Notice of Change for Authorizations Under General Permit WQG280000

**IMPORTANT:** Use the [INSTRUCTIONS](#INSTRUCTIONS) to fill out each question in this form.

This form will be returned for any of the following reasons:

* The authorization number is not provided, is invalid, or is no longer active;
* The form does not have a wet ink signature;
* The current permittee does not match the applicant listed on this form; and
* The form is submitted to request a change in owner or operator.

# Section 1. Current Authorization Information

1. What is the authorization number? WQG28 Click to enter text.
2. What is the Customer Number (CN) issued to the permittee?

CN Click to enter text.

1. What is the full Legal Name of the current permittee on this authorization?

Click to enter text.

1. What is the Regulated Entity (RE) Reference Number assigned to this site?

RN Click to enter text.

# Section 2. Requested Change(s) to Authorization

What information has changed or needs to be corrected? Select one or more of the following options and provide the requested information.

1. **Owner or Operator's Legal Name Change with the Secretary of State (SOS)**

Complete and attach the Core Data Form (TCEQ-10400). Provide the attachment number: Click to enter text.

1. **Owner or Operator’s Address and Contact Information Change**

Complete and attach the Core Data Form (TCEQ-10400). Provide the attachment number: Click to enter text.

1. **Site (RE) Information Corrections**

Complete and attach the Core Data Form (TCEQ-10400). Provide the attachment number: Click to enter text.

1. **Billing Contact and Mailing Address**

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

First and Last Name: Click to enter text. Suffix: Click to enter text.

Title: Click to enter text. Credentials: Click to enter text.

Organization Name: Click to enter text.

Phone Number: Click to enter text. Fax Number: Click to enter text.

Email: Click to enter text.

Mailing Address: Click to enter text.

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

1. **Monthly Effluent Reports (MERs) Contact and Address**

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

First and Last Name: Click to enter text. Suffix: Click to enter text.

Title: Click to enter text. Credentials: Click to enter text.

Organization Name: Click to enter text.

Phone Number: Click to enter text. Fax Number: Click to enter text.

Email: Click to enter text.

Mailing Address: Click to enter text.

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

1. **Permit Contact and Mailing Address**

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

First and Last Name: Click to enter text. Suffix: Click to enter text.

Title: Click to enter text. Credentials: Click to enter text.

Organization Name: Click to enter text.

Phone Number: Click to enter text. Fax Number: Click to enter text.

Email: Click to enter text.

Mailing Address: Click to enter text.

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

1. **General Characteristics**

What are you proposing to change from what was provided to obtain the current authorization? Select one or more.

1. **Outer Continental Shelf Facility (within Gulf of America, greater than 3 statutory miles and within 10.2 miles from coastline).** Complete this item to change or correct whether the proposed facility is an Outer Continental Shelf facility located within the Gulf of America greater than three statutory miles and within 10.2 miles from the coastline.

   Yes, the proposed facility is an Outer Continental Shelf facility located within the Gulf of America greater than three statutory miles and within 10.2 miles from the coastline.

   No. Stop! Do not submit this application form. Your discharge is not eligible for coverage under the general permit.

1. **Outer Continental Shelf Facility (within Gulf of America, greater than 10.2 miles from coastline).** Complete this item to change or correct whether the proposed facility is an Outer Continental Shelf facility located within the Gulf of America greater than 10.2 statutory miles from the coastline.

   Yes. Stop! Do not submit this application form. Your discharge is not eligible for coverage under the general permit.

   No, the proposed facility is an Outer Continental Shelf facility within the Gulf of America that is not greater than 10.2 statutory miles from the coastline.

1. **Purpose**. Complete this item to change or correct the oil and gas activity conducted at the facility by selecting from the following options. Select only one:

   Exploratory facility

   Development facility

   Production facility

1. **Onshore Waste Disposal.** Complete this item to change or correct whether the proposed facility will be transporting all wastes that are eligible for discharge under this permit onshore and discharging them into areas adjacent to water in the state (e.g. land application, evaporation, underground injection, etc.).

   Yes. Stop! Do not submit this application form. This specific discharge is not eligible for coverage under the general permit and is regulated by RRC.

   No, the proposed facility will not transport all wastes that are eligible for discharge under this permit onshore and discharge them into areas adjacent to water in the state.

1. **Proposed Wastestreams**. Complete this item to change or correct whether the proposed discharge contains any of the following waste streams:
   * Non-Aqueous Drilling Fluids (NAFs)
   * Produced Sand
   * Dewatering Effluent
   * Formation Test Fluids

   Yes. Stop! Do not submit this application form. Your discharge is not eligible for coverage under the general permit.

   No, the proposed discharge will not contain any of the above waste streams

1. **Delete Existing Outfall(s)**

Provide the requested information for each outfall that is to be removed from this authorization.

* Outfall Number(s): Click to enter text.
* Describe reason for deletion of each outfall to be removed from the authorization. Click to enter text.

1. **New Outfalls or Changes to Existing Outfalls**

Complete Attachment A for each new outfall that will be added to the existing authorization or to change or update information provided to obtain the current authorization for an existing outfall. Provide the attachment number below. NOTE: Number new outfalls consecutively (e.g., 002, 003, 004, etc). Do not use previous outfall numbers for new outfalls.

Attachment Number: Click to enter text.

1. **Other Changes Not Asked**

Identify and describe any other specific changes to information provided to obtain the current authorization, or conditions established in the general permit that require submittal of an NOC. Click to enter text.

# Section 3. Application Contact

This is the person TCEQ will contact if additional information is needed about this Notice of Change form.

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

First and Last Name: Click to enter text. Suffix: Click to enter text.

Title: Click to enter text. Credentials: Click to enter text.

Organization Name: Click to enter text.

Phone Number: Click to enter text. Fax Number: Click to enter text.

Email: Click to enter text.

Mailing Address: Click to enter text.

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

# Section 4. Certification:

## Owner Certification

Owner Signatory Name: Click to enter text.

Owner Signatory Title: Click to enter text.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Operator Certification

Operator Signatory Name: Click to enter text.

Operator Signatory Title: Click to enter text.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment A**

**New Outfall or Change to Existing Outfall Information**

Complete this attachment for each new outfall that will be added to the existing authorization or to change or update information provided to obtain the current authorization for an existing outfall. Provide all information requested for each outfall. Note: For new Outfalls, number each additional outfall consecutively (003, 004, 005, etc).

Make additional copies of this page as necessary.

Outfall Number: Click to enter text.

1. Please check all applicable waste streams that will be discharging from the proposed Outfall:

  Produced Wastewater and Hydrate Control Fluids

  Well Treatment, Completion, and Workover Fluids

  Deck Drainage

  Domestic Waste

  Sanitary Waste

  Uncontaminated Miscellaneous Discharges

  Contaminated Miscellaneous Discharges

  Water-Based Drilling Fluids and Associated Drill Cuttings

  Drill Cuttings Associated with Non-Aqueous Drilling Fluids

1. What is the latitude for this outfall? Click to enter text.
2. What is the longitude for this outfall? Click to enter text.

Instructions for Notice of Change (NOC) for Authorizations under General Permit WQG280000

# GENERAL INFORMATION

## Purpose of This Form

Use this form to notify TCEQ of changes to any conditions relevant to your authorization under TCEQ General Permit WQG280000. You cannot make changes to this authorization using any other form.

If you have other authorizations from TCEQ, you must submit separate forms to make changes to those other authorizations. For further instructions on how to make changes to other authorizations, contact the appropriate program area at 512-239-1000.

## Where to Send the Notice of Change (NOC)

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

Texas Commission on Environmental Quality

Industrial Permits Team (MC-148)

P.O. Box 13087

Austin, Texas 78711-3087

**BY OVERNIGHT/EXPRESS MAIL:**

Texas Commission on Environmental Quality

Industrial Permits Team (MC-148)

12100 Park 35 Circle

Austin, TX 78753

## TCEQ Contact List

Application – status and form questions: 512-239-4671

Technical questions, Industrial Permits Team: 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 Change Process

When your NOC is received by the program, the form will be processed as follows:

1. **Administrative Review**: The form will be reviewed to ensure the request is from the permittee on the authorization, the authorization is active, and initial coverage was acknowledged. Each item on the form will be reviewed for a complete response. In addition, the permittee's legal name change must be verified with Texas Secretary of State (if applicable). The address(s) on the form must be verified with the US Postal Service (USPS) as an address receiving regular mail delivery. Never give an overnight/express mailing address.
2. **NOC Confirmation:** An updated Acknowledgment Certificate will be mailed to the owner and operator only if the NOC is to change information provided on the acknowledgment certificate. The original coverage effective date will not change.

## General Permit (Your Permit)

You may view and print your general permit (viewable on the [TCEQ website](https://www.tceq.texas.gov/)[[1]](#footnote-1)). Search using keyword WQG280000.

## Change in Owner and/or Operator

**An authorization under the general permit is not transferable.** If the owner or operator changes, the present owner and operator must submit a Notice of Termination (NOT) and the new owner and operator must submit a Notice of Intent. The NOT and NOI must be submitted not later than 10 days prior to the change in status. Note that the NOT is effective on the postmark date, so it may be necessary to confirm coverage by the new entity prior to terminating the existing authorization.

# INSTRUCTIONS FOR FILLING OUT THE FORM

## Section 1. Current Authorization Information

1. Authorization Number

Provide the authorization number. This number will begin with WQG28. Do not use WQG280000, that is the general permit number not your authorization number.

