TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER APPLICATION CHECKLIST FOR
OIL AND GAS EXTRACTION PERMITS
ISSUED UNDER TEXAS WATER CODE CHAPTER 26

**Complete and submit this checklist with the application.**

APPLICANT NAME: Click to enter text.

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

**Y N**

**Y N**

Administrative Report 1.0 [ ]    [ ]

Administrative Report 1.1 [ ]    [ ]

SPIF [ ]    [ ]

Core Data Form [ ]    [ ]

Public Involvement Plan Form [ ]    [ ]

Plain Language Summary [ ]    [ ]

Technical Report 1.0 [ ]    [ ]

Worksheet 1.0 [ ]    [ ]

Worksheet 2.0 [ ]    [ ]

Worksheet 3.0 [ ]    [ ]

Worksheet 3.1 [ ]    [ ]

Worksheet 3.2 [ ]    [ ]

Worksheet 3.3 [ ]    [ ]

Worksheet 4.0 [ ]    [ ]

Worksheet 4.1 [ ]    [ ]

Worksheet 5.0 [ ]    [ ]

Worksheet 6.0 [ ]    [ ]

Worksheet 7.0 [ ]    [ ]

Worksheet 8.0 [ ]    [ ]

Worksheet 9.0 [ ]    [ ]

Worksheet 10.0 [ ]    [ ]

Worksheet 11.0 [ ]    [ ]

Worksheet 11.1 [ ]    [ ]

Worksheet 11.2 [ ]    [ ]

Worksheet 11.3 [ ]    [ ]

Worksheet 12.0 [ ]    [ ]

Original USGS Map [ ]    [ ]

Affected Landowners Map [ ]    [ ]

Landowner Disk or Labels [ ]    [ ]

Flow Diagram [ ]    [ ]

Site Drawing [ ]    [ ]

Original Photographs [ ]    [ ]

Design Calculations [ ]    [ ]

Solids Management Plan [ ]    [ ]

Water Balance [ ]    [ ]

For TCEQ Use Only

Segment Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0 FOR
OIL AND GAS EXTRACTION PERMITS
ISSUED UNDER TEXAS WATER CODE CHAPTER 26

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435.

Please download and follow the instructions for Completing the Oil and Gas Extraction Administrative Report ([TCEQ Form-20893-inst](https://www.tceq.texas.gov/publications/search_forms.html)[[1]](#footnote-1)). Contact the Industrial Permits Team (Oil and Gas Permits) at 512-239-4671 with any questions about completing this report.

1. TYPE OF APPLICATION AND FEES (Instructions, Page 8)
2. For facilities currently authorized by EPA and/or RRC, provide the following information:

RRC Permit No., if applicable: Click to enter text. Expiration Date: Click to enter text.

EPA ID No., if applicable: TX0Click to enter text. Expiration Date: Click to enter text.

1. Check the box next to the appropriate application type.

[ ]    New TPDES permit

[ ]    Major amendment with renewal

[ ]    Renewal with changes

[ ]    Minor amendment without renewal

[ ]    Major amendment without renewal

[ ]    Renewal without changes

[ ]    Minor modification without renewal

1. If applying for an **amendment** or **modification** of a permit, describe the request in detail (include attachments as necessary): Click to enter text.
2. Check the box next to the amount submitted for the application fee

Application Fee:

| **EPA Classification** | **New** | **Major Amendment (With or Without Renewal)** | **Renewal(With or Without Changes)** | **Minor Amendment/ Minor Modification (Without Renewal)** |
| --- | --- | --- | --- | --- |
| Minor facility | [ ]    $1,250 | [ ]    $1,250 | [ ]    $1,215 | [ ]    $150 |
| Major facility | N/A \* | [ ]    $2,050 | [ ]    $2,015 | [ ]    $450 |

\* All facilities are designated as minors until formally classified as a major by EPA.

e. Payment Information:

| Mailed | Check or money order number: Click to enter text. |
| --- | --- |
|  | Check or money order amount: Click to enter text. |
|  | Named printed on check or money order: Click to enter text. |
| ePAY | Voucher number: Click to enter text. |
|  | Copy of voucher attached? [ ]   Yes **Attachment**: Click to enter text. |

1. APPLICANT INFORMATION (Instructions, Page 8)
2. Facility Owner (Owner of the facility must apply for the permit.)

Provide the legal name of the entity (applicant) applying for this permit: Click to enter text.

