



**aNotice of Intent (NOI) for Small Municipal  
Separate Storm Sewer Systems (MS4) authorized  
under TPDES Phase II MS4 General Permit  
TXR040000**

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**IMPORTANT:**

Use the INSTRUCTIONS to fill out each question in this form.

Once approved, your permit authorization can be viewed at:

<http://www.tceq.texas.gov/goto/wq-dpa>

**APPLICATION FEE:**

You must pay the **\$400** Application Fee to TCEQ for the application to be complete.

Payment and NOI must be mailed to separate addresses.

You can pay online at: <http://www.tceq.texas.gov/goto/epay>

Select Fee Type: GENERAL PERMIT MS4 PHASE II STORMWATER DISCHARGE NOI  
APPLICATION

**Provide your payment information below, for verification of payment:**

Mailed Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY Voucher Number:

Is a copy of the Payment Voucher enclosed?  Yes

**One (1) copy of the NOI, Stormwater Management Program (SWMP) cover sheet, and SWMP MUST be submitted with the original NOI, SWMP cover sheet, and SWMP.**

Is the copy attached?  Yes

**REASON FOR APPLICATION:**

Select the reason you are submitting this application:

New authorization

Renewal of authorization number: TXR040045

**Note: An authorization cannot be renewed after July 23, 2019**

### **Section 1. OPERATOR (Applicant)**

- a) If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CN 601229107
- b) What is the exact Legal Name of the entity (applicant) applying for this permit?  
Fort Bend County
- c) Complete and attach a Core Data Form (TCEQ-10400) for this customer.

### **Section 2. ANNUAL BILLING CONTACT**

The operator is responsible for paying the annual water quality fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The operator is responsible for terminating the permit when it is no longer needed.

Provide the name and contact information of the billing contact.

Prefix (Mr. or Ms.): Mr.

First and Last Name: Sean Eglinton, P.E., CFM

Title: Assistant County Engineer

Organization Name: Fort Bend County

Phone Number: 281-633-7500

Fax Number: 281-342-7366

Email: sean.eglinton@fortbendcountytexas.gov

Mailing Address: 301 Jackson

City, State, and Zip Code: Richmond, Texas 77469

### **Section 3. APPLICATION CONTACT**

This is the person TCEQ will contact if additional information is needed about this application.

Provide the name and contact information of the application contact.

Prefix (Mr. or Ms.): Mr.

First and Last Name: Brian French

Title: Environmental Scientist

Organization Name: LJA Engineering

Phone Number: 409-554-8972

Fax Number: 409-833-0317

Email: bfrench@lja.com

Mailing Address: 2615 Calder, Suite 500

City, State, and Zip Code: Beaumont, Texas 77702

#### Section 4. REGULATED ENTITY (RE) INFORMATION FOR SITE

- a) If this is an existing permitted site, what is the Regulated Entity Number (RN) issued to this site? RN 105481550
- b) Name of site as known by the local community:  
Fort Bend County
- c) Name of the urbanized area(s) the Phase II MS4 is located within:  
Houston Urbanized Area
- d) Provide a brief description of the regulated MS4 boundaries: *Example: Area within the City of XXXX limits that is located within the xxx urbanized area:*  
Area within the County of Fort Bend County that is located within the Houston urbanized area.

#### Section 5. GENERAL CHARACTERISTICS

- a) Is this site located on Indian Country Lands?
- Yes, do not submit this form. You must obtain authorization through U.S. EPA Region 6.
- No, continue to item b
- b) Has TCEQ formally "designated" the small MS4 as needing coverage under this general permit?
- Yes. Attach a copy of the documentation sent to the MS4 by TCEQ.
- No
- c) Select the MS4 level, which is based on the population served within the urbanized area (UA) **based on the most recent Decennial Census at the time of issuance of the general permit.**
- Level 1:** Traditional small MS4s with a population of less than 10,000.
- Level 2:** Traditional small MS4s with a population of at least 10,000 but less than 40,000.
- Non-traditional MS4s: This level also includes all non-traditional small MS4s regardless of population unless the non-traditional MS4 can demonstrate that it meets the criteria for a waiver from permit coverage. *Examples of non-traditional small MS4s include counties, drainage districts, transportation entities, military bases, universities, colleges, correctional institutions, municipal utility districts, and other special districts.*
- Level 3:** Traditional small MS4s with a population of at least 40,000 but less than 100,000.
- Level 4:** Traditional small MS4s with a population of 100,000 or more.
- d) What is the estimated current population served by your MS4 (regulated area?)
- \_\_\_\_\_ People



*(urbanized and non-urbanized areas) in the SWMP and implement all MCMs 1-7 in the urbanized and non-urbanized areas.*

5. Provide the name and contact information of the person responsible for implementing or coordinating implementation of the SWMP.

Prefix (Mr. or Ms.): Mr.

First and Last Name: Sean Eglinton, P.E. CFM

Title: Assistant County Engineer

Organization Name: Fort Bend County

Phone Number: 281-633-7500

Fax Number: 281-342-7366

Email: sean.eglinton@fortbendcountytexas.gov

Mailing Address: 301 Jackson

City, State, and Zip Code: Richmond, Texas 77469

i) Discharge Information

1. What is the name of the waterbody(ies) receiving stormwater discharges from the MS4? Several named and unnamed bayous, creeks, rivers, and water bodies.
2. What is the classified segment number(s) that the discharges will eventually reach? 1202; 1245; 1102; 1110

Does the small MS4 discharge directly or indirectly into the classified segment(s)?

Directly

Indirectly

3. Are any of the waterbody(ies) receiving discharges from the small MS4 identified as impaired waters (Category 4 or 5) in the *Texas Integrated Report of Surface Water Quality*?

Yes

What is the name of the impaired waterbody(ies) receiving the discharge from the small MS4? 1102 - Clear creek Above Tidal; 1110 - Oyster Creek Above Tidal

What is/are the pollutant(s) of concern? Bacteria; Depressed Dissolved Oxygen; PCBs in Edible tissue

No

4. Does the impaired water body(ies) have a TMDL (Category 4 waterbody)?

Yes

What is/are the pollutants with a TMDL? Bacteria; Dissolved Oxygen

No

5. Does your MS4 discharge into any other MS4 entity's jurisdiction prior to discharge into water in the state?

Yes

What is the name of the MS4 operator? Fort Bend County Drainage District

No

6. Edwards Aquifer Rule

Is the discharge or potential discharge within the Recharge Zone, Contributing Zone, within the Contributing Zone within the Transition Zone, or zero to ten (0 to 10) miles upstream of the Recharge Zone of the Edwards Aquifer?

Yes - **NOTE: A copy of the agency approved Water Pollution Abatement Plan (WPAP) required by the Edwards Aquifer Rule (30 TAC Chapter 213) must be either included or referenced in the SWMP.**

No

- j) Public Participation Process

1. Provide the name and contact information of the person responsible for publishing notice of the executive director's preliminary determination on the MS4's NOI and SWMP?

Prefix (Mr. or Ms.): Mr.

First and Last Name: Brian French

Title: Environmental Scientist

Company: LJA Engineering

Phone Number: 409-554-8972

Fax Number: 409-833-0317

Email: bfrench@lja.com

Mailing Address: 2615 Calder

Internal Routing (Mail Code, Etc.): Suite 500

City, State, and Zip Code: Beaumont, Texas 77702

2. Provide the name and location of the public place where copies of the NOI, SWMP, Small MS4 General Permit TXR040000, and general permit fact sheet may be viewed and copied by the public?

Name of Public Place: Fort Bend County Engineering Department

Address of Public Place: 301 Jackson St. Richmond, TX 77469

County of Public Place: Fort Bend County

3. Provide the address for the website where the MS4's SWMP and annual report will be posted. www.ljams4.com/fortbend

Do not have a website.

**Section 6. CERTIFICATION**

I certify that I have obtained a copy and understand the terms and conditions of the Phase II (Small) MS4 General Permit TXR040000 issued January 24, 2019.

Yes

I certify that the small MS4 qualifies for coverage under the Phase II (Small) MS4 General Permit TXR040000.

Yes

I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed.

Yes

I understand that authorizations active on September 1<sup>st</sup> of each year will be assessed an Annual Water Quality Fee.

Yes

**Operator Certification**

Operator Signatory Name: KP George

Operator Signatory Title: County Judge

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.

Signature (use blue ink):  Date: 6.4.2019

# STORMWATER MANAGEMENT PROGRAM (SWMP) COVER SHEET

This cover sheet **MUST** be attached to the front of the SWMP.

## Operator

Operator name: \_\_\_\_\_

## Required Program Elements

The SWMP needs to include:

- BMPs and measurable goals that are clear, specific, and measurable,
- Annual Reporting Year selected, and
- Estimated population served by the MS4.

## Legal Authorities

Include in the SWMP the list of local legal authorities (i.e., ordinance, rule) that the MS4 has adopted to implement any of the MCMs. List all and what MCM they each cover.

## Minimum Control Measures

For each MCM, complete the table by entering the page number where the required element can be found in the SWMP

### MCM 1: Public Education, Outreach, and Involvement

Table 1: Required Elements for MCM 1

MCM 1 Required Elements	SWMP page number
SWMP includes a stormwater education and outreach program to educate public employees, business, and the general public about hazards associated with the illegal discharges and improper disposal of waste and about the impacts stormwater can have on water quality, and steps they can take to reduce pollutants in stormwater	
Clearly define the goals and objectives of the program based on high-priority community-wide issues	
Identify the target audiences	
Develop or use appropriate educational material	
Procedures to distribute educational material	
Make the educational material available to the target audience at least annually	

MCM 1 Required Elements	SWMP page number
Post the SWMP and annual reports on the MS4's website, if the MS4 has a website	
Include the MS4's website address where the SWMP and annual reports will be found, if the MS4 has a website	
SWMP includes a program that complies with state and local public notice requirements	
Include public input in the implementation of the program	
Include opportunities for citizen to participate in implementation of control measures	
Ensure the public can easily can find information about the SWMP.	
SWMP lists Best Management Practices (BMPs) used to fulfill this MCM. Examples of possible BMPs could be stream-clean-ups, storm drain stenciling, volunteer water quality monitoring, brochures, billboards, and websites.	
SWMP includes measurable goals that are clear, specific, and measurable, and the method of measurement, for addressing stormwater quality	
SWMP has been fully implemented, or includes a schedule of implementation not to exceed five (5) years from the general permit issuance date of January 24, 2019	

