1969 IN MARION CO TX  
75630

## Customer Information

Customer Name: AQUA TEXAS INC  
Customer Address: 1106 CLAYTON LANE STE 400W, AUSTIN, TX 78723

## Other Information

Program Area ID: 0012563001

## TCEQ ePay Voucher Receipt

### Transaction Information

Voucher Number: 470615  
Trace Number: 582EA000393939  
Date: 07/10/2020 11:37 AM  
Payment Method: CC - Authorization 0000065993  
Amount: \$15.00  
Fee Type: 30 TAC 305 53B WQ RENEWAL NOTIFICATION FEE  
ePay Actor: Abel Bautista

### Payment Contact Information

Name: Abel Bautista  
Company: Aqua Texas Inc  
Address: 2211 Louetta Road, Spring, TX 77388  
Phone: 281-651-0174

Expiration Date: 2/1/2021

### Section 3. Facility Owner (Applicant) and Co-Applicant Information (Instructions Page 29)

**A. The owner of the facility must apply for the permit.**

What is the Legal Name of the entity (applicant) applying for this permit?

Aqua Texas, Inc.

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

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at <http://www.tceq.texas.gov/crpub/>

CN: 604062463

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Robert Laughman

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: President

**B. Co-applicant information.** Complete this section only if another person or entity is required to apply as a co-permittee.

What is the Legal Name of the co-applicant applying for this permit?

N/A

*(The legal name must be spelled exactly as filed with the TX SOS, with the County, or in the legal documents forming the entity.)*

If the co-applicant is currently a customer with the TCEQ, what is the Customer Number (CN)? You may search for your CN on the TCEQ website at:

<http://www.tceq.texas.gov/crpub/>

CN: [REDACTED]

What is the name and title of the person signing the application? The person must be an executive official meeting signatory requirements in 30 TAC § 305.44.

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: [REDACTED]

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Provide a brief description of the need for a co-permittee: [REDACTED]

**C. Core Data Form**

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0.

Attachment: D

**Section 4. Application Contact Information (Instructions Page 30)**

This is the person(s) TCEQ will contact if additional information is needed about this application. Provide a contact for administrative questions and technical questions.

**A. Prefix (Mr., Ms., Miss): Ms.**

First and Last Name: Stephanie Landsman

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Organization Name: Landsman Environmental LLC

Mailing Address: P.O. Box 7038

City, State, Zip Code: Houston, TX 77248

Phone No.: 281-658-5899 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: stephanie@landsmanenviro.com

Check one or both:  Administrative Contact  Technical Contact

**B. Prefix (Mr., Ms., Miss): Mr.**

First and Last Name: Abel Bautista

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Wastewater Compliance Coordinator

Organization Name: Aqua Texas, Inc.

Mailing Address: 2211 Louetta Road

City, State, Zip Code: Spring, TX 77388

Phone No.: 281-651-0174 Ext.: 54119 Fax No.: [REDACTED]

E-mail Address: abautista@aquaamerica.com

Check one or both:  Administrative Contact  Technical Contact

**Section 5. Permit Contact Information (Instructions Page 30)**

Provide two names of individuals that can be contacted throughout the permit term.

**A. Prefix (Mr., Ms., Miss): Mr.**

First and Last Name: Robert Laughman

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: President

Organization Name: Aqua Texas, Inc.

Mailing Address: 1106 Clayton Lane, Suite 400W

City, State, Zip Code: Austin, TX 78723

Phone No.: 512-990-4400 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: abautista@aquaamerica.com

B. Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Scot Foltz

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Environmental Compliance Manager

Organization Name: Aqua Texas, Inc.

Mailing Address: 1106 Clayton Lane, Suite 400W

City, State, Zip Code: Austin, TX 78723

Phone No.: 512-990-4400 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: swfoltz@aquaamerica.com

## Section 6. Billing Information (Instructions Page 30)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits *in effect on September 1 of each year*. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-20029).

Prefix (Mr., Ms., Miss): Msr

First and Last Name: Gaston Garcia

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Accounts Payable

Organization Name: Aqua Texas, Inc.

Mailing Address: 1106 Clayton Lane, Suite 400W

City, State, Zip Code: Austin, TX 78723

Phone No.: 512-990-4400 Ext.: [REDACTED]

Fax No.: [REDACTED]

E-mail Address: ggarcia@aquaamerica.com

## Section 7. DMR/MER Contact Information (Instructions Page 31)

Provide the name and complete mailing address of the person delegated to receive and submit Discharge Monitoring Reports (EPA 3320-1) or maintain Monthly Effluent Reports.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Abel Bautista

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Wastewater Compliance Coordinator

Organization Name: Aqua Texas, Inc.

Mailing Address: 2211 Louetta Road

City, State, Zip Code: Spring, TX 77388

Phone No.: 281-651-0174 Ext.: 54119 Fax No.: [REDACTED]

E-mail Address: abautista@aquaamerica.com

DMR data is required to be submitted electronically. Create an account at:  
<https://www.tceq.texas.gov/permitting/netdmr/netdmr.html>.

## Section 8. Public Notice Information (Instructions Page 31)

### A. Individual Publishing the Notices

Prefix (Mr., Ms., Miss): Ms.

First and Last Name: Stephanie Landsman

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: [REDACTED]

Organization Name: Landsman Environmental LLC

Mailing Address: P.O. Box 7038

City, State, Zip Code: Houston, TX 77248

Phone No.: 281-658-5899 Ext.: [REDACTED] Fax No.: [REDACTED]

E-mail Address: stephanie@landsmanenviro.com

### B. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

- E-mail Address
- Fax
- Regular Mail

### C. Contact person to be listed in the Notices

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Abel Bautista



Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Wastewater Compliance Coordinator

Organization Name: Aqua Texas, Inc.

Phone No.: 281-651-0174 Ext.: 54119

E-mail: abautista@aquaamerica.com

**D. Public Viewing Information**

*If the facility or outfall is located in more than one county, a public viewing place for each county must be provided.*

Public building name: Jefferson Carnegie Library

Location within the building: [REDACTED]

Physical Address of Building: 301 W. Lafayette St.

City: Jefferson County: Marion

Contact Name: [REDACTED]

Phone No.: 903-665-8911 Ext.: [REDACTED]

**E. Bilingual Notice Requirements:**

This information is required for new, major amendment, and renewal applications. It is not required for minor amendment or minor modification applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine whether an alternative language notices are required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

Yes       No

If **no**, publication of an alternative language notice is not required; **skip to** Section 9 below.

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

Yes       No

3. Do the students at these schools attend a bilingual education program at another location?

Yes       No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
- Yes       No
5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? \_\_\_\_\_

## Section 9. Regulated Entity and Permitted Site Information (Instructions Page 33)

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN101528040

Search the TCEQ's Central Registry at <http://www15.tceq.texas.gov/crpub/> to determine if the site is currently regulated by TCEQ.

B. Name of project or site (the name known by the community where located):

Crestwood Wastewater Treatment Facility

C. Owner of treatment facility: Aqua Texas, Inc.

Ownership of Facility:  Public       Private       Both       Federal

D. Owner of land where treatment facility is or will be:

Prefix (Mr., Ms., Miss): \_\_\_\_\_

First and Last Name: Aqua Texas, Inc.

Mailing Address: 1106 Clayton Lane, Suite 400W

City, State, Zip Code: Austin, TX 78723

Phone No.: 512-990-4400

E-mail Address: abautista@aquaamerica.com

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: \_\_\_\_\_

E. Owner of effluent disposal site:

Prefix (Mr., Ms., Miss): N/A

First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: \_\_\_\_\_

F. Owner of sewage sludge disposal site (if authorization is requested for sludge disposal on property owned or controlled by the applicant):

Prefix (Mr., Ms., Miss): N/A

First and Last Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Phone No.: [REDACTED] E-mail Address: [REDACTED]

If the landowner is not the same person as the facility owner or co-applicant, attach a lease agreement or deed recorded easement. See instructions.

Attachment: [REDACTED]

### Section 10. TPDES Discharge Information (Instructions Page 34)

A. Is the wastewater treatment facility location in the existing permit accurate?

Yes  No

If **no**, or a new permit application, please give an accurate description:

[REDACTED]

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

Yes  No

If **no**, or a new or amendment permit application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

[REDACTED]

City nearest the outfall(s): Jefferson

County in which the outfalls(s) is/are located: Marion

Outfall Latitude: 32.7916

Longitude: -94.5572

C. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

Yes  No

If **yes**, indicate by a check mark if:

Authorization granted  Authorization pending

For **new and amendment** applications, provide copies of letters that show proof of contact and the approval letter upon receipt.

Attachment: [REDACTED]

D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge.

N/A

**Section 11. TLAP Disposal Information (Instructions Page 36)**

A. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

- Yes     No

If no, or a new or amendment permit application, provide an accurate description of the disposal site location:

[REDACTED]

B. City nearest the disposal site: [REDACTED]

C. County in which the disposal site is located: [REDACTED]

D. Disposal Site Latitude: [REDACTED]      Longitude: [REDACTED]

E. For TLAPs, describe the routing of effluent from the treatment facility to the disposal site:

[REDACTED]

F. For TLAPs, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained:

[REDACTED]

**Section 12. Miscellaneous Information (Instructions Page 37)**

A. Is the facility located on or does the treated effluent cross American Indian Land?

- Yes     No

B. If the existing permit contains an onsite sludge disposal authorization, is the location of the sewage sludge disposal site in the existing permit accurate?

- Yes     No     Not Applicable

If No, or if a new onsite sludge disposal authorization is being requested in this permit

application, provide an accurate location description of the sewage sludge disposal site.

C. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

- Yes     No

If yes, list each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

D. Do you owe any fees to the TCEQ?

- Yes     No

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

- Yes     No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

### Section 13. Attachments (Instructions Page 38)

Indicate which attachments are included with the Administrative Report. Check all that apply:

- Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- Original full-size USGS Topographic Map with the following information:
  - Applicant's property boundary
  - Treatment facility boundary
  - Labeled point of discharge for each discharge point (TPDES only)
  - Highlighted discharge route for each discharge point (TPDES only)
  - Onsite sewage sludge disposal site (if applicable)
  - Effluent disposal site boundaries (TLAP only)
  - New and future construction (if applicable)
  - 1 mile radius information

- 3 miles downstream information (TPDES only)
- All ponds.
- Attachment 1 for Individuals as co-applicants
- Other Attachments. Please specify: [REDACTED]

**Section 14. Signature Page (Instructions Page 39)**

Permit Number: WQ0012563-001 (Crestwood WWTP)

Applicant: Aqua Texas, Inc.

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Robert Laughman

Signatory title: President

AB  
Signature:

[Handwritten Signature]  
(Use blue ink)

Date:

7/26/20

Subscribed and Sworn to before me by the said Robert Laughman

on this 16<sup>th</sup>

day of July

, 20 20

My commission expires on the 13<sup>th</sup>

day of Aug.

, 20 20

[Handwritten Signature]  
Notary Public



HARRIS  
County, Texas

*If co-applicants are necessary, each entity must submit an original, separate signature page.*

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

**FOR AGENCIES REVIEWING DOMESTIC  
TPDES WASTEWATER PERMIT APPLICATIONS**

**TCEQ USE ONLY:**

Application type:  Renewal  Major Amendment  Minor Amendment  New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

Texas Historical Commission

U.S. Fish and Wildlife

Texas Parks and Wildlife Department

U.S. Army Corps of Engineers

**This form applies to TPDES permit applications only.** (Instructions, Page 53)

The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

**Do not refer to a response of any item in the permit application form.** Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: Aqua Texas, Inc.

Permit No. WQ00 12563001

EPA ID No. TX 0090697

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

approximately 1.3 miles west of the intersection of Farm-to-Market Road 729 and Farm-to-Market Road 1969 and approximately 4 miles southwest of the intersection of State Highway 49 and Farm-to-Market Road 1969, Jefferson, Marion County.



Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Abel Bautista

Credential (P.E, P.G., Ph.D., etc.): [REDACTED]

Title: Wastewater Compliance Coordinator

Mailing Address: 2211 Louetta Road

City, State, Zip Code: Spring, TX 77388

Phone No.: 281-651-0174 Ext.: 54119 Fax No.: [REDACTED]

E-mail Address: abautista@aquaaamerica.com

2. List the county in which the facility is located: Marion
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

N/A

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

Directly to Lake O' the Pines in Segment No. 0403 of the Cypress Creek Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- Proposed access roads, utility lines, construction easements
- Visual effects that could damage or detract from a historic property's integrity
- Vibration effects during construction or as a result of project design
- Additional phases of development that are planned for the future
- Sealing caves, fractures, sinkholes, other karst features

Disturbance of vegetation or wetlands

6. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

none

7. Describe existing disturbances, vegetation, and land use:

none

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

8. List construction dates of all buildings and structures on the property:

9. Provide a brief history of the property, and name of the architect/builder, if known.