(The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, provide the Customer Number, which can be located using the [TCEQ’s Central Registry Customer Search](https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch)[[2]](#footnote-2): **CN**Click to enter text.

Provide 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: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

1. Co-applicant (Operator of the facility, if different from the owner of the facility) Information

Provide the legal name of the co-applicant applying for this permit, if applicable: Click to enter text.

(The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.)

If the co-applicant is currently a customer with the TCEQ, provide the Customer Number, which can be located using the [TCEQ’s Central Registry Customer Search](https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch): **CN**Click to enter text.

Provide 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: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Provide a brief description of the need for a co-applicant: Click to enter text.

1. 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 the Administrative Report.

**Attachment:** Click to enter text.

1. APPLICATION CONTACT INFORMATION (Instructions, Page 9)

If the TCEQ needs additional information regarding this application, who should be contacted?

1. Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

Check one or both: [ ]     Administrative Contact [ ]     Technical Contact

1. Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

Check one or both: [ ]     Administrative Contact [ ]     Technical Contact

**Attachment:** Click to enter text.

1. PERMIT CONTACT INFORMATION (Instructions, Page 9)

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

1. Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

1. Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

**Attachment:** Click to enter text.

1. BILLING CONTACT INFORMATION (Instructions, Page 9)

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 (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee’s representative responsible for payment of the invoice.

Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

1. DMR CONTACT INFORMATION (Instructions, Page 10)

Provide the name and mailing address of the person delegated to receive and submit DMRs.

Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

DMR data must be submitted through the [NetDMR](https://www.tceq.texas.gov/permitting/netdmr)[[3]](#footnote-3) system. An electronic reporting account can be established once the facility has obtained the permit number.

1. NOTICE INFORMATION (Instructions, Page 11)
2. Individual Publishing the Notices

Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City/State/ZIP Code: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

1. Method for Receiving Notice of Receipt and Intent (NORI) to Obtain a Water Quality Permit Package (only for the NORI, the second notice package will be sent via regular mail)

[ ]    E-mail: Click to enter text.

[ ]    Fax: Click to enter text.

[ ]    Regular Mail (USPS) – Mailing Address (include City/State/Zip): Click to enter text.

1. Contact in the Notice

Prefix: Click to enter text. Full Name (Last/First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

Phone No.: Click to enter text. E-mail: Click to enter text.

1. Public Place Information

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

Public building name: Click to enter text. Location within the building: Click to enter text.

Physical Address of Building: Click to enter text.

City: Click to enter text. County: Click to enter text.

1. Bilingual Notice Requirements:

This information **is required** for **new, major amendment, minor amendment or minor modification, and renewal 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.

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** Item 8 (REGULATED ENTITY AND PERMITTED SITE INFORMATION.)

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

[ ]    Yes [ ]    No

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

[ ]    Yes [ ]    No

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

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? Click to enter text.

1. Plain Language Summary Template

Complete the Plain Language Summary ([TCEQ Form-20972](https://www.tceq.texas.gov/publications/search_forms.html)) and include as an attachment.

**Attachment:** Click to enter text.

1. Public Involvement Plan Form

Complete the Public Involvement Plan Form ([TCEQ Form-20960](https://www.tceq.texas.gov/publications/search_forms.html)) for each application for a new permit or major amendment to a permit and include as an attachment.