**MCM 2: Illicit Discharge Detection and Elimination**

Table 2: Required Elements for MCM 2

MCM 2 Required Elements	SWMP page number
Description of the program that will be used to detect, investigate and eliminate illicit discharges. The program includes a plan to detect and address illicit discharges, including illegal dumping to the MS4 system.	
<p>MS4 map: The map includes:</p> <ul style="list-style-type: none"> <li>• Location of all small MS4 outfalls operated by the MS4 and that discharge into waters of the U.S.;</li> <li>• Location and name of all surface waters receiving discharge from the MS4s outfalls;</li> <li>• For Level 3 and 4 small MS4s: Location of MS4 owned or operated facilities and stormwater controls; and</li> <li>• For Level 4 small MS4s: Location of priority areas.</li> </ul>	
Methods for informing and training MS4 field staff	
Procedures for tracing the source of an illicit discharge	

MCM 2 Required Elements	SWMP page number
Procedures for removing the source of the illicit discharge	
Procedures to facilitate public reporting of illicit discharges or water quality impacts associated with discharges into or from the small MS4	
Procedures for responding to illicit discharges and spills	
Procedures for inspections in response to complaints	
<b>For Level 2, 3, and 4 small MS4:</b> Procedures to prevent and correct leaking on-site sewage disposal systems	
<b>For Level 3 and 4 small MS4s:</b> Procedures for follow-up investigation to verify that the illicit discharge has been eliminated	
<b>For Level 4 small MS4s:</b> Procedures for identifying and creating a list of priority areas within the small MS4s likely to have illicit discharges	
<b>For Level 4 small MS4s:</b> Procedures for a dry weather field screening program to assist in detecting and eliminating illicit discharges to the small MS4. Dry weather field screening consists of (1) field observations and (2) field screening.	
<b>For Level 4 small MS4s:</b> Procedures to reduce the discharge of floatables in the small MS4	
SWMP lists BMPs used to fulfill this MCM. Examples of possible BMPs could be hazardous materials disposal opportunities, inspections of the storm sewer system, and dye testing.	
SWMP includes measurable goals that are clear, specific, and measurable, and the method of measurement, for addressing stormwater quality	
SWMP has been fully implemented, or includes a schedule of implementation not to exceed five (5) years from the general permit issuance date of January 24, 2019	

**MCM 3: Construction Site Stormwater Runoff Control**

Table 3: Required Elements for MCM 3

MCM 3 Required Elements	SWMP page number
Program requires operators of construction sites one acre and greater (including larger common plan) to select, install, implement, and maintain stormwater control measures	
Description of ordinance or other regulatory mechanism to require erosion and sediment controls, as well as sanctions to ensure compliance, to the extent allowable under state and local law	

MCM 3 Required Elements	SWMP page number
Program requires construction site operators to implement BMPs for erosion and sediment control	
Program requires construction site operators to have procedures for initiating and completing soil stabilization measures	
Program requires construction site operators to implement BMPs to control pollutants from equipment and vehicle washing and other wash waters	
Program requires construction site operators to implement BMPs to minimize exposure to stormwater of building materials, building products, construction wastes, trash, landscape materials, fertilizers, pesticides, herbicides, detergents, sanitary waste, and other materials	
Program requires construction site operators to implement BMPs to minimize the discharge of pollutants from spills and leaks.	
Program ensures that the construction site has developed a stormwater pollution prevention plan in accordance with the TPDES Construction General Permit TXR150000	
Program prohibits illicit discharges such as wash out wastewater, fuels, oils, soaps, solvents, and dewatering activities	
Procedures for construction site plan review to consider water quality impacts	
Procedures for construction site inspections and enforcement of control measures, to the extent allowable under state and local law	
Procedures for receipt and consideration of information submitted by the public	
Procedures for MS4 staff training	
<b>For Level 3, and 4 small MS4s:</b> Procedures to develop and maintain an inventory of all permitted active public and private construction sites greater than one acre (and sites that are less than one acre if part of larger common plan of development or sale)	
SWMP lists BMPs used to fulfill this MCM. Examples may include: notification to discharger of responsibilities under TPDES CGP; hire staff to review construction site plans; provide a web page for public input on construction activities; perform site inspections and enforcement; provide education and training for construction site operators; and mechanism to prohibit discharges into MS4 where necessary.	
SWMP includes measurable goals that are clear, specific, and measurable, and the method of measurement, for addressing stormwater quality	

MCM 3 Required Elements	SWMP page number
SWMP has been fully implemented, or includes a schedule of implementation not to exceed five (5) years from the general permit issuance date of January 24, 2019	

**MCM 4: Post Construction Stormwater Management in New Development and Redevelopment**

Table 4: Required Elements for MCM 4

MCM 4 Required Elements	SWMP page number
Description of a program that will be developed, implemented and enforced, to control stormwater discharges from private and public new development and redeveloped sites that discharge into the small MS4 that disturb one acre or more (and sites that disturb less than one acre that are part of a larger common plan of development or sale)	
Description of ordinance or other regulatory mechanism that is in place or planned which will regulate discharges from new development and redevelopment projects	
Establish, implement, and enforce a requirement that owners or operators of new development and redeveloped sites design, install, implement, and maintain a combination of structural and non-structural BMPs appropriate for the community and that protects water quality	
Procedures to document and maintain records of enforcement actions	
Procedures to ensure long-term operation and maintenance of post construction stormwater control measures	
Operation and maintenance of post construction stormwater control measures is documented	
<b>For Level 4 small MS4s:</b> Develop and implement an inspection program to ensure that all post construction stormwater control measures are operating correctly and are being maintained. Inspections must be documented	
SWMP lists BMPs used to fulfill this MCM. Examples may include: local ordinance in place or planned; guidance document for developers to use; specific BMPs established for particular watersheds; list of appropriate BMPs provided to operators; elimination of curbs and gutters; incentives for use of permeable choices, such as porous pavement; requirements for wet ponds or other BMPs for certain size sites; and xeriscaping.	
SWMP includes measurable goals that are clear, specific, and measurable, and the method of measurement, for addressing stormwater quality	

