

ATTACHMENT H

CORE DATA FORM

NEW BRAUNFELS UTILITIES
GRUENE ROAD WATER RECLAMATION FACILITY

APRIL 2025



QUIDDITY

Texas Board of Professional Engineers and Land Surveyors Registration Nos. F-23290 & 10046100
6330 West Loop South, Suite 150 • Bellaire, TX 77401 • 713.777.5337



TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

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 Address Change
2. Customer Reference Number (if issued)	3. Regulated Entity Reference Number (if issued)
CN 600522957	RN 101700946
Follow this link to search for CN or RN numbers in Central Registry**	

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input checked="" 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	
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).			
6. Customer Legal Name (If an individual, print last name first: e.g.: Doe, John)		If new Customer, enter previous Customer below:	
New Braunfels Utilities			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
		746001783	38346169
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input 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 checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input 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 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:			
15. Mailing Address:			
263 Main Plaza			
City	New Braunfels	State	TX
ZIP	78130	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number		20. Fax Number (if applicable)	
(830) 608 - 8900		() -	
19. Extension or Code			

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 checked="" type="checkbox"/> Update to Regulated Entity Information	
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).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Gruene Road Water Reclamation Facility	

23. Street Address of the Regulated Entity: (No PO Boxes)	1322 Loop 337						
	City	New Braunfels	State	TX	ZIP	78130	ZIP + 4
24. County	Comal						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:	29.00001			28. Longitude (W) In Decimal:	-98.116669		
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)	
4952				221320			
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
34. Mailing Address:	263 Main Plaza						
	City	New Braunfels	State	TX	ZIP	78130	ZIP + 4
35. E-Mail Address:							
36. Telephone Number			37. Extension or Code		38. Fax Number (if applicable)		
() -					() -		

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.

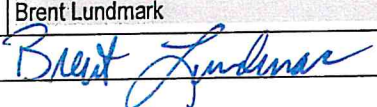
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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
	TXR05ET59			
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other:
	WQ0010232-002			R10232-002

SECTION IV: Preparer Information

40. Name:	Della Soza		41. Title:	Administrative Assistant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(830) 608 - 8901		() -	dsoza@nbutexas.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:	New Braunfels Utilities	Job Title:	Water Treatment & Compliance Manager
Name(In Print):	Brent Lundmark	Phone:	(830) 608 - 8900
Signature:		Date:	1/31/25