

Kathleen Hartnett White, *Chairman*  
Larry R. Soward, *Commissioner*  
Martin A. Hubert, *Commissioner*  
Glenn Shankle, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
*Protecting Texas by Reducing and Preventing Pollution*

June 29, 2006

Dear Applicant:

Re: TPDES Multi-Sector General Permit (TXR050000)  
Notice of Intent Authorization

Your Notice of Intent application for authorization under the general permit for discharge of storm water associated with industrial activities has been received. Pursuant to authorization from the Executive Director of the Texas Commission on Environmental Quality, the Division Director of the Water Quality Division has issued the enclosed Certificate.

Please refer to the attached certificate for the identification number that was assigned to your project/site and the coverage effective date. Please use this number to reference this project/site for future communications with the Texas Commission on Environmental Quality (TCEQ).

A Notice of Termination must be submitted when permit coverage is no longer needed. You may obtain a Notice of Termination form at the web site listed below. **All authorizations that are active on September 1st of each year will be assessed an annual fee. The Notice of Termination must be postmarked for delivery to TCEQ on or before September 1 to avoid the annual fee assessment.**

**The billing statement will be mailed to the Operator in January and payment must be made within 30 days to avoid late fees. It is the responsibility of the Operator to notify the TCEQ Storm Water Processing center of any change in address supplied on the original Notice of Intent.**

For questions related to the status or processing of your application you may contact the Storm Water Processing Center by email at [SWPERMIT@tceq.state.tx.us](mailto:SWPERMIT@tceq.state.tx.us) or by telephone at (512) 239-3700.

If you have any questions regarding coverage under this general permit or other technical issues, you may contact the storm water technical staff at (512) 239-4671 or by email at [swgp@tceq.state.tx.us](mailto:swgp@tceq.state.tx.us). Also, you may obtain information on the storm water web site at [www.tceq.state.tx.us](http://www.tceq.state.tx.us).

Sincerely,

A handwritten signature in cursive script, reading "L'Oreal Stepney".

L'Oreal Stepney, P.E., Director  
Water Quality Division

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## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Texas Pollutant Discharge Elimination System

Storm Water Multi-Sector General Permit

The Notice of Intent (NOI) for the facility listed below was received on April 05, 2006. The intent to discharge storm water associated with industrial activity under the terms and conditions imposed by the Texas Pollutant Discharge Elimination System (TPDES) storm water multi-sector general permit TXR050000 is acknowledged. Your facility's TPDES multi-sector storm water general permit number is:

**TXR05T145**

Coverage Effective: April 10, 2006

TCEQ's storm water multi-sector general permit requires certain storm water pollution prevention and control measures, possible monitoring and reporting, and periodic inspections. Among the conditions and requirements of this permit, you must have prepared and implemented a storm water pollution prevention plan (SWP3) that is tailored to your industrial site. As a facility authorized to discharge under the storm water multi-sector general permit, all terms and conditions must be complied with to maintain coverage and avoid possible penalties.

PROJECT/SITE:  
HIRSCHFELD STEEL 29TH ST  
TOM GREEN County  
112 W 29TH ST  
SAN ANGELO, TX 76903

OWNER:  
HIRSCHFELD PROPERTIES LP  
PO BOX 3768  
SAN ANGELO, TX 76902

OPERATOR:  
HIRSCHFELD STEEL GROUP LP  
112 W 29TH ST  
SAN ANGELO, TX 76903

This permit expires on August 20, 2006, unless otherwise amended. For additional information, see the TCEQ web site at [www.tceq.state.tx.us](http://www.tceq.state.tx.us) or contact the Storm Water and Pretreatment Team by telephone at (512) 239-3700. A copy of this document should be kept with your SWP3.

