



# TCEQ Core Data Form

TCEQ Use Only

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (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
<b>2. Customer Reference Number (if issued)</b>	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number (if issued)</b>
CN 600739957		RN 105706519

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<input type="checkbox"/> New Customer		<input 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>				
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			If new Customer, enter previous Customer below:	
Fort Bend County Drainage District				
<b>7. TX SOS/CPA Filing Number</b>	<b>8. TX State Tax ID</b> (11 digits)	<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>	<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:	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>		
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>14. Customer Role</b> (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:
<b>15. Mailing Address:</b>	PO Box 1028			
	City	Rosenberg	State	TX
	ZIP	77471	ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
			adam.wright@fortbendcountytexas.gov	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)
( 281 ) 342-0141				( 281 ) 342-9130

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (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 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>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)	
Fort Bend County drainage District MS4	

<b>23. Street Address of the Regulated Entity:</b> <i>(No PO Boxes)</i>											
		<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>ZIP + 4</b>			
<b>24. County</b>		Fort Bend									
<b>Enter Physical Location Description if no street address is provided.</b>											
<b>25. Description to Physical Location:</b>		Area within Fort Bend County that is located within the Houston urbanized area.									
<b>26. Nearest City</b>						<b>State</b>		<b>Nearest ZIP Code</b>			
Rosenberg						TX		77471			
<b>27. Latitude (N) In Decimal:</b>			29.579222			<b>28. Longitude (W) In Decimal:</b>			-95.621944		
Degrees			Minutes			Seconds			Degrees		
<b>29. Primary SIC Code (4 digits)</b>			<b>30. Secondary SIC Code (4 digits)</b>			<b>31. Primary NAICS Code (5 or 6 digits)</b>			<b>32. Secondary NAICS Code (5 or 6 digits)</b>		
9121											
<b>33. What is the Primary Business of this entity?</b> <i>(Do not repeat the SIC or NAICS description.)</i>											
Drainage District											
<b>34. Mailing Address:</b>		PO Box 1028									
		<b>City</b>	Rosenberg	<b>State</b>	TX	<b>ZIP</b>	77471	<b>ZIP + 4</b>			
<b>35. E-Mail Address:</b>			adam.wright@fortbendcountytexas.gov								
<b>36. Telephone Number</b>				<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>				
( 281 ) 342-141							( 281 ) 342-9130				

**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	TXR040383	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	<input type="checkbox"/> Waste Water			

#### **SECTION IV: Preparer Information**

<b>40. Name:</b>	Brian French	<b>41. Title:</b>	Environmental Scientist
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 409 ) 554-8972		( 409 ) 833-0317	bfrench@lja.com

#### **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.

<b>Company:</b>	Fort Bend County	<b>Job Title:</b>	County Judge
<b>Name(In Print) :</b>	KP George	<b>Phone:</b>	( 281 ) 342-0141
<b>Signature:</b>		<b>Date:</b>	