**Attachment:** Click to enter text.

1. REGULATED ENTITY AND PERMITTED SITE INFORMATION (Instructions Page 11)

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. [Search the TCEQ’s Central Registry](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch)[[4]](#footnote-4) to determine the RN or to see if the larger site may already be registered as a regulated site:

If the site is found, provide the assigned RN and the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

1. TCEQ issued Regulated Entity Number (RN): **RN**Click to enter text.
2. Name of project/site/facility (the name known by the community where located): Click to enter text.
3. Provide an address for the facility or a description of the facility location using the proximity of the facility to the nearest intersection: Click to enter text.
4. If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.
5. Ownership of facility: [ ]    Public [ ]    Private [ ]    Both [ ]    Federal
6. TDPES DISCHARGE INFORMATION (Instructions, Page 12)
7. Is the facility located on or does the treated effluent cross American Indian Land?

[ ]    Yes [ ]    No

1. Attach an **original** full size USGS Topographic Map (or an 8.5"×11" **reproduced** portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.

[ ]    One-mile radius and three-miles downstream information

[ ]    Facility boundaries

[ ]    State tract or lease block boundaries

[ ]    Labeled point(s) of discharge and highlighted discharge route(s)

[ ]    All wastewater ponds

[ ]    New and future construction

[ ]    Labeled and highlighted parks, playgrounds, and schoolyards

[ ]    Attachment: Click to enter text.

1. Provide the state tract or lease block number and state tract or lease block name, and well numbers associated with the discharged water: Click to enter text.
2. Provide an accurate description of the point(s) of discharge and the discharge route(s): Click to enter text.
3. City nearest the outfall(s): Click to enter text.
4. County or counties in which the outfalls(s) is/are located: Click to enter text.
5. 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:** Click to enter text.

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. Click to enter text.

1. MISCELLANEOUS INFORMATION (Instructions, Page 14)
2. 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: Click to enter text.

1. Do you owe any fees to the TCEQ?

[ ]    Yes [ ]    No

If **yes**, provide the following:

Acct. No.: Click to enter text.

Amt. due: Click to enter text.

1. Do you owe any penalties to the TCEQ?

[ ]    Yes [ ]    No

If **yes**, provide the following:

Enforcement Order No.: Click to enter text.

Amt. due: Click to enter text.

1. SIGNATURE PAGE (Instructions, Page 15)

Applicant Name: Click to enter text.

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): Click to enter text.

Signatory title: Click to enter text.

Signature: Date:

(Use blue ink)

Subscribed and Sworn to before me by the said

on this day of , 20 .

My commission expires on the day of , 20 .

Notary Public [SEAL]

County, Texas

If a co-applicant is necessary, each entity must submit an original, separate signature page.

INDUSTRIAL WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.1 FOR

OIL AND GAS EXPLORATION AND PRODUCTION

PERMITS ISSUED UNDER TEXAS WATER CODE CH. 26

The following information is required for **new** and **amendment** applications.

1. AFFECTED LANDOWNER INFORMATION (Instructions, Page 16)
2. Landowner Map Components

Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.

[ ]    The facility’s boundaries.

[ ]    The property boundaries of all properties adjacent to the facility’s boundaries.

[ ]    The property boundaries of all properties within the facility’s boundaries.

[ ]    The property boundaries of all properties overlapping the facility’s boundaries.

[ ]    The property boundaries of all properties adjacent to any property overlapping the facility’s boundaries.

[ ]    The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream of the discharge point(s).

[ ]    The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the discharge point(s).

[ ]    The property boundaries of the landowners along the watercourse for a one-half mile radius from the discharge point(s) if the discharge is into a lake, bay, estuary, or affected by tides.

**Attachment:** Click to enter text.

1. Landowner List Media

Check the box next to the format of the landowners list:

[ ]    Readable/Writeable CD or USB [ ]    Four sets of labels

1. Cross-Referenced Landowner List

[ ]    Check this box to confirm a separate list with the landowners’ names and mailing addresses cross-referenced to the landowner map has been attached.

**Attachment:** Click to enter text.

1. Landowner Data Source

Provide the source of the landowners’ names and mailing addresses: Click to enter text.