Date: 4/9 Staff: 2

Facility Name: Hillfield Steel Da regulated: 4/15

Check Application Type: ☒ Industrial NOI ☐ Industrial NEC ☐ Construction NOI ☐ Construction Waiver

**POOR QUALITY ORIGINAL**

Applicable to all Applications (except where noted): Revised 6/20/2005

Application Items	Research	Research Results	NOD Results
<input checked="" type="checkbox"/> Compliance History Rating	Confirm Owner and Operator Rating on TCEQ list of Compliance History Rating. If rating is poor, enter available information in WWC and proceed with Denial process.	<input checked="" type="checkbox"/> Attached Document <input type="checkbox"/> Begin Tech Review	Not an NOD item
<input checked="" type="checkbox"/> App Contact	Name, title, phone number incomplete	no NOD sent for this item	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Payment (n/a to NEC & Waivers)	Confirm payment physical receipt or Crystal Reports (n/a for NEC)	<input checked="" type="checkbox"/> Attached Documents <input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Billing Information (n/a to NEC & Waivers)	Name, address, and/or phone numbers incomplete (n/a for NEC & Waiver)	no NOD sent for this item; default to Operator Address	Rcvd _____ Entered _____

**Owner Information - Applicable only to MSGP NOI & NEC:**

Application Items	Research	Research Results	NOD Results
<input checked="" type="checkbox"/> Legal Owner Name	Check SOS legal name & status as active, if applicable.	<input checked="" type="checkbox"/> Attached SOS Documents <input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Owner Information	USPS address validation	<input checked="" type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Owner Business Information	<input checked="" type="checkbox"/> Type of Entity <input type="checkbox"/> Independent Owner (NA for gov't entity) <input type="checkbox"/> # of Employees <input type="checkbox"/> Tax ID (Corporations only)	<input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Owner Signature	Signature not provided or not authorized.	<input type="checkbox"/> Send NOD	Rcvd _____ Entered _____

**Operator Information - Applicable to all Applications:**

Application Items	Research	Research Results	NOD Results
<input checked="" type="checkbox"/> Legal Operator Name	Check SOS legal name & status as active, if applicable.	<input checked="" type="checkbox"/> Attached Documents <input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Operator Business Information	<input type="checkbox"/> Type of Entity <input type="checkbox"/> Independent Owner (NA for gov't entity) <input type="checkbox"/> # of Employees <input type="checkbox"/> Tax ID (Corporations only)	<input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Operator Information	USPS address validation	<input type="checkbox"/> Send NOD	Rcvd _____ Entered _____
<input checked="" type="checkbox"/> Operator Signature	Signature not provided or not authorized.	<input type="checkbox"/> Send NOD	Rcvd _____ Entered _____

Application Items	Research	Research Results	NOD Results
<input type="checkbox"/> Facility/Site Address Information	<input type="checkbox"/> Physical address that includes city, zip code, and/or county; and site mailing address. ____ USPS Address Validation	____ Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Latitude/Longitude	Latitude/Longitude data not in appropriate range for entry in WWC. If not provided, use county centroid sheet as default data.	____ Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Indian Country Lands	Question not answered or answered "yes"	Send NOD No NOD if site is not in Eagle Pass of El Paso.	Rcvd _____ Entered _____
<input type="checkbox"/> SIC	<input type="checkbox"/> Primary SIC Code not provided <input type="checkbox"/> Primary SIC Code out of range and Industrial Activity Code is either not provided or not in range. (Industrial NOIs only) <input type="checkbox"/> Sector not provided or not in range (Industrial NOIs only)	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Primary Business Use	____ Description provided	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> SWP3 (n/a for NEC or Waiver)	Question not answered or answered "no"	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Receiving Water Body for MS4 Operator (n/a for NEC)	Information not provided or not specific	Send NOD	Rcvd _____ Entered _____

**POOR QUALITY ORIGINAL**

**Applicable only to Multi Sector General Permit (Industrial Storm Water):**

Application Items	Research	Research Results	NOD Results
<input type="checkbox"/> Exposure Checklist (n/a for NOI)	Checklist incomplete or any one of the questions answered "yes"	Send NOD	Rcvd _____ Entered _____

**Applicable only to Construction General Permit:**

Application Items	Research	Research Results	NOD Results
<input type="checkbox"/> Estimated Area of Land Disturbed (n/a for Waiver)	Information not provided	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Rainfall Erosivity (n/a for NOI)	Question not answered or answered "no"	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Project Time Frame (n/a for NOI)	Information not provided	Send NOD	Rcvd _____ Entered _____
<input type="checkbox"/> Project Site greater than or equal to 5 Acres (n/a for NOI)	Question answered "yes"	Send NOD	Rcvd _____ Entered _____

Initial Entry in WWC CR & Tracking Complete	Entered _____
Final Entry in WWC CR Tracking Complete (When all NODs are resolved and an Acknowledgement Task is assigned)	Entered _____

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112 W 29TH ST  
SAN ANGELO TX

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### Full Address in Standard Format ?

112 W 29TH ST  
SAN ANGELO TX 76903-2553

[Mailing Industry Information](#)

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## BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

**Filing Number:** 800632682      **Entity Type:** Domestic Limited Partnership (LP)

**Original Date of Filing:** March 27, 2006      **Entity Status:** In existence

**Formation Date:** N/A

**Tax ID:**      **FEIN:**

**Duration:** Perpetual

**Name:** Hirschfeld Properties LP

**Address:** 1400 Civic Place, Suite 250  
Southlake, TX 76092-7644 USA

<u>REGISTERED</u> <u>AGENT</u>	<u>FILING</u> <u>HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> <u>NAMES</u>	<u>ASSOCIATED</u> <u>ENTITIES</u>
<b>Name</b>	<b>Address</b>	<b>Inactive Date</b>			
Andrew W Lawrence	1601 Bryan Street, 30th Floor, Energy Plaza Dallas, TX 75201 USA				

[Order](#)[Return to Search](#)**Instructions:**

- To place an order for additional information about a filing press the 'Order' button.

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PO BOX 3768  
SAN ANGELO TX

[Lookup Another ZIP Code™](#)

### Full Address in Standard Format

PO BOX 3768  
SAN ANGELO TX 76902-3768

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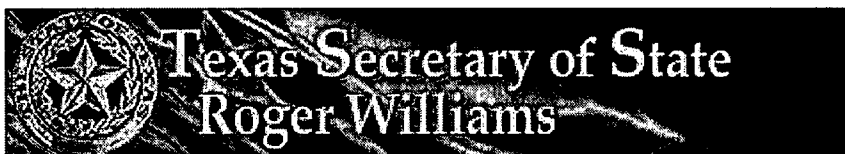
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**BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY**

**Filing Number:** 800632650      **Entity Type:** Domestic Limited Partnership (LP)

**Original Date of Filing:** March 27, 2006      **Entity Status:** In existence

**Formation Date:** N/A

**Tax ID:**      **FEIN:**

**Duration:** Perpetual

**Name:** Hirschfeld Steel Group LP

**Address:** [ADDRESS NOT PROVIDED]

<u>REGISTERED</u> <u>AGENT</u>	<u>FILING</u> <u>HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> <u>NAMES</u>	<u>ASSOCIATED</u> <u>ENTITIES</u>
<b>Name</b>	<b>Address</b>	<b>Inactive Date</b>			
Andrew W Lawrence	1601 Bryan Street, 30th Floor, Energy Plaza Dallas, TX 75201 USA				

[Order](#)[Return to Search](#)**Instructions:**

- To place an order for additional information about a filing press the 'Order' button.



Notice of Intent (NOI) for Storm Water  
Discharges Associated with Industrial  
Activity under the TPDES Multi-Sector  
General Permit (TXR050000)

TCEQ Office Use Only

TPDES Permit Number: TXR05

GIN Number:

Fee Receipt No.

7145  
1568487

**IMPORTANT:**

- Use the attached **INSTRUCTIONS** when completing this form.
- After completing this form, use the attached **CUSTOMER CHECKLIST** to make certain all items are complete and accurate.
- Missing, illegible, or inaccurate items may delay final acknowledgment or coverage under the general permit.

**Application Fee:** You must submit the \$100 NOI Application Fee to TCEQ under separate cover (see instructions) using the attached Application Fee submittal form. (DO NOT SEND A COPY OF THE NOI WITH THE APPLICATION FEE SUBMITTAL FORM)

Tell us how you paid for this fee: **CHECK, GENERAL PAYMENT SUBMITTAL FORM**

Check/Money Order No.:

Name Printed on Check:

**A. OPERATOR**

1. TCEQ Issued Customer Number (CN) (if available):

2. Legal Name (spelled exactly as filed with the Texas Secretary of State, County, or legal document that was used in forming the entity):

**HIRSCHFELD STEEL GROUP LP**

3. Mailing Address: **112 WEST 29<sup>TH</sup> STREET**

Suite No./Bldg.No.:

City: **SAN ANGELO**

State: **TX**

ZIP Code: **76903**

4. Phone No.: ( 325 ) 486 - 4201

Extension:

5. FAX No. ( 325 ) 486 - 4380

E-mail Address:

6. Type of Operator:

☐ Individual

☐ Sole Proprietorship-D.B.A.

