

Facility Name: MedCare Environmental Solutions
Registrant Name: MedCare Environmental Solutions, Inc
Medical Waste Authorization No.:
Initial Submittal Date: January 2018
Revision Date: Preliminary Review # (March 2018)



Texas Commission on Environmental Quality

Application Form for a New Medical Waste Facility Registration

1. Reason for Submittal

- Initial Submittal Notice of Deficiency (NOD) Response

2. Application Fees

- Pay by Check Online Payment

If paid online, e-Pay Trace/Confirmation Number:

3. Application URL

Provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.

http:// **http://www.medcareenvironmental.com/**

4. Application Publishing

Party Responsible for Publishing Notice:

- Applicant Consultant

5. 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-NAORPM)

- Yes No

6. Public Place Location of Application

Name of the Public Place: **El Paso City Hall**

Physical Address: **300 N Campbell Street**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79901**

(Area Code) Telephone Number: **(915) 212-0000**

7. Confidential Documents
Does the application contain confidential documents? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", cross-reference the confidential documents throughout the application and submit as a separate attachment in a binder clearly marked "CONFIDENTIAL."

8. Permits and/or Construction Approvals			
Select all that apply	Received	Pending	Not Applicable
Animal and Plant Health Inspection Service (APHIS) Regulated Garbage Compliance Agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Enforcement Administration (DEA) Authorization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Texas Pollutant Discharge Elimination System (TPDES) Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Authorization to Discharge Wastewater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Permits and Approvals			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. General Facility Information
<p>Facility Name: MedCare Environmental Solutions Authorization No. (if available): Regulated Entity Reference No. (if issued)*: RN Physical or Street Address: 9119 Billy The Kid Street City: El Paso County: El Paso State: Texas Zip Code: 79907 (Area Code) Telephone Number: (806) 355-3035 Latitude (Degrees, Minutes Seconds): 31.698244 Longitude (Degrees, Minutes Seconds): -106.320483</p> <p>Provide a description of the location of the facility with respect to known or easily identifiable landmarks: 3679</p> <p>Detail access routes from the nearest United States or state highway to the facility: The nearest U.S. Highway is Interstate 10, the site is approximately 1.82 miles southwest of Interstate 10. I-10 can be accessed by traveling south on N. Zaragoza Road for approximately 1.82 miles to Billy The Kid Street from I-10.</p>

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*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.

10. Activities Conducted at the Facility

Storage Treatment Transfer

11. Facility Waste Management Unit(s)

Incinerator(s) Autoclave(s)
 Process Tank(s) Refrigeration Unit(s)
 Storage Tank(s) Mobile Processing Unit(s)
 Tipping Floor Storage Area
 Container(s) Other (Specify)
 Roll-off Boxes Other (Specify)

12. Facility Contact Information

Site Operator (Registrant) Name: Medcare Environmental Solutions Inc

Customer Reference No. (if issued)*: **CN605450303**

Mailing Address: **P.O. Box 21106**

City: **Amarillo** County: **Randall** State: **Texas** Zip Code: **79114**

(Area Code) Telephone Number: **(806) 355-3035**

Email Address: **nord@medcareenvironmental.com**

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

Consultant Name (if applicable): OJD Engineering, LP

Texas Board of Professional Engineers Firm Registration Number: **F-4393**