1. School Fund Land

As required by TWC § 5.115, is any permanent school fund land affected by this application?

[ ]    Yes [ ]    No

If **yes**, provide the location and foreseeable impacts and effects this application has on the land(s): Click to enter text.

1. ORIGINAL PHOTOGRAPHS (Instructions, Page 18)

Provide original ground-level photographs. Indicate the following information is provided.

[ ]    At least one original photograph of the new or expanded facility location.

[ ]    At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.

[ ]    A plot plan or map showing the location and direction of each photograph.

**Attachment:** Click to enter text.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

**Attachment:** Click to enter text.

**WATER QUALITY PERMIT**

**PAYMENT SUBMITTAL FORM**

**Use this form to submit the Application Fee, if mailing the payment.**

Complete items 1 through 5 below.

Staple the check or money order in the space provided at the bottom of this document.

Do not mail this form with the application form.

Do not mail this form to the same address as the application.

Do not submit a copy of the application with this form as it could cause duplicate permit entries.

**Mail this form and the check or money order to:**

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

P.O. Box 13088

Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

12100 Park 35 Circle

Austin, Texas 78753

**Fee Code: WQP Permit No: WQ000**Click to enter text.

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

Name of Project or Site: Click to enter text.

Physical Address of Project or Site: Click to enter text.

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**

ATTACHMENT 1

INDIVIDUAL INFORMATION

1. Individual information (Instructions, Page 18)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., or Miss): Click to enter text.

Full legal name (first, middle, and last): Click to enter text.

Driver’s License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

City, State, and Zip Code: Click to enter text.

Phone No.: Click to enter text.

Fax No.: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

**For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications for Oil and Gas Exploration and Production. To ensure the timely processing of this application, please review the items below and indicate by checking Yes that each item is complete and in accordance applicable rules at 30 TAC Chapters 26, 281, and 305. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until the items below have been addressed.

Core Data Form (TCEQ Form No. 10400) [ ]    Yes

(Required for all applications types. Must be completed in its entirety and signed.

Note: Form may be signed by applicant representative.)

Correct and Current Industrial Wastewater Permit Application Forms [ ]    Yes

(TCEQ Form Nos. 10055 and 20893. Version dated 5/10/2019 or later.)

Water Quality Permit Payment Submittal Form (Page 14) [ ]    Yes

*(Original payment sent to TCEQ Revenue Section.*

*See instructions for mailing address.)*

7.5 Minute USGS Quadrangle Topographic Map Attached [ ]    Yes

*(Full-size map if seeking “New” permit.*

*8 ½ x 11 acceptable for Renewals and Amendments.)*

Landowners Map [ ]    N/A [ ]    Yes

*(See instructions for landowner requirements.)*

**Things to Know:**

* All the items shown on the map must be labeled.
* The facility’s complete property boundaries must be delineated.
* The complete property boundaries of all properties adjacent to, within, or overlapping the facility’s boundaries and all properties adjacent to any property overlapping the facility’s boundaries must be delineated.
* If the facility’s property is adjacent to a road, creek, or stream, the landowners on the opposite side must also be identified. Although the properties are not adjacent to facility’s property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

Landowners Cross Reference List [ ]    N/A [ ]    Yes

*(See instructions for landowner requirements.)*

Landowners Labels or CD-RW attached [ ]    N/A [ ]    Yes

*(See instructions for landowner requirements.)*

Original signature per 30 TAC § 305.44 – Blue Ink Preferred [ ]    Yes

*(If signature page is not signed by an elected official or principle executive officer,*

*a copy of signature authority/delegation letter must be attached.)*

Plain Language Summary [ ]    Yes

1. <https://www.tceq.texas.gov/publications/search_forms.html> [↑](#footnote-ref-1)
2. <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch> [↑](#footnote-ref-2)
3. https://www.tceq.texas.gov/permitting/netdmr [↑](#footnote-ref-3)
4. <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch> [↑](#footnote-ref-4)