



BIGGS & MATHEWS ENVIRONMENTAL

Consulting Engineers ♦ Hydrogeologists

Mansfield ♦ Wichita Falls

January 31, 2022

Bobby Harris Rogans, License & Permit Specialist
Business Program Services Section
Waste Permits Division
P. O. Box 13087
Austin, TX 78711-3087

Re: Administrative Notice of Deficiency Letter
130 Environmental Park, LLC
Lockhart, Caldwell County, Texas
Municipal Solid Waste Permit Number: 2383
Tracking No. 27127855; RN106897036/CN604375972
Type I Permit Major Amendment Limited Scope

Dear Ms. Rogans:

This response to your notice of deficiency letter addressed to Charles Appleby, dated January 18, 2022, is submitted on behalf of 130 Environmental Park, LLC for the Type I Major Permit Amendment Limited Scope submitted December 23, 2021. Our responses to the Texas Commission on Environmental Quality (TCEQ) comments are presented in the order listed in your email on the attached Table.

Sincerely,

BIGGS & MATHEWS ENVIRONMENTAL
TBPE No. F-256 ♦ TBPG No. 50222

David L. Clark, P.E.
Principal Engineer

Attachments: 1 Original and 3 Copies:
Application Deficiencies – Administrative NOD #1 Responses
Revised Application Pages (Redline/Strikeout and Clean versions)
Four sets of Mailing Labels for Adjacent Landowner List
Signed, Sealed and Notarized Signature Page

cc: Mr. Charles Appleby, Vice President, 130 Environmental Park, LLC

Application Deficiencies – Administrative NOD #1 Responses

ID ¹	App. Part	App. Section	Location ²	Citation	Error Type ³	Deficiency Description/Resolution
A1	I	Entirety	Application		Incomplete	Please submit an original and three additional copies of the Notice of Deficiency response documents. Response: An original and three additional copies of the Notice of Deficiency response documents are submitted.
A2	I	Page 1	Section 5	330.57(f)(1)	Omitted	Please provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted, also please post the application on a valid website. Response: The URL address for the publicly accessible internet web site has been updated and the application has been posted at the listed website.
A3	I	Page 2	Section B-3		Omitted	Please provide a mailing address and email address for the individual responsible for publishing the notice. Response: The mailing address and email address for the contact responsible for publishing the notice has been added to the contact name.
A4	I	Page 3	Attachment C	39.5(b)	Omitted	Please verify the latitude and longitude. If correct in the Part I Application Form, please update the Core Data Form (CDF) and resubmit. Otherwise, please correct the Part I Application Form. Response: The latitude and longitude on the Part I Application form have been updated to match the coordinates on the Core Data Form.
A5	I	Page 5	Section 17		Omitted	Please list the Consultant's Company name. Response: Consultant company name has been listed with the Firm Registration Number on the Part I Application form.
A6	I	Page 7	Section 20		Omitted	Please add office number IE.14 to Senator Judith Zaffirini address. Response: Office number IE.1 has been added to the Senator Judith Zaffirini's address on the Part I Application form.

A7	I	Page 8	Section G	305.50(a)(2)	Incomplete	Please submit four sets of printed mailing labels for the adjacent landowners list. Names and addresses must be typed in the format required by the U.S. Postal Service for machine readability. The list is to be 30 names, addresses, etc. (10 per column) per page (MS WORD Avery Standard 5160). Response: Four sets of printed mailing labels for the adjacent landowners list are submitted.
A8	I	Page 9	Signature Page	305.44, 270.11	Incomplete	Please resubmit and original signed, scaled and notarized signature page. Response: An original signed, sealed and notarized signature page is submitted.

Deficiency ID - Key: A#=Administrative deficiency (ex. A12); T#=Technical deficiency (ex. T10); C#=Comment only (ex. C1); Number in parenthesis (n) = nth instance of same deficiency (ex. T1(2) is the second instance of deficiency T1 originally identified in previous NOD).

Location of deficiency in submittal/application. Items in square brackets [] refer to applicant's supplemental information submitted as attachments to the application form.

Possible Error Types, one of: Ambiguous, Incomplete, Inconsistent, Incorrect, Omitted, Typo, or Wrong Format.

REDLINE/STRIKEOUT

Facility Name: 130 Environmental Park
Permittee/Registrant Name: 130 Environmental Park, LLC
MSW Authorization #:2383
Initial Submittal Date: 12/22/2021
Revision Date: 01/21/2022



Texas Commission on Environmental Quality
Part I Application Form for New Permit, Permit
Amendment, or Registration for a
Municipal Solid Waste Facility

1. Reason for Submittal

Initial Submittal Notice of Deficiency (NOD) Response

2. Authorization Type

Permit Registration

3. Application Type

New Permit Permit Major Amendment Permit Major Amendment (Limited Scope)
 New Registration

4. Application Fees

Amount
 \$2,050 for Permits and Permit Amendments \$150 for Registrations
Payment Method
 Check Online through ePay portal <<https://www3.tceq.texas.gov/epay/>>
If paid online, enter ePay Trace Number:

5. Application URL

Is the application submitted for a Type I Arid Exempt (AE) or Type IV AE facility?

Yes No

If the answer is "No", provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.

<https://biggsandmathews.com/on-line-documents/permits-v2/category/7-130-environmental-park>

6. Application Publishing

Party Responsible for Publishing Notice:

Applicant Agent in Service Consultant

Contact Name: **Brent Ryan**

**P. O. Box 12127
Austin, TX 78711**

Phone: **(512) 327-8111**

Title: **Attorney, McElroy, Sullivan, Miller, & Weber, LLP**

Email: **bryan@msmtx.com**

7. Alternative Language Notice

Is an alternative language notice required for this application? (For determination refer to Alternative Language Checklist on the Public Notice Verification Form TCEQ-20244-Waste)

Yes No

8. Public Place Location of Application

Name of the Public Place: **Dr. Eugene Clark Library**

Physical Address: **217 S. Main St.**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area code) Telephone Number: **(512) 398-3223**

9. Consolidated Permit Processing

Is this submittal part of a consolidated permit processing request, in accordance with 30 TAC Chapter 33?

Yes No Not Applicable

If "Yes", state the other TCEQ program authorizations requested:

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", cross-reference the confidential documents throughout the application and submit as a separate attachment in a binder clearly marked "CONFIDENTIAL."

11. Permits and Construction Approvals			
Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under the Texas Solid Waste Disposal Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground Injection Control Program under the Texas Injection Well Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Pollutant Discharge Elimination System Program under the Clean Water Act and Waste Discharge Program under Texas Water Code, Chapter 26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Significant Deterioration Program under the Federal Clean Air Act (FCAA). Nonattainment Program under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ocean Dumping Permits under the Marine Protection Research and Sanctuaries Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dredge or Fill Permits under the CWA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licenses under the Texas Radiation Control Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. General Facility Information
<p>Facility Name: 130 Environmental Park</p> <p>Contact Name: Charles Appleby Title: Vice President</p> <p>MSW Authorization No. (if available): 2383</p> <p>Regulated Entity Reference No. (if issued)*: RN106897036</p> <p>Physical or Street Address (if available): 5200 N US Hwy 183 (NB)</p> <p>City: Lockhart County: Caldwell State: TX Zip Code: 78644</p> <p>(Area Code) Telephone Number: (512) 772-5099</p> <p>Latitude (Degrees, Minutes Seconds): 29° 58' 43.75" N 29° 57' 47.24"</p> <p>Longitude (Degrees, Minutes Seconds): 97° 39' 24.76" W 97° 39' 56.28"</p> <p>Benchmark Elevation (above mean sea level): 577.19ft.</p> <p>Provide a description of the location of the facility with respect to known or easily identifiable landmarks: Entrance to facility is on the northbound frontage road of SH 130 (US 183), ~ 1500 feet north of the intersection of US 183 and FM 1185.</p> <p>Detail access routes from the nearest United States or state highway to the facility:</p> <p><small>*If this number has not been issued for the facility, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Facility as the Regulated Entity.</small></p>

13. Facility Type(s)

- Type I Type IV Type V
 Type I AE Type IV AE Type VI

14. Activities Conducted at the Facility

- Storage Processing Disposal

15. Facility Waste Management Unit(s)

- Landfill Unit(s) Incinerator(s)
 Class 1 Landfill Unit(s) Autoclave(s)
 Process Tank(s) Refrigeration Unit(s)
 Storage Tank(s) Mobile Processing Unit(s)
 Tipping Floor Type VI Demonstration Unit
 Storage Area Compost Pile(s) and/or Vessel(s)
 Container(s) Other (specify):
 Roll-off Boxes Other (specify):
 Surface Impoundment Other (specify)

16. Description of Proposed Facility or Changes to Existing Facility

Provide a brief description of the proposed activities if application is for a new facility, or the proposed changes to an existing facility or permit conditions if the application is for an amendment.

This amendment expands the operating hours of the 130 Environmental Park.

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: 130 Environmental Park, LLC

Customer Reference No. (if issued)*: **CN604375972**

Contact Name: **Charles Appleby**

Title: **Vice President -**

Integrated Waste Solutions Group, Manager - 130 Environmental Park, LLC

Mailing Address: **5200 N US Hwy 183 (NB)**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **(512) 772-5099**

Email Address: **charles.l.appleby@iwsgusa.com**

TX Secretary of State (SOS) Filing Number: **0801836528**

*If the Site Operator (Permittee/Registrant) does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Site Operator (Permittee/Registrant) as the Customer.

Operator Name¹: Same as "Site Operator" (Permittee/Registrant)

Customer Reference No. (if issued)*:

Contact Name: Title:

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

TX SOS Filing Number:

¹If the Operator is the same as Site Operator/Permittee type "Same as "Site Operator (Permittee/Registrant)".
*If the Operator does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Operator as the customer.

Consultant Name (if applicable):

Texas Board of Professional Engineers Firm Registration Number: **F-256**
Biggs & Mathews Environmental

Contact Name: **David Clark, PE** Title: **Engineer**

Mailing Address: **1700 Robert Road, Suite 100**

City: **Mansfield** County: **Tarrant** State: **TX** Zip Code: **76063**

(Area Code) Telephone Number: **(817) 563-1144**

Email Address: **dclark@biggsandmathews.com**

Agent in Service Name (required only for out-of-state): Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

Mailing Address: **211 E. 7th Street, Suite 620**

City: **Austin** County: **Travis** State: **TX** Zip Code: **78701-3136**

(Area Code) Telephone Number: **(512) 397-1550**

Email Address:

18. Facility Supervisor's License

Select the Type of License that the Solid Waste Facility Supervisor, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, will obtain prior to commencing facility operations.

Class A Class B

19. Ownership Status of the Facility

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual | <input type="checkbox"/> City Government | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> County Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | <input type="checkbox"/> Other (specify): |

Does the Site Operator (Permittee/Registrant) own all the facility units and all the facility property?

Yes No

If "No", provide the information requested below for any additional ownership.

Owner Name:

Street or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

20. Other Governmental Entities Information

Texas Department of Transportation District: Austin

District Engineer's Name: **Tucker Ferguson**

Street Address or P.O. Box: **P.O. Drawer 15426**

City: **Austin** County: **Travis** State: **TX** Zip Code: **78761-5426**

(Area Code) Telephone Number: **(512) 832-7000**

Email Address:

The Local Governmental Authority Responsible for Road Maintenance (if applicable): Caldwell County Unit Road Administrator

Contact Person's Name: **Donald LeClerc**

Street Address or P.O. Box: **1700 FM 2720**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **(512) 398-7269**

Email Address:

City Mayor Information

City Mayor's Name: **Lew White**

Office Address: **P. O. Box 239**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **512-398-3461**

Email Address: **lwhite@lockhart-tx.org**

City Health Authority:N/A

Contact Person's Name:

Street Address or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

County Judge Information

County Judge's Name: **Hoppy Haden**

Street Address or P.O. Box: **110 S. Main St, Room 201**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **512-398-1809**

Email Address: **hoppy.haden@co.caldwell.tx.us**

County Health Authority: DSHS Public Health Region 7

Contact Person's Name: **Sharon K. Melville, MD, MPH**

Street Address or P.O. Box: **2408 S. 37th St.**

City: **Temple** County: **Bell** State: **TX** Zip Code: **76504**

(Area Code) Telephone Number:

Email Address:

State Representative Information

District Number: **17**

State Representative's Name: **John P. Cyrrier**

District Office Address: **1017 Main Street**

City: **Bastrop** County: State: **TX** Zip Code: **78602**

(Area Code) Telephone Number: **512-463-0682**

Email Address:

State Senator Information

District Number: **21**

State Senator's Name: **Judith Zaffirini**

District Office Address: **P. O. Box 12068, Capital Station, Office Number IE.14**

City: **Austin** County: State: **TX** Zip Code: **78711**

(Area Code) Telephone Number: **512-463-0121**

Email Address:

Council of Government (COG) Name: Capital Area Council of Governments

COG Representative's Name: **Betty Voights**

COG Representative's Title: **Executive Director**

Street Address or P.O. Box: **6800 Burleson Rd, Building 310, Suite 165**

City: **Austin** County: **Travis** State: **TX** Zip Code: **78744**

(Area Code) Telephone Number: **(512) 916-6018**

Email Address:

River Basin Authority Name: Guadalupe-Blanco River Authority
Contact Person's Name: **Kevin Patteson, General Manager/CEO**
Watershed Sub-Basin Name: **San Marcos River Watershed**
Street Address or P.O. Box: **933 East Court St.**
City: **Sequin** County: **Guadalupe** State: **TX** Zip Code: **78155**
(Area Code) Telephone Number: **(830) 379-5822**
Email Address:

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

U.S. Army Corps of Engineers

The facility is located in the following District of the U.S. Army Corps of Engineers:

Albuquerque, NM Galveston, TX
 Ft. Worth, TX Tulsa, OK

Local Government Jurisdiction

Within City Limits of: **N/A**

Within Extraterritorial Jurisdiction of: **N/A**

Is the facility located in an area in which the governing body of the municipality or county has prohibited the storage, processing or disposal of municipal or industrial solid waste?

Yes No

If "Yes", provide a copy of the ordinance or order as an attachment.

Part I Attachments

(See Instructions for P.E. seal requirements.)

Required Attachments

Supplementary Technical Report
Property Legal Description
Property Metes and Bounds Description
Facility Legal Description
 Facility Metes and Bounds Description
 Metes and Bounds Drawings
 On-Site Easements Drawing
Land Ownership Map
Land Ownership List
 Electronic List or Mailing Labels
Texas Department of Transportation (TxDOT) County Map
General Location Map
General Topographic Map
Verification of Legal Status
Property Owner Affidavit
Evidence of Competency

Attachment No.

**Following Checklist
Following Checklist
Following Checklist**

Additional Attachments as Applicable- Select all those apply and add as necessary

- TCEQ Core Data Form(s)
- Signatory Authority Delegation
- Fee Payment Receipt
- Confidential Documents
- Waste Storage, Processing and Disposal Ordinances
- Final Plat Record of Property
- Certificate of Fact (Certificate of Incorporation)
- Assumed Name Certificate

Following TCEQ-0650

CLEAR COPY

Facility Name: 130 Environmental Park
Permittee/Registrant Name: 130 Environmental Park, LLC
MSW Authorization #:2383
Initial Submittal Date: 12/22/2021
Revision Date: 01/21/2022



Texas Commission on Environmental Quality
Part I Application Form for New Permit, Permit
Amendment, or Registration for a
Municipal Solid Waste Facility

1. Reason for Submittal

Initial Submittal Notice of Deficiency (NOD) Response

2. Authorization Type

Permit Registration

3. Application Type

New Permit Permit Major Amendment Permit Major Amendment (Limited Scope)
 New Registration

4. Application Fees

Amount

\$2,050 for Permits and Permit Amendments \$150 for Registrations

Payment Method

Check Online through ePay portal <<https://www3.tceq.texas.gov/epay/>>

If paid online, enter ePay Trace Number:

5. Application URL

Is the application submitted for a Type I Arid Exempt (AE) or Type IV AE facility?

Yes No

If the answer is "No", provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.