MCM 4 Required Elements	SWMP page number
SWMP has been fully implemented, or includes a schedule of implementation not to exceed five (5) years from the general permit issuance date of January 24, 2019	

**MCM 5: Pollution Prevention and Good Housekeeping for Municipal Operations**

Table 5: Required Elements for MCM 5

MCM 5 Required Elements	SWMP page number
Description of an operation and maintenance (O&M) program, including an employee training component, to reduce/prevent pollution from municipal activities and municipally owned areas included but not limited to park and open space maintenance; street, road, or highway maintenance; fleet and building maintenance; stormwater system maintenance; new construction and land disturbances; municipal parking lots; vehicle and equipment maintenance and storage yards; waste transfer stations; and salt/sand storage locations	
Develop and maintain an inventory of facilities and stormwater controls that are owned or operated by the MS4	
Procedures to inform or train staff involved in implementing pollution prevention and good housekeeping practices. Maintain training attendance records	
Procedures to remove and properly dispose of waste from the MS4	
Contractors hired by the MS4 must be required to comply with operating procedures. Develop contractor oversight procedures	
Evaluate O&M activities for their potential to discharge pollutants in stormwater for road and parking lot maintenance, bridge maintenance, cold weather operations, right-of-way maintenance, etc.	
Identify pollutants of concern that could be discharged from the O&M activities	
Develop and implement pollution prevention measures that will reduce discharge of pollutants from O&M activities	
Conduct inspections of pollution prevention measures and maintain inspection log	
Procedures for inspecting and maintaining structural controls	
<b>For Level 3 and 4 small MS4s:</b> Develop and implement an O&M program to reduce the collection of pollutants in catch basins and other surface structures in the storm sewer system	

MCM 5 Required Elements	SWMP page number
<b>For Level 3 and 4 small MS4s:</b> Develop a list of potential problem areas in the storm sewer system for increased inspection (for example, areas with recurring illegal dumping)	
<b>For Level 3 and 4 small MS4s:</b> Implement an O&M program to reduce discharge of pollutants from roads that includes at least a street sweeping and cleaning program, or inlet protection. The program includes an implementation schedule and a waste disposal procedure	
<b>For Level 3 and 4 small MS4s:</b> Assess its facilities for their potential to discharge pollutants into stormwater and identify high priority facilities that have a high potential to generate stormwater pollutants. At a minimum, facilities include the MS4s maintenance yards, hazardous waste facilities, fuel storage locations, and any other facilities at which chemicals or other materials have a high potential to be discharged in stormwater. Document the results of the assessments	
<b>For Level 3 and 4 small MS4s:</b> Develop facility specific stormwater management Standard Operation Procedures for high priority facilities	
<b>For Level 3 and 4 small MS4s:</b> MS4 implements stormwater controls at high priority facilities that address good housekeeping; de-icing and anti-icing storage; fueling operations and vehicle maintenance; equipment and vehicle washing	
<b>For Level 3 and 4 small MS4s:</b> Develop and implement an inspection program that includes high priority facilities	
<b>For Level 4 small MS4s:</b> Develop an application and management program for pesticides, herbicides, and fertilizers used at public open spaces. Implement the following: educational activities, permits, etc for applicators and distributors; encourage of non-chemical solutions for pest management; develop schedules that minimizes discharge of pollutants; ensure collection and proper disposal of unused pesticides, herbicides, and fertilizers	
<b>For Level 4 small MS4s:</b> Evaluate flood control projects. Design, construct, and maintain new flood control structures to provide erosion prevention and pollutant removal from stormwater. Retrofitting of existing structural flood control devices is implemented to the maximum extent practicable (MEP)	
SWMP lists BMPs used to fulfill this MCM. Examples may include: BMPs which address fleet vehicle maintenance/washing; BMPs which address parking lot and street cleaning; catch basin and storm drain system cleaning; landscaping and lawn care (e.g. xeriscaping); waste materials management; road salt application and storage practices; used oil recycling; pest management practices; fire training facilities; BMPs which address roadway and bridge maintenance; golf course maintenance/waste	

MCM 5 Required Elements	SWMP page number
disposal; disposal of cigarette butts; and park maintenance (e.g., providing trash bags).	
SWMP includes measurable goals that are clear, specific, and measurable, and the method of measurement, for addressing stormwater quality	
SWMP has been fully implemented, or includes a schedule of implementation not to exceed five (5) years from the general permit issuance date of January 24, 2019	

**MCM 6: Industrial Stormwater Sources**

Table 6: Required Elements for MCM 6

MCM 6 Required Elements	SWMP page number
<b>For Level 4 MS4 only:</b> Identify and control industrial stormwater sources that at least includes the MS4's landfills; other treatment, storage, or disposal facilities for municipal waste; hazardous waste treatment, storage, disposal and recovery facilities; and facilities that are subject to Emergency Planning and Community Right-to-Know Act (EPCRA).	
<b>For Level 4 MS4 only:</b> Procedures for inspecting and implementing control measures for discharges from industrial stormwater sources.	

**Optional MCM 7: Municipal Construction Activities**

This MCM is only applicable where the small MS4 has selected to be the construction site operator for their municipal construction activities. This MCM provides an alternative to the MS4 operator seeking discharge authorization under the Construction Stormwater General Permit TXR150000.

Table 7: Required Elements for MCM 7

MCM 7 Required Elements	SWMP page number
Description of how municipal construction activities will be conducted so as to take into consideration local conditions of weather, soils, and other site specific considerations	
Description of the area that this MCM will address and where the MS4 operator's municipal construction activities are covered (e.g. within the boundary of the urbanized area, the corporate boundary, a special district boundary, an extra territorial jurisdiction, or other similar jurisdictional boundary)	

<b>MCM 7 Required Elements</b>	<b>SWMP page number</b>
If the area included in this MCM includes areas outside of the UA, then all MCMs (MCM 1 through MCM 7) will be implemented over those additional areas as well	
Description of how contractor activities will be supervised or overseen to ensure that the Stormwater Pollution Prevention Plan (SWP3) requirements are properly implemented at the construction site(s); or how the MS4 operator will make certain that contractors have a separate authorization for stormwater discharges if needed	
General description of how a construction SWP3 will be developed for each municipal construction site	
Records of municipal construction activities authorized under this optional MCM	

# Texas Commission on Environmental Quality General Permit Payment Submittal Form

Use this form to submit your Application Fee only if you are mailing your payment.

- Complete items 1 through 5 below.
- Staple your check in the space provided at the bottom of this document.
- Do not mail this form with your NOI form.
- Do not mail this form to the same address as your NOI.

### Mail this form and your check to:

#### *BY REGULAR U.S. MAIL*

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC-214  
P.O. Box 13088  
Austin, TX 78711-3088

#### *BY OVERNIGHT/EXPRESS MAIL*

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC-214  
12100 Park 35 Circle  
Austin, TX 78753

Fee Code: GPA

General Permit: TXR040000

1. Check / Money Order No: \_\_\_\_\_
2. Amount of Check/Money Order: \_\_\_\_\_
3. Date of Check or Money Order: \_\_\_\_\_
4. Name on Check or Money Order: \_\_\_\_\_
5. NOI INFORMATION

If the check is for more than one NOI, list each Project/Site (RE) Name and Physical Address exactly as provided on the NOI. DO NOT SUBMIT A COPY OF THE NOI WITH THIS FORM AS IT COULD CAUSE DUPLICATE PERMIT ENTRIES.

If more space is needed, you may attach a list.

Project/Site (RE) Name: \_\_\_\_\_

Project/Site (RE) Physical Address: \_\_\_\_\_

**Staple Check in This Space**

**Instructions for Notice of Intent (NOI) for Small  
Municipal Separate Storm Sewer Systems (MS4)  
authorized under  
TPDES Phase II MS4 General Permit TXR040000**

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**GENERAL INFORMATION**

**Where to Send the Notice of Intent (NOI)**

You are required to submit the original and one copy of the NOI, Core Data Form(s), Stormwater Management Program (SWMP) Cover Sheet, and the SWMP. Submit these documents to one of the following addresses:

**BY REGULAR U.S. MAIL:**

Texas Commission on Environmental  
Quality  
ARP Team (MC-148)  
P.O. Box 13087  
Austin, Texas 78711-3087

**BY OVERNIGHT/EXPRESS MAIL:**

Texas Commission on Environmental  
Quality  
ARP Team (MC-148)  
12100 Park 35 Circle  
Austin, TX 78753

**Fees Associated with this General Permit**

The application fee of \$400 is required to be paid at the time the NOI is submitted. Failure to submit payment at the time the application is filed will cause delays in acknowledgment or denial of coverage under the general permit. Payment of the fee may be made by check or money order, payable to TCEQ, or through EPAY (electronic payment through the web).

**Mailed Payments:**

Use the attached General Permit Payment Submittal Form. The application fee is submitted to a different address than the NOI. Read the General Permit Payment Submittal Form for further instructions.

**Where to Send the Payment**

**BY REGULAR U.S. MAIL:**

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC 214  
P.O. Box 13088  
Austin, Texas 78711-3087

**BY OVERNIGHT/EXPRESS MAIL:**

Texas Commission on Environmental  
Quality  
Financial Administration Division  
Cashier's Office, MC 214  
12100 Park 35 Circle  
Austin, TX 78753

**ePAY Electronic Payment:** <http://www.tceq.texas.gov/epay>

When making the payment you must select Water Quality, and then select the fee category "General Permit MS4 Phase II Stormwater Discharge NOI Application". You must include a copy of the payment voucher with your NOI. Your NOI will not be considered complete without the payment voucher.

## Annual Water Quality Fee

This fee is assessed to permittees with an active authorization under the general permit on September 1 of each year. The designated billing contact will receive an invoice for payment of the annual fee in November of each year. The payment will be due 30 days from the invoice.

A 5% penalty will be assessed if the payment is not received by TCEQ by the due date. Annual fee assessments cannot be waived as long as the authorization under the general permit is active on September 1.

It is important for the permittees to submit an NOT when coverage under the general permit is no longer required. An NOT is effective on the postmarked date of mailing the form to TCEQ. If the NOT is mailed it is recommended that the NOT be mailed using a method that documents the date mailed and received by TCEQ.

### Mailed Payments:

You must return your payment with the billing coupon provided with the billing statement.

ePAY Electronic Payment: <http://www.tceq.texas.gov/epay>

You must enter your account number provided at the top portion of your billing statement. Payment methods include American Express, MasterCard, Visa, and electronic check payment (ACH).

## TCEQ Contact List

Small Business & Local Government Assistance	800-447-2827
Application - status and form questions:	512-239-4671
Technical questions:	512-239-4671
Environmental Law Division:	512-239-0600
Records Management - obtain copies of forms:	512-239-0900
Reports from databases (as available):	512-239-DATA (3282)
Cashier's office:	512-239-0357 or 512-239-0187

## Notice of Intent Process

When your Core Data Form, NOI, and SWMP are received by the program, the form will be processed as follows:

**Administrative Review:** Each item on the form will be reviewed for a complete response. In addition, the operator's legal name must be verified with Texas Secretary of State as valid and active (if applicable). The address(s) on the form must be verified with the US Postal service as receiving regular mail delivery. Do not give an overnight/express mailing address.

**Notice of Deficiency:** If an item is incomplete or not verifiable as indicated above, a notice of deficiency (NOD) will be mailed to the operator. The operator will have 30 days to respond to the NOD. The response will be reviewed for completeness.

**Technical Review of SWMP:** The NOI and SWMP will be reviewed to verify compliance with the requirements in the general permit. More information may

be requested by phone or technical NOD letter mailed to the SWMP contact. When a determination is made that the SWMP meets the requirements of the general permit, the Executive Director's preliminary determination will be prepared and filed with the TCEQ Office of Chief Clerk (OCC).

**Public Participation Process:** The OCC will mail the Executive Director's preliminary determination to the public participation contact provided in the NOI. This individual must publish the notice in the newspaper of largest circulation in the county where the small MS4 is located.

The comment period begins on the first date the notice is published and ends 30 days later, unless a public meeting is held. If a public meeting is held, the comment period will end at the closing of the public meeting.

The applicant must submit a copy of the newspaper clipping and an affidavit signed by the newspaper staff to the OCC within 60 days of receiving the written instructions from the OCC.

If significant public interest exists, the executive director will direct the applicant to publish notice of the meeting and to hold the public meeting. The applicant must publish the notice of public meeting at least 30 days prior to the public meeting and hold the meeting in the county where the MS4 is located.

**Acknowledgment of Coverage:** An Acknowledgment Certificate will be mailed to the operator. This certificate acknowledges coverage under the general permit.

or

**Denial of Coverage:** Coverage may be denied if the operator fails to respond to the NOD, the response is inadequate, or the NOI and SWMP do not meet the requirements of the general permit. If coverage is denied, the operator will be notified.

### **General Permit**

Coverage under the general permit begins upon approval of the NOI, Core Data Form, and SWMP by TCEQ and after the public notice process has been completed. You should have a copy of your general permit when submitting your application. You may view and print your permit for which you are seeking coverage, at the following website <http://www.tceq.texas.gov>. Search using keyword TXR040000.

### **General Permit Forms**

The Notice of Intent (NOI), Notice of Termination (NOT), Notice of Change (NOC) and Core Data Form (including instructions) are available at the TCEQ web site <http://www.tceq.texas.gov>.

### **Change in Operator**

An authorization under the general permit is not transferable. If the operator changes, the present permittee must submit a Notice of Termination (NOT) and the new operator must submit a Notice of Intent and a Core Data Form. The NOT, NOI and Core Data Form must be submitted no later than 10 days prior to the change in status.

## **INSTRUCTIONS FOR FILLING OUT THE FORM**

**Renewal of General Permit:** Dischargers holding an active authorizations under the expired General Permit are required to submit a NOI to continue coverage. The existing authorization number is required. If the authorization number is not provided or has been terminated, expired, or denied a new permit number will be issued.

This number will begin with TXR04. Do not use TXR040000, it is *the general permit number not your* authorization number.

### **Section 1. Operator (Applicant)**

#### **a) Customer Number (CN)**

TCEQ assigns each customer a number that begins with CN, followed by nine digits. This is not a permit number, registration number, or license number. If the applicant is an existing TCEQ customer, the Customer Number is available at the following website: <http://www15.tceq.texas.gov/crpub/>. If the applicant is not an existing TCEQ customer, leave the space for CN blank.

#### **b) Legal Name of Applicant**

Provide the current legal name of the applicant. The name must be provided exactly as filed with the Texas Secretary of State, or on the legal documents forming the entity as filed with the county. If filed in the county, provide a copy of the legal documents showing the legal name.

#### **c) Core Data Form**

Complete and attach a Core Data Form (TCEQ-10400) for each customer.

### **Section 2. Annual Billing Contact**

An annual fee is assessed to each operator holding an active authorization under the general permit on September 1 of each year.

Provide the contact name and complete mailing address where the annual fee invoice should be mailed. Verify the address with the USPS. It must be an address for delivery of regular mail, not overnight express mail.

The phone number should provide contact to the individual responsible for paying the annual fee.

The fax number and e-mail address are optional and should correspond to the individual responsible for paying the annual fee.

### **Section 3. Application Contact**

Provide the name, title and contact information of the person that TCEQ can contact for additional information regarding this application. This contact may be a consultant or entity other than the applicant.

### **Section 4. Regulated Entity (RE) Information For Site**

#### **a) Regulated Entity Reference Number (RN)**

The RN is issued by TCEQ to sites where an activity is regulated by TCEQ. This is not a permit number, registration number, or license number. Search TCEQ's Central Registry to see if the site has an assigned RN at

<http://www15.tceq.texas.gov/crpub/>. If this regulated entity has not been assigned an RN, leave this space blank.

**b) Name of the Project or Site**

Provide the name of the site or project as known by the public in the area where the site is located. The name you provide on this application will be used in the TCEQ Central Registry as the Regulated Entity name.

**c) Name of Urbanized Area**

List the formal name of the urbanized area(s) where the MS4 is located using the 2010 U.S. Census maps referenced in Section 5. c) below. For example: Dallas-Fort Worth-Arlington Urbanized area.

**d) Describe the boundaries of the regulated portion of the small MS4**

Briefly describe the boundaries of the regulated portion of the small MS4.

**Section 5. General Characteristics**

**a) Indian Country Lands**

If your site is located on Indian Country Lands, the TCEQ does not have authority to process your application. Do not submit this application form to TCEQ. You must obtain authorization through EPA, Region 6, in Dallas.

**b) TCEQ “Designated” Small MS4**

A small MS4 that is outside of an urbanized area that is formally “designated” by TCEQ is eligible for coverage under this general permit. The small MS4 Operator must obtain authorization under this general permit or apply for coverage under an individual TPDES stormwater permit within 180 days of notification of their designation. If the small MS4 was already designated, please attach a copy of the documentation sent to the MS4 by TCEQ.

**c) MS4 Level**

The general permit defines MS4s by four different levels, based on the population served within the 2010 U.S. Census urbanized area (UA). “Population served” means the residential population within the regulated portion of the small MS4 based on the 2010 U.S. Census, except for non-traditional small MS4s that are classified as Level 2.

A reference map identifying the 2010 U.S. Census UAs can be found at [www.epa.gov/npdes/urbanized-area-maps-npdes-ms4-phase-ii-stormwater-permits](http://www.epa.gov/npdes/urbanized-area-maps-npdes-ms4-phase-ii-stormwater-permits).

Districts that did not have a population during the 2010 U.S. Census, are required to apply when their population exceeds the population threshold for permit coverage.

**d) Estimated Population**

List the current estimated population served by the MS4. This number will not be used to determine the Levels.

**e) Coalitions of MS4 entities**

Indicate if the MS4 is part of a coalition that share efforts in meeting any or all of the SWMP requirements.

**f) Members of the Coalition**

List the name of each member of the coalition *and* their unique Phase II MS4 authorization number.

**g) Annual Reporting Year**

The annual report must address the previous reporting year. The selected reporting year cannot be changed during the permit term.

- If the MS4 selects the calendar year, then the reporting year is from January 1 through December 31 of each year.
- If the MS4 selects the Phase II MS4 General Permit year, the reporting year is from the effective date of the general permit plus 365 days of each year.
- If the MS4 selects the fiscal year, the reporting year is from the first day of the MS4's fiscal year through the last day of the MS4's fiscal year. Provide the month and last day of the MS4's fiscal year.

**h) SWMP**

1. Certify, by selecting Yes, that the SWMP has been developed in accordance with the general permit requirements and is attached to this NOI.
2. Certify, by selecting Yes, that the SWMP Cover Sheet has been completed and is attached to the front of the SWMP.
3. If the MS4 was previously authorized under the general permit, the program elements in the previous SWMP must be re-assessed and modified. Additionally, new program elements must be developed. Do not submit the exact same SWMP that was previously submitted. Indicate that you have revised the previous SWMP, or that this is a newly regulated MS4.
4. Indicate if the MS4 is seeking coverage under this general permit for the optional MCM 7 for municipal construction activities where the MS4 meets the definition of "construction site operator".  
If Yes, the SWMP must include the geographic area or boundary where MCM 7 will be implemented. If this area extends beyond the geographic area or boundary of the urbanized area, then all MCMs 1-7 must be implemented in the urbanized and non-urbanized areas. The MS4 operator can utilize MCM 7 only in areas that are in compliance with the SWMP's MCMs 1-7. If you do **NOT** incorporate the entire SWMP (MCMs 1-7) in the urbanized and the non-urbanized areas, then the MS4 cannot utilize only MCM 7 outside of the urbanized area.

If No, the MS4 can obtain this coverage at any time during the general permit term by submitting a Notice of Change.

5. Provide the name and contact information of the designated person responsible for implementing or coordinating implementation of the SWMP.

**i) Discharge Information**

1. Provide the name of all waterbodies that receive discharges from the MS4. The discharge eventually reaches a receiving waterbody such as a local stream or lake, possibly via a drainage ditch or even through another MS4 prior to reaching the waterbody. Please note that this general permit does not grant permission to use another MS4 as a conveyance of stormwater and certain non-storm water discharges along the discharge route.
2. Identify the classified segment number(s) that will eventually receive the

discharge. You can find classified segment numbers in the Atlas of Texas Surface Waters at: [www.tceq.texas.gov/publications/gi/gi-316](http://www.tceq.texas.gov/publications/gi/gi-316) or the Surface Water Quality (Segments) Viewer at:

<https://www.tceq.texas.gov/gis/segments-viewer>

Indicate if the discharge is directly into the classified segment or if it reaches the classified segment after being discharged into another waterbody or MS4.

3. Indicate if any waterbodies receiving discharges are identified as impaired waters (Category 4 or 5) in the *Texas Integrated Report of Surface Water Quality*, which is available at:

[http://www.tceq.texas.gov/waterquality/assessment/305\\_303.html](http://www.tceq.texas.gov/waterquality/assessment/305_303.html).