☐ Partnership

☒ Corporation

☐ Federal Government

☐ State Government

☐ County Government

☐ City Government

☐ Other:

7. Independent Operator:

☒ Yes

☐ No

(If governmental entity or a subsidiary or part of a larger corporation, check "NO")

8. Number of Employees: ☐ 0-20; ☐ 21-100; ☒ 101-250; ☐ 251-500; or ☐ 501 or higher

9. Business Tax and Filing Numbers (not applicable to Individuals, Government, General Partnerships, and Sole Proprietorship-D.B.A.):

State Franchise Tax ID Number:

Federal Tax ID:

TX SOS Charter (filing) Number:

DUNS Number: (If known)

**B. OWNER**

☐ Check this box if the Owner and Operator are the same entity then proceed with Section C.

Only complete item B if owner is different than operator.

1. TCEQ Issued Customer No. (CN) (if available):

2. Legal Name (spelled exactly as filed with SOS, County, or legal document forming entity):

**HIRSCHFELD PROPERTIES LP**

3. Mailing Address: **P.O. BOX 3768**

Suite No./Bldg.No.:

City: **SAN ANGELO**

State: **TX**

ZIP Code: **76902**

4. Phone No.: ( 325 ) 486 - 4201

Extension:

5. FAX No. ( 325 ) 486 - 4380

E-mail Address:

6. Type of Operator:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship-D.B.A.	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> County Government	<input type="checkbox"/> City Government	<input type="checkbox"/> Other: _____
7. Independent Operator: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If governmental entity or a subsidiary or part of a larger corporation, check "NO")		
8. Number of Employees: <input type="checkbox"/> 0-20; <input type="checkbox"/> 21-100; <input checked="" type="checkbox"/> 101-250; <input type="checkbox"/> 251-500; or <input type="checkbox"/> 501 or higher		
9. Business Tax and Filing Numbers <i>not applicable to Individuals, Government, General Partnerships, and Sole Proprietorship-D.B.A.</i> : State Franchise Tax ID Number: _____ Federal Tax ID: _____ TX SOS Charter (filing) Number: _____ DUNS Number: _____ (If known)		
<b>C. BILLING ADDRESS</b> (The Operator or Owner is responsible for paying the annual fee.)		
Same As Operator: <input checked="" type="checkbox"/> Same As Owner (check if address is the same, then proceed with Section D.)		
1. Billing Mailing Address: _____ Suite No./Bldg.No.: _____		
City: _____	State: _____	ZIP Code: _____
2. Billing Contact (Attn or C/O): _____		
3. Country Mailing Information (if outside USA) Territory: _____ Country Code: _____ Postal Code: _____		
4. Phone No.: _____	Extension: _____	
5. FAX No. _____	E-mail Address: _____	
<b>D. APPLICATION CONTACT</b> (If TCEQ needs additional information regarding this application, who should be contacted?)		
1. Name: PAUL RICE Title: ENVIRONMENT, HEALTH & SAFETY MANAGER Company: _____		
2. Phone No.: 325-486-4411	Extension: _____	
3. FAX No. 325-486-8160	E-mail Address: _____	
<b>E. REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE</b>		
1. TCEQ Issued RE Reference Number (RN) (if available): _____		
2. Name of Project or Site: HIRSCHFELD STEEL COMPANY--29 <sup>TH</sup> ST.		
3. Physical Address of Project or Site: (enter in spaces below)		
Street Number: 112	Street Name: WEST 29 <sup>TH</sup> ST.	
City (nearest to the site): SAN ANGELO	ZIP Code (nearest site): 76903	County (Counties if >1): TOM GREEN
4. If no physical address (Street Number & Street Name), provide a written location access description that can be used for locating the site: (Ex.: 2 miles west from intersection of Hwy 290 & IH35 on Hwy 290 South)		
5. Latitude: 31° 29' 26" N Longitude: 100° 27' 46" W		
6. Describe the activity related to the need for this authorization at this site (do not repeat the SIC and NAICS code): FABRICATED STEEL MANUFACTURING		
7. Is the project/site located on Indian Country Lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, you must obtain authorization through EPA, Region VI.		