<https://biggsandmathews.com/on-line-documents/permits-v2/category/7-130-environmental-park>

6. Application Publishing

Party Responsible for Publishing Notice:

Applicant Agent in Service Consultant

Contact Name: **Brent Ryan**
P. O. Box 12127
Austin, TX 78711

Phone: **(512) 327-8111**

Title: **Attorney, McElroy, Sullivan, Miller, & Weber, LLP**

Email: **bryan@msmtx.com**

7. Alternative Language Notice

Is an alternative language notice required for this application? (For determination refer to Alternative Language Checklist on the Public Notice Verification Form TCEQ-20244-Waste)

Yes No

8. Public Place Location of Application

Name of the Public Place: **Dr. Eugene Clark Library**

Physical Address: **217 S. Main St.**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area code) Telephone Number: **(512) 398-3223**

9. Consolidated Permit Processing

Is this submittal part of a consolidated permit processing request, in accordance with 30 TAC Chapter 33?

Yes No Not Applicable

If "Yes", state the other TCEQ program authorizations requested:

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Does the application contain confidential documents?

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If "Yes", cross-reference the confidential documents throughout the application and submit as a separate attachment in a binder clearly marked "CONFIDENTIAL."

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National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ocean Dumping Permits under the Marine Protection Research and Sanctuaries Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dredge or Fill Permits under the CWA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licenses under the Texas Radiation Control Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. General Facility Information
<p>Facility Name: 130 Environmental Park</p> <p>Contact Name: Charles Appleby Title: Vice President</p> <p>MSW Authorization No. (if available): 2383</p> <p>Regulated Entity Reference No. (if issued)*: RN106897036</p> <p>Physical or Street Address (if available): 5200 N US Hwy 183 (NB)</p> <p>City: Lockhart County: Caldwell State: TX Zip Code: 78644</p> <p>(Area Code) Telephone Number: (512) 772-5099</p> <p>Latitude (Degrees, Minutes Seconds): N 29° 57' 47.24"</p> <p>Longitude (Degrees, Minutes Seconds): W 97° 39' 56.28"</p> <p>Benchmark Elevation (above mean sea level): 577.19ft.</p> <p>Provide a description of the location of the facility with respect to known or easily identifiable landmarks: Entrance to facility is on the northbound frontage road of SH 130 (US 183), ~ 1500 feet north of the intersection of US 183 and FM 1185.</p> <p>Detail access routes from the nearest United States or state highway to the facility:</p> <p><small>*If this number has not been issued for the facility, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Facility as the Regulated Entity.</small></p>

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 Type I AE Type IV AE Type VI

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 Class 1 Landfill Unit(s) Autoclave(s)
 Process Tank(s) Refrigeration Unit(s)
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 Container(s) Other (specify):
 Roll-off Boxes Other (specify):
 Surface Impoundment Other (specify)

16. Description of Proposed Facility or Changes to Existing Facility

Provide a brief description of the proposed activities if application is for a new facility, or the proposed changes to an existing facility or permit conditions if the application is for an amendment.

This amendment expands the operating hours of the 130 Environmental Park.

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: 130 Environmental Park, LLC

Customer Reference No. (if issued)*: **CN604375972**

Contact Name: **Charles Appleby**

Title: **Vice President -**

Integrated Waste Solutions Group, Manager - 130 Environmental Park, LLC

Mailing Address: **5200 N US Hwy 183 (NB)**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **(512) 772-5099**

Email Address: **charles.l.appleby@iwsgusa.com**

TX Secretary of State (SOS) Filing Number: **0801836528**

*If the Site Operator (Permittee/Registrant) does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Site Operator (Permittee/Registrant) as the Customer.

Operator Name¹: Same as "Site Operator" (Permittee/Registrant)

Customer Reference No. (if issued)*:

Contact Name: Title:

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

TX SOS Filing Number:

¹If the Operator is the same as Site Operator/Permittee type "Same as "Site Operator (Permittee/Registrant)".
*If the Operator does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Operator as the customer.

Consultant Name (if applicable):

Texas Board of Professional Engineers Firm Registration Number: **F-256**

Biggs & Mathews Environmental

Contact Name: **David Clark, PE** Title: **Engineer**

Mailing Address: **1700 Robert Road, Suite 100**

City: **Mansfield** County: **Tarrant** State: **TX** Zip Code: **76063**

(Area Code) Telephone Number: **(817) 563-1144**

Email Address: **dclark@biggsandmathews.com**

Agent in Service Name (required only for out-of-state): Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

Mailing Address: **211 E. 7th Street, Suite 620**

City: **Austin** County: **Travis** State: **TX** Zip Code: **78701-3136**

(Area Code) Telephone Number: **(512) 397-1550**

Email Address:

18. Facility Supervisor's License

Select the Type of License that the Solid Waste Facility Supervisor, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, will obtain prior to commencing facility operations.

Class A Class B

19. Ownership Status of the Facility

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual | <input type="checkbox"/> City Government | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> County Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | <input type="checkbox"/> Other (specify): |

Does the Site Operator (Permittee/Registrant) own all the facility units and all the facility property?

Yes No

If "No", provide the information requested below for any additional ownership.

Owner Name:

Street or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

20. Other Governmental Entities Information

Texas Department of Transportation District: Austin

District Engineer's Name: **Tucker Ferguson**

Street Address or P.O. Box: **P.O. Drawer 15426**

City: **Austin** County: **Travis** State: **TX** Zip Code: **78761-5426**

(Area Code) Telephone Number: **(512) 832-7000**

Email Address:

The Local Governmental Authority Responsible for Road Maintenance (if applicable): Caldwell County Unit Road Administrator

Contact Person's Name: **Donald LeClerc**

Street Address or P.O. Box: **1700 FM 2720**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **(512) 398-7269**

Email Address:

City Mayor Information

City Mayor's Name: **Lew White**

Office Address: **P. O. Box 239**

City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**

(Area Code) Telephone Number: **512-398-3461**

Email Address: **lwhite@lockhart-tx.org**

City Health Authority: N/A

Contact Person's Name:

Street Address or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

County Judge Information

County Judge’s Name: **Hoppy Haden**
Street Address or P.O. Box: **110 S. Main St, Room 201**
City: **Lockhart** County: **Caldwell** State: **TX** Zip Code: **78644**
(Area Code) Telephone Number: **512-398-1809**
Email Address: **hoppy.haden@co.caldwell.tx.us**

County Health Authority: DSHS Public Health Region 7

Contact Person’s Name: **Sharon K. Melville, MD, MPH**
Street Address or P.O. Box: **2408 S. 37th St.**
City: **Temple** County: **Bell** State: **TX** Zip Code: **76504**
(Area Code) Telephone Number:
Email Address:

State Representative Information

District Number: **17**
State Representative’s Name: **John P. Cyrrier**
District Office Address: **1017 Main Street**
City: **Bastrop** County: State: **TX** Zip Code: **78602**
(Area Code) Telephone Number: **512-463-0682**
Email Address:

State Senator Information

District Number: **21**
State Senator’s Name: **Judith Zaffirini**
District Office Address: **P. O. Box 12068, Capital Station, Office Number IE.14**
City: **Austin** County: State: **TX** Zip Code: **78711**
(Area Code) Telephone Number: **512-463-0121**
Email Address:

Council of Government (COG) Name: Capital Area Council of Governments

COG Representative’s Name: **Betty Voights**
COG Representative’s Title: **Executive Director**
Street Address or P.O. Box: **6800 Burleson Rd, Building 310, Suite 165**
City: **Austin** County: **Travis** State: **TX** Zip Code: **78744**
(Area Code) Telephone Number: **(512) 916-6018**
Email Address:

River Basin Authority Name: Guadalupe-Blanco River Authority

Contact Person's Name: **Kevin Patteson, General Manager/CEO**

Watershed Sub-Basin Name: **San Marcos River Watershed**

Street Address or P.O. Box: **933 East Court St.**

City: **Sequin** County: **Guadalupe** State: **TX** Zip Code: **78155**

(Area Code) Telephone Number: **(830) 379-5822**

Email Address:

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

U.S. Army Corps of Engineers

The facility is located in the following District of the U.S. Army Corps of Engineers:

Albuquerque, NM Galveston, TX
 Ft. Worth, TX Tulsa, OK

Local Government Jurisdiction

Within City Limits of: **N/A**

Within Extraterritorial Jurisdiction of: **N/A**

Is the facility located in an area in which the governing body of the municipality or county has prohibited the storage, processing or disposal of municipal or industrial solid waste?

Yes No

If "Yes", provide a copy of the ordinance or order as an attachment.

Part I Attachments

(See Instructions for P.E. seal requirements.)

Required Attachments

Supplementary Technical Report
Property Legal Description
Property Metes and Bounds Description
Facility Legal Description
 Facility Metes and Bounds Description
 Metes and Bounds Drawings
 On-Site Easements Drawing
Land Ownership Map
Land Ownership List
 Electronic List or Mailing Labels
Texas Department of Transportation (TxDOT) County Map
General Location Map
General Topographic Map
Verification of Legal Status
Property Owner Affidavit
Evidence of Competency

Attachment No.

**Following Checklist
Following Checklist
Following Checklist**

Additional Attachments as Applicable- Select all those apply and add as necessary

- TCEQ Core Data Form(s)
- Signatory Authority Delegation
- Fee Payment Receipt
- Confidential Documents
- Waste Storage, Processing and Disposal Ordinances
- Final Plat Record of Property
- Certificate of Fact (Certificate of Incorporation)
- Assumed Name Certificate

Following TCEQ-0650

Noel V. Smith, Jr.
4242 Whartons Dock Road
Bandera, TX 78003-4585

Spencewood INC
1231 W San Antonio St
San Marcos, TX 78666-4136

Ivonne Barba
1687 Homannville Trail
Lockhart, TX 78644-4516

Gloria Oralia Martinez
2705 Hocke Lane Lot 70
Austin, TX 78744-1737

Joel & Rebecca Ruiz
1595 Homannville Trail
Lockhart, TX 78644-2270

Maria Lourdes Rodriguez
145 Ted Court
Kyle, TX 78640-8864

Rosa Maria Mendoza-Campos
1579 Homannville Trail
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304 Golden Cove
Kyle, TX 78640-4481

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Jessica Suarez Ruiz & Viridiana Suarez Ruiz
8303 N MOPAC Expy Suite 100A
Austin, TX 78759-8335

Miguel Garcia-Ramirez & Mary Ann Davila
PO Box 6858
Austin, TX 78762-6858

Gabriel Hernandez & Dora Gudino-Trejo
1475 Homannville Trail
Lockhart, TX 78644-3196

Corine & Gordon Swenson
11407 FM 1625
Austin, TX 78747-1563

Jennifer Aviles-Mondragon
1600 Homannville Trail
Lockhart, TX 78644-4501

Morales, Anita A.
1570 Homannville Trail
Lockhart, TX 78644-2270

Lane, Susan E
1334 Homannville Trail
Lockhart, TX 78644

TJFA
PO Box 17126
Austin, TX 78760-7126

Carlos Garcia & Michael Garcia
8412 Old Lockhart Hwy
Buda, TX 78610-4933

David F. Neumann
PO Box 405
Lockhart, TX 78644-0405

King Family Trust Jody King Trustee
3925 FM 1185
Lockhart, TX 78644-4526

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Thomas Barton Bunnell Jr, Spec Needs Trustee
PO Box 454
Lockhart, TX 78644-0454

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134 Riverstone Terrace Ste 203
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Signature Page

I, Charles Appleby, Vice President - Integrated Waste Solutions Group, Manager - 130 Environmental Park, LLC,
(Site Operator (Permittee/Registrant)'s Authorized Signatory) (Title)

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.

Signature: [Handwritten Signature] Date: 1/26/22

TO BE COMPLETED BY THE OPERATOR IF THE APPLICATION IS SIGNED BY AN AUTHORIZED REPRESENTATIVE FOR THE OPERATOR

I, _____, hereby designate _____
(Print or Type Operator Name) (Print or Type Representative Name)

as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and/or appear for me at any hearing or before the Texas Commission on Environmental Quality in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. I further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application.

Printed or Typed Name of Operator or Principal Executive Officer

Signature

SUBSCRIBED AND SWORN to before me by the said Charles Appleby
On this 26th day of January 2022
My commission expires on the 18th day of September 2022

Ashley M. HBZ
Notary Public in and for
St. Thomas, US Virgin Islands County, Texas

(Note: Application Must Bear Signature & Seal of Notary Public)