



900 E. Quincy, San Antonio, Texas 78215
(210) 222-2204 or 1-800-292-1047 Fax (210) 222-9869

Registration for a Facility Storing Regulated Substances

One registration required for each facility.

1. This registration must be completed, signed, and submitted to the Edwards Aquifer Authority (EAA) for any existing or new facility storing regulated substances as defined in EDWARDS AQUIFER AUTHORITY RULES, ch. 702 (Definitions), § 702.1 (166) (Regulated Substance). These regulations may be viewed on the EAA website at <http://www.edwardsaquifer.org>.
2. This registration is to be filed with the EAA within 180 days after the commencement of operations.
3. The registration must be typed or printed legibly using ink.
4. A processing fee of \$10.00 must accompany the registration. Only checks and money orders made payable to the "Edwards Aquifer Authority" will be accepted. **Do not** submit cash.
5. Information submitted pursuant to this registration form shall be revised to address any related changes that may occur at the facility.
6. Incomplete registrations will be returned to the registrant for completion.

I.- Registrant Information - Please provide **all** of the following:

1. Facility Owner Full Name: _____
2. Facility Owner Contact Full Name: _____
3. Owner Telephone No. () _____ Owner Facsimile No. () _____
4. Owner e-mail address: _____
5. Facility Owner Physical Address: _____
6. Facility Owner Mailing Address: _____
7. Facility Operator Full Name: _____
8. Facility Operator Contact Full Name: _____
9. Operator Telephone No. () _____ Operator Facsimile No. () _____
10. Operator e-mail address: _____
11. Operator Mailing Address: _____
12. Operator Physical Address: _____

II. - Facility Type -

- Existing Facility (In operation on or prior to March 21, 2008.)
- New Facility (Date of commencement of operations: ____/____/____)
- Amended Facility (Previously registered facility that has modified its secondary containment; the type of regulated substance or the quantity of regulated substances stored within a storage area at the facility; or has modified its Spill Prevention and Response Plan (SPRP).

III. - Facility Site Information - Please provide **all** the following:

1. Facility Site Physical Address: _____
City: _____ Zip: _____ County: _____
2. The nature or purpose of business for the facility: _____

3. Hours of operation: _____
4. Please provide the latitude and longitude for **each** regulated substance storage area in degrees/ minutes/ seconds NAD 83 coordinate format and the type, quantity and total aggregate quantity of regulated substances normally stored within each storage area. (Please provide attachments if needed):

4a.	Name of Storage Area:	Latitude:	Longitude:
_____	_____	_____	_____
	Regulated Substance/Product Name:	Container size:	Quantity/Units*:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total quantity of Regulated Substances Stored within the storage area:
_____ pounds _____ gallons

4b. Name of Storage Area: Latitude: Longitude:

Regulated Substance/Product Name:	Container size:	Quantity/Units*:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total quantity of Regulated Substances Stored within the storage area:
_____ pounds _____ gallons

4c. Name of Storage Area: Latitude: Longitude:

Regulated Substance/Product Name:	Container size:	Quantity/Units*:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total quantity of Regulated Substances Stored within the storage area:
_____ pounds _____ gallons

4d. Name of Storage Area: Latitude: Longitude:

Regulated Substance/Product Name:	Container size:	Quantity/Units*:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total quantity of Regulated Substances Stored within the storage area:
 _____ pounds _____ gallons

4e. Total quantity of Regulated Substances Stored within **all** storage areas at the facility:
 _____ pounds _____ gallons

IV. - Owner's or Agent's Certification:

I certify that, as the Registrant, I am the owner or operator of the facility which is the subject of this Registration, or the Authorized Agent of the facility owner. Additionally, I certify that each and all of the statements and information contained herein are true and correct to the best of my knowledge and belief. Moreover, I agree to fully comply with the terms of the Edwards Aquifer Authority Act and the rules of the EAA.

Signature of Owner, Operator, or Agent: _____ Date _____

Print Name: _____

Co-Signature: _____ Date _____

Print Name: _____

* Units – Regulated substances stored as solids (including gels and pastes) shall be recorded in pounds and regulated substances stored as liquid shall be recorded in gallons, per § 713.501(b).