1. Customer Number (CN)

TCEQ’s Central Registry 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 CN is now known, locate it using [TCEQ’s Central Registry Customer Search](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch)[[2]](#footnote-2) feature.

1. Legal Name of Current Owner and Operator

Provide the legal name of the current permittee(s), as shown on your acknowledgement certificate.

1. Regulated Entity Reference Number (RN)

TCEQ’s Central Registry assigns each regulated site a number that begins with RN, followed by nine digits. This is not a permit number, registration number, or license number. Your RN can be located using [TCEQ’s Central Registry Regulated Entity Search](http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch)[[3]](#footnote-3) Feature.

## Section 2. Requested Changes to the Authorization

**Indicate what information has changed or needs to be updated. Select one or more. Complete items as directed.**

1. Owner or Operator Legal Name Change with Secretary of State (SOS)

Complete and attach a Core Data Form (TCEQ-10400) and provide the attachment number.

1. Owner or Operator Contact Information Change

Complete and attach a Core Data Form (TCEQ-10400) and provide the attachment number.

1. Site (RE) Information Corrections

Complete and attach a Core Data Form (TCEQ-10400) and provide the attachment number. Note: Updates or corrections to site location information may only be made to information submitted on the original Notice of Intent or most recent Notice of Change for the current authorization.

1. Billing Contact and Mailing Address

Provide the contact name, phone number, fax number, e-mail address, and a complete mailing address for receiving mail from the TCEQ. The mailing address must be recognized by the US Postal Service. [Verify the address](https://tools.usps.com/go/ZipLookupAction!input.action)[[4]](#footnote-4) on the USPS website.

1. MERs Contact and Address

Provide the contact name, phone number, fax number, e-mail address, and a complete mailing address for receiving mail from the TCEQ. The mailing address must be recognized by the US Postal Service. [Verify the address](https://tools.usps.com/go/ZipLookupAction!input.action) on the USPS website.

1. Permit Contact and Mailing Address

Provide the contact name, phone number, fax number, e-mail address, and a complete mailing address for receiving mail from the TCEQ. The mailing address must be recognized by the US Postal Service. [Verify the address](https://tools.usps.com/go/ZipLookupAction!input.action) on the USPS website.

1. General Characteristics

Identify the type of information that has changed or needs to be corrected from what was provided to obtain the current authorization. Select one or more items to change and provide the requested information. Only complete the items applicable to your change requests. If the discharge is not eligible, do not submit this application form. See the requirements in the general permit for discharges that are eligible for coverage.

1. Delete Existing Outfall(s)

To delete an existing outfall(s), check the box, provide the outfall number(s), and provide a brief description of the reason for removal for each outfall identified. These outfalls will no longer be authorized to discharge.

1. New Outfalls or Changes to Existing Outfalls

Complete Attachment A for each new outfall that will be added to the existing authorization or to change or update information provided to obtain the current authorization for an existing outfall. Provide the new or existing Outfall number and provide all information requested for each outfall. Enter the attachment number into the space provided. You are not required to provide the requested information for existing outfalls that are not changing. Make additional copies of Attachment A as needed.

NOTE: Number new outfalls consecutively (e.g., 002, 003, 004, etc). Do not use previous outfall numbers for new outfalls.

**ATTACHMENT A**

1. Select the type of water discharged from the outfall.
2. Provide the latitude for the outfall. Use the [TCEQ's Location Mapper](https://www.tceq.texas.gov/gis/hb-610-viewer)[[5]](#footnote-5) (formerly the HB 610 May Viewer) to obtain the latitude and longitude. Enter the facility address and the latitude and longitude will display on the bottom left corner.
3. Provide the longitude for the outfall. Use the [TCEQ's Location Mapper](https://www.tceq.texas.gov/gis/hb-610-viewer) (formerly the HB 610 May Viewer) to obtain the latitude and longitude. Enter the facility address and the latitude and longitude will display on the bottom left corner.
4. Other Changes Not Asked.

Identify and describe any other specific changes to information provided to obtain the current authorization, or conditions established in the general permit that require submittal of an NOC.

## Section 3. Application Contact

Provide the contact name, phone number, fax number, e-mail address, and a complete mailing address for the person that TCEQ can contact for additional information regarding this application. The mailing address must be recognized by the US Postal Service. [Verify the address](https://tools.usps.com/go/ZipLookupAction!input.action) on the USPS website.

## Section 4. Certifications

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 NOC 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 NOC 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 NOC 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 NOC 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 NOC 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 NOC 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).

1. <https://www.tceq.texas.gov/> [↑](#footnote-ref-1)
2. <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch> [↑](#footnote-ref-2)
3. <http://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch> [↑](#footnote-ref-3)
4. <https://tools.usps.com/go/ZipLookupAction!input.action> [↑](#footnote-ref-4)
5. <https://www.tceq.texas.gov/gis/hb-610-viewer> [↑](#footnote-ref-5)