If Yes, provide the name(s) of the impaired waterbodies and the pollutants of concern for those waterbodies. The pollutants of concern are the parameters for which the waterbody is impaired.

4. Indicate if the impaired waterbody has a TMDL and list the pollutants with a TMDL (Category 4 waterbody).
5. Indicate if the discharge is into any other MS4 entity's jurisdiction prior to reaching water in the state.

If Yes, provide the name of the MS4 operator that receives the discharge.

#### 6. Edwards Aquifer Rule

Indicate if the discharge or potential discharge is within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer. See maps on the TCEQ website to determine if the site is located within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer at

<https://www.tceq.texas.gov/permitting/eapp/viewer.html>.

If Yes, additional requirements may exist under the Edwards Aquifer Protection Program (30 TAC Chapter 213). For activities regulated under 30 TAC Chapter 213, any required plans must be included in the SWMP. Compliance with any Edwards Aquifer requirements is in addition to the requirements of this general permit.

#### j) Public Participation

1. Provide the name and contact information of the person responsible for publishing the public notice in the newspaper.
2. Provide the name and location of a public place where copies of the NOI, SWMP, General Permit, and permit fact sheet will be available to the public for viewing. Examples of public places include public libraries, city hall, municipal buildings, etc.
3. Provide the address for the website where the MS4's SWMP and annual report will be posted. Indicate if the MS4 does not have a website.

### Section 6. Certifications

Failure to indicate "Yes" to ALL of the certification items may result in denial of coverage under the general permit. The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code §305.44.

**IF YOU ARE A CORPORATION:**

The regulation that controls who may sign an application form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, any corporate representative may sign an NOI or similar form so long as the authority to sign such a document has been delegated to that person in accordance with corporate procedures. By signing the NOI or similar form, you are certifying that such authority has been delegated to you. The TCEQ may request documentation evidencing such authority.

**IF YOU ARE A MUNICIPALITY OR OTHER GOVERNMENT ENTITY:**

The regulation that controls who may sign an NOI or similar form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, only a ranking elected official or principal executive officer may sign an NOI or similar form. Persons such as the City Mayor or County Commissioner will be considered ranking elected officials. In order to identify the principal executive officer of your government entity, it may be beneficial to consult your city charter, county or city ordinances, or the Texas statutes under which your government entity was formed. An NOI or similar document that is signed by a government official who is not a ranking elected official or principal executive officer does not conform to §305.44(a) (3). The signatory requirement may not be delegated to a government representative other than those identified in the regulation. By signing the NOI or similar form, you are certifying that you are either a ranking elected official or principal executive officer as required by the administrative code. Documentation demonstrating your position as a ranking elected official or principal executive officer may be requested by the TCEQ.

If you have any questions or need additional information concerning the signatory requirements discussed above, please contact the Texas Commission on Environmental Quality's Environmental Law Division at 512-239-0600.

**30 TEXAS ADMINISTRATIVE CODE §305.44. SIGNATORIES TO APPLICATIONS**

(a) All applications shall be signed as follows.

(1) For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

(2) For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

(3) For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this paragraph, a principal executive officer of a federal agency includes

the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).

### **SWMP Cover Sheet**

The SWMP cover sheet must be completed and placed on the front of the SWMP. Both the SWMP cover sheet and the SWMP must be submitted with the complete NOI.

Provide the name of the MS4 operator.

For each MCM, complete the table by entering the page number (or page number range) where each required program element can be found in the SWMP.

Note: Some program elements are only required for certain MS4 levels. The tables clearly identify these MS4 level specific requirements. If one of these program element does not apply to the MS4 level for this facility, enter NA. Additionally, MCM 7 is optional. If you selected "No" on the NOI Section 5.e.4 question, enter NA on Table 7.



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 601229107		RN 105481550

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
<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:	
Fort Bend County			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
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:			
301 Jackson			
City	Richmond	State	TX
ZIP	77469	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
		sean.eglinton@fortbendcountytexas.gov	
18. Telephone Number		19. Extension or Code	20. Fax Number (if applicable)
( 281 ) 633-7500			( 281 ) 342-7366

## 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 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.)	
Fort Bend County MS4	

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

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

25. Description to Physical Location:	Area with the County of Fort Bend County that is located within the Houston urbanized area.						
26. Nearest City	Richmond				State	TX	Nearest ZIP Code
							77469
27. Latitude (N) In Decimal:	29.597222			28. Longitude (W) In Decimal:	-95.621944		
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)				
9121							
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
County Government							
34. Mailing Address:	301 Jackson						
	City	Richmond	State	TX	ZIP	77469	ZIP + 4
35. E-Mail Address:	sean.eglinton@fortbendcountytexas.gov						
36. Telephone Number	37. Extension or Code			38. Fax Number <i>(if applicable)</i>			
( 281 ) 633-7500				( 281 ) 342-7366			

**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.

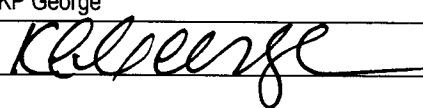
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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
	TXR040045			
<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:	Brian French	41. Title:	Environmental Scientist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 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.

Company:	Fort Bend County	Job Title:	County Judge
Name (In Print):	KP George	Phone:	( 281 ) 633-7500
Signature:		Date:	6-4-2019