**F. SITE MAILING ADDRESS** (address for receiving mail at the site)

☐ Same As Operator; or ☒ Same As Owner (check if address is the same, then proceed with Section G.)

Mailing Address:

Suite No./Bldg.No.:

City:

State:

ZIP Code:

**G. GENERAL CHARACTERISTICS**

**1. SIC and NAICS Code:**

a. Standard Industrial Classification (SIC) code (that demonstrates qualification for coverage under the general permit):

Primary SIC Code: 3441

Secondary SIC Code: \_\_\_\_\_

b. NAICS Code: Primary NAICS Code: 332312 Secondary NAICS Code: \_\_\_\_\_

2. Activity Code, if applicable (see instructions for codes and definitions to determine applicability): ☐ HZ ☐ LF ☐ SE ☐ TW ☒ AD

3. Mark the square of each sector that applies to the industrial activity at your facility that is to be covered under this general permit. These sectors are defined in general permit TXR050000 (should correspond with the SIC Code).

<input type="checkbox"/> Sector A	<input type="checkbox"/> Sector E	<input type="checkbox"/> Sector I	<input type="checkbox"/> Sector M	<input type="checkbox"/> Sector Q	<input type="checkbox"/> Sector V	<input checked="" type="checkbox"/> Sector AA
<input type="checkbox"/> Sector B	<input type="checkbox"/> Sector F	<input type="checkbox"/> Sector J	<input type="checkbox"/> Sector N	<input type="checkbox"/> Sector R	<input type="checkbox"/> Sector W	<input type="checkbox"/> Sector AB
<input type="checkbox"/> Sector C	<input type="checkbox"/> Sector G	<input type="checkbox"/> Sector K	<input type="checkbox"/> Sector O	<input type="checkbox"/> Sector S	<input type="checkbox"/> Sector X	<input type="checkbox"/> Sector AC
<input type="checkbox"/> Sector D	<input type="checkbox"/> Sector H	<input type="checkbox"/> Sector L	<input type="checkbox"/> Sector P	<input type="checkbox"/> Sector T	<input type="checkbox"/> Sector Y	<input type="checkbox"/> Sector AD
			<input type="checkbox"/> Sector U	<input type="checkbox"/> Sector Z		

4. Has a Pollution Prevention Plan been prepared as required in the general permit? ☒ Yes ☐ No

If No, coverage may be denied as the PPP is required at the time the NOI is submitted to TCEQ.

5. Provide the name of the receiving water body (local stream, lake, drainage ditch), MS4 Operator (if applicable) and the segment number where storm water runoff will flow from the construction site.

MS4 Operator: \_\_\_\_\_ Receiving Water Body: NORTH CONCHO RIVER Segment: UNKNOWN

**H. OPERATOR CERTIFICATION**

I, Jacob Balderras Vice President - Human Resources  
Typed or printed name Title (required)

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: 3/31/06

L OWNER CERTIFICATION (ONLY IF OWNER IS DIFFERENT ENTITY THAN OPERATOR)


I, Jacob Balderas  
Typed or printed name

Vice President ~ Human Resources  
Title (required)

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:

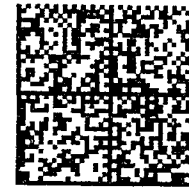
  
(Use Blue Ink)

Date:

5/31/06



7099 3220 0006 0575 2737



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Hasler

\$06.320

04/03/2006

Mailed From 76903

US POSTAGE

MC 229

**HIRSCHFELD STEEL CO., INC.**

112 West 29th Street • P.O. Box 3768

SAN ANGELO, TEXAS 76902-3768

TO Texas Commission on Environmental  
Financial Administration Quality,  
Division,  
Cashier's Office, MC-~~228~~  
12100 Park 35 Circle  
Austin, Texas 78753



9264



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