| [Return to Home](http://www.tceq.state.tx.us/) COMPLIANCE SEP APPLICATION  OFFICE OF  LEGAL SERVICES  512.239.0600  sepreports@tceq.texas.gov  Texas Commission on Environmental Quality | | | | | |
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| RESPONDENT INFORMATION | | | | | |
| **Type of SEP Project** | **\_\_\_ WWTP \_\_\_ Other** | | | | |
| **Date** | **TCEQ Docket No.** | | | | |
| **Name of Applicant**(Legal Name of Applicant or Organization) | | | | | |
| **Name of the Facility** | | | | | |
| **E-Mail Address** | **Street Address** | | | | |
| **City** | | **ZIP** **Code** | | **County** | |
| **Contact Person** (Name of person to call for questions)  **Telephone**  **Email** | | **Enforcement Coordinator**  Name  Phone Number  **SEP Coordinator** (Name & telephone of SEP coordinator)  Sarah Miller  (512) 239-0622 | | | |
| **Project Coordinator** (Name and contact information for person responsible for oversight of project:  **Telephone**  **Email** | | | | | |
| Nature of VIOLATION/ProblEM | | | | | |
| **Nature of the Enforcement Action** (Provide a summary of the enforcement action being taken against the facility so that TCEQ can evaluate the appropriateness of the project in relation to the violation.) | | | | | |
| **Penalty Amount** $ | | | **SEP Amount** $ | | |
| **DESCRIPTION OF THE PROPOSED SEP** | | | | | |
| **Project** **Name** | | | | | |
| **Description of the proposed SEP** and **How the Project Will Be Implemented** (Include photographs and maps, if needed; describe the need for the project and provide details on how the project will be implemented) | | | | | |
| **Media**, if known (**air, water, waste**) | | | | | |
| **Specific Location of SEP Project/Geographical Area to Benefit** (Identify specific areas, cities, counties and watersheds and/or nonattainment areas that would be affected by the project.) | | | | | |
| **Ownership**(Please state who owns the property where the SEP will be conducted.) | | | | | |
| **Does the proposed SEP relate in any way to the violation?** (Causal relationship between violation and the restoration?)  If so, how? | | | | | |
| **Will the project use contract labor?** (Please specify) | | | | **Will the respondent be willing to complete all portions of the SEP, regardless of whether the SEP costs more than anticipated? Y / N** | |
| PROPOSED BUDGET DETAILS (tHE STate Flat Rates for equipment use is AVAILABLE FROM TCEQ OFFICE OF LEGAL SERVICES) Only actual costs will be given credit upon completion of the SEP. **No credit** will be given for volunteer labor; labor by respondent’s employees; gratuities such as food, drinks, and t-shirts; or for administrative costs. | | | | | |
| **The Tab Key will add more rows, if needed. Provide total expenses after last entry.** | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item** | **Units** | **Price per item** | **Quantity** | **Total** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | |

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| **Project Schedule** **NOTE:** Project implementation may commence prior to approval by the Commission of the agreed order that includes the SEP (1) if Respondent qualifies pursuant to Tex. Water Code §§ 7.067 (a-1)(2) or (a-1)(1) and (a-2), and (2) once an agreed order has been proposed. | | |
| **Schedule for CUSTOM SEP**  **Notice of Commencement**  Due 30 days after approval  **1st Progress Report**:  Due 90 days after commencement  **2nd Progress Report**:  Due 180 days after commencement  **3rd Progress Report**:  Due 270 days after commencement  **End of Project**:  Due 365 days after commencement  **FINAL REPORT**:  Due 60 days after completion | **Schedule for 90-day COMPLIANCE SEP**  **Notice of Commencement**  30-days after approval  **1st Progress Report**:  60-days after commencement  **End of Project**:  90-days after commencement  **FINAL REPORT:**  Due 30 days after completion | **SPECIAL CONDITONS** |
| **Reporting and Frequency**  (Be sure to identify the person responsible for reporting to the TCEQ.)  **I agree to the reporting schedule stated above. I will provide progress reports on a timely basis and will provide the required documentation as stated in the SEP Attachment A.**  **Name of Person Responsible for reporting to TCEQ:**  **Contact phone number:**  **Email address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Person Responsible for Reporting to TCEQ Date | | |
| EXPEcTED ENVIRONMENTAL BENEFIT | | |
| Explain in as much detail as possible the expected environmental benefits of this project and quantify the environmental benefits to the extent practical. Even if the benefits seem obvious (e.g. reducing pollution), you still must clearly state how the implementation of the SEP project will result in measurable environmental benefits.  **For pollution prevention or reduction projects** - Quantify the amount of each pollutant that is expected to be reduced beyond the level required for environmental compliance. | | |
| **For all other types of projects** - Quantify the number of participants, programs offered, sites cleaned, types of contamination contained/removed, acres restored or affected, etc. | | |
| Financial gain | | |
| **Do you anticipate any financial return on the project?** **Y / N** | | |

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| PREVIOUS COMMITMENT CERTIFICATION: NO SEPARATE REQUIREMENT OR PRIVATE COMMITMENTS |
| **Please check the applicable box and certify to the applicable certification statement below:**  I certify on behalf of the Respondent, that the Respondent has not previously committed to perform this project including a previous obligation to complete the proposed SEP:   1. under any applicable local, state, or federal regulations that would require implementation of this project or any part of this project; or 2. as a part of:   a. a pollution prevention commitment identified in an agreement developed pursuant to any of the state’s prevention programs;  b. a commitment made under the Clean Texas Program; or  c. the U.S. Environmental Protection Agency's Project XL or any other incentive or regulatory flexibility program.  (Visit <http://www.tceq.texas.gov/p2/pollution_prevention.html> for links and information about the state’s pollution prevention programs)  **Certification statement**: Please accept this implementation plan for the SEP as a certification that (1) the information is true and correct and (2) the proposed project is being undertaken solely as part of the settlement of the enforcement action.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature, Title Printed Name and Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  If Respondent has previously committed to perform this project as described above, please provide in the space below information regarding (1) the date the Respondent previously committed to perform the project, and (2) a summary of the project that Respondent previously committed to.  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Certification statement**: Please accept this implementation plan for the SEP as a certification that (1) the information is true and correct and (2) the proposed project is being undertaken solely as part of the settlement of the enforcement action.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature, Title Printed Name and Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **FUNDING CERTIFICATION: NO PRIOR MONETARY COMMITMENTS OR SEPARATE FUNDING** |
| I certify on behalf of the Respondent, that no funding has been budgeted for the project prior to the approval of the SEP by the TCEQ. In addition, I certify on behalf of the Respondent, that the project will not receive duplicative funding by grants or donations from any source for the authorized project expenditures as detailed within the SEP Attachment A.,  **Certification statement**: Please accept this implementation plan for the SEP as a certification that (1) no funding has been budgeted for the project prior to its approval and (2) the project will not receive duplicative funding by grants or donations from any source.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Title Printed Name and Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |