



0000-0000-0003-3725

Document Control Sheet

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|---------------------|--------------------------|
| Sheet Title: | PWS 17 BP |
| Box ID: | 5311 |
| Control Sheet ID: | 0000-0000-0003-3725 |
| Record Series Name: | WS / Public Water Supply |
| Record Series: | PWS |
| Primary ID: | 2270349 |
| Secondary ID: | |
| Doc Type: | Correspondence |
| Security: | Public |
| Date: | 12/5/2017 |
| Title: | Core Data Form |
| Tertiary ID | |



PWS-2270349-LO-20171205-Core Data Form

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 type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input checked="" type="checkbox"/> Other NAME CHANGE - ENTITY | |
| 2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PWS # 2270349 SINGING CREEK RETREAT | | | |
| 3. Customer Reference Number (if issued) | | 4. Regulated Entity Reference Number (if issued) | |
| CN | | RN 102315025 | |

SECTION II: Customer Information

| | | | |
|--|--|---------------------------------------|--|
| 5. Effective Date for Customer Information Updates (mm/dd/yyyy) 11-9-17 | | | |
| 6. Customer Role (Proposed or Actual) - as it relates to the Regulated Entity listed on this form. Please check only one of the following: | | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other: _____ | | | |
| 7. General Customer Information | | | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State) <input checked="" type="checkbox"/> No Change** | | | |
| **If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information. | | | |
| 8. Type of Customer: | | | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship- D.B.A | | | |
| <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government | | | |
| <input type="checkbox"/> Other Government <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other: _____ | | | |
| 9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> End Date: _____ | | | |
| 10. Mailing Address: 18-322 Cust M.M. 11-14-17 | | | |
| 11. Country Mailing Information (if outside USA) | | 12. E-Mail Address (if applicable) | |
| 13. Telephone Number () - | | 14. Extension or Code | |
| 15. Fax Number (if applicable) () - | | 16. Federal Tax ID (9 digits) | |
| 17. TX State Franchise Tax ID (11 digits) | | 18. DUNS Number (if applicable) | |
| 19. TX SOS Filing Number (if applicable) | | 20. Number of Employees | |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | 21. Independently Owned and Operated? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

SECTION III: Regulated Entity Information

| | |
|--|--|
| 22. 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 checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below) | |
| **If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information. | |
| 23. Regulated Entity Name (name of the site where the regulated action is taking place) | |
| HILL COUNTRY LAKES RV CAMPGROUND | |

Monica Martinez 11/21/17 PWS

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| | | | | | | | |
|---|-----------------------------------|--|--------------------------------|--|-----|--|---------|
| 24. Street Address of the Regulated Entity: (No P.O. Boxes) | SAME | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 25. Mailing Address: | SAME | | | | | | |
| | City | | State | | ZIP | | ZIP + 4 |
| 26. E-Mail Address: | SAME | | | | | | |
| 27. Telephone Number | 28. Extension or Code | | 29. Fax Number (if applicable) | | | | |
| (512) 698 3052 | | | () - | | | | |
| 30. Primary SIC Code (4 digits) | 31. Secondary SIC Code (4 digits) | 32. Primary NAICS Code (5 or 6 digits) | | 33. Secondary NAICS Code (5 or 6 digits) | | | |
| | | | | | | | |
| 34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.) | | | | | | | |
| RV PARK | | | | | | | |

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

| | | | | | | | |
|---------------------------------------|-------------------------------|---------|---------|---------|------------------|--|--|
| 35. Description to Physical Location: | | | | | | | |
| 36. Nearest City | County | | State | | Nearest ZIP Code | | |
| | | | | | | | |
| 37. Latitude (N) In Decimal: | 38. Longitude (W) In Decimal: | | | | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| | | | | | | | |

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> 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 type="checkbox"/> Stormwater | <input type="checkbox"/> Title V – Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Voluntary Cleanup | <input type="checkbox"/> Waste Water | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | | | | |

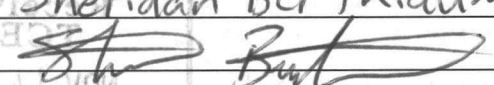
SECTION IV: Preparer Information

| | | | |
|----------------------|---------------------|----------------|--------------------|
| 40. Name: | SHERIDAN BERTHIAUME | 41. Title: | OWNER |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address |
| (512) 658 4542 | | () - | |

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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

| | | | |
|------------------|---|------------|----------------|
| Company: | | Job Title: | OWNER |
| Name (In Print): | Sheridan Berthiaume | Phone: | (512) 658 4542 |
| Signature: |  | Date: | 11-9-17 |