

JUL 22 2019

**REQUEST FOR AGENDA PLACEMENT FORM**

Submission Deadline - Tuesday, 12:00 PM before Court Dates

**Approved**

**SUBMITTED BY:** David Disheroon      **TODAY'S DATE:** 07/16/2019

**DEPARTMENT:** Public Works

**SIGNATURE OF DEPARTMENT HEAD:** \_\_\_\_\_

**REQUESTED AGENDA DATE:** 07/22/2019

**SPECIFIC AGENDA WORDING:** Consideration of and Authorization to Sign Texas Commission On Environmental Quality Core Data Form (TCEQ-10400) - Public Works Department

**PERSON(S) TO PRESENT ITEM:** David Disheroon

**SUPPORT MATERIAL:** (Must enclose supporting documentation)

**TIME:** 10 minutes

**ACTION ITEM:** X

**WORKSHOP** \_\_\_\_\_

(Anticipated number of minutes needed to discuss item) **CONSENT:** \_\_\_\_\_

**EXECUTIVE:** \_\_\_\_\_

**STAFF NOTICE:**

**COUNTY ATTORNEY:** \_\_\_\_\_ **IT DEPARTMENT:** \_\_\_\_\_

**AUDITOR:** \_\_\_\_\_ **PURCHASING DEPARTMENT:** \_\_\_\_\_

**PERSONNEL:** \_\_\_\_\_ **PUBLIC WORKS:** X

**BUDGET COORDINATOR:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE: \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_



TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 60269933		RN 105601819

## SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	05/28/2019	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<b>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</b>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
Johnson County		N/A	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		75-6001030	
11. Type of Customer: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual                      Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following:			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:			
Johnson County			
2 North Mill Steet, Suite 305			
City	Cleburne	State	TX    ZIP    76033    ZIP + 4    5500
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
N/A		davidd@johnsoncountytexas.org	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 817 ) 556-6380			( 817 ) 556-6391

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<b>The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC.)</b>	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Johnson County MS4	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County	Johnson County						

**Enter Physical Location Description if no street address is provided.**

25. Description to Physical Location:	Area within the unincorporated Johnson County limits that are located within the Dallas-Fort Worth-Arlington Urbanized area						
26. Nearest City	Cleburne				State	TX	Nearest ZIP Code
							76033
27. Latitude (N) In Decimal:	32.346934			28. Longitude (W) In Decimal:	-97.386936		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)			
9111		92119					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
County Government							
34. Mailing Address:	2 North Mill Street, Suite 305						
	City	Cleburne	State	TX	ZIP	76033	ZIP + 4
35. E-Mail Address:	davidd@johnsoncountytexas.org						
36. Telephone Number		37. Extension or Code		38. Fax Number <i>(if applicable)</i>			
(817) 556-6380				( ) .			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

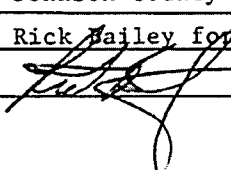
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

**SECTION IV: Preparer Information**

40. Name:	Sammy Baxter	41. Title:	Inspector
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 556-6380	1859	(817) 556-6391	sbaxter@johnsoncountytexas.org

**SECTION V: Authorized Signature**

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II. Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Johnson County	Job Title:	Commissioner Pct #1
Name <i>(In Print)</i> :	Rick Bailey for County Judge Roger Harmon	Phone:	817) 556-6360
Signature:		Date:	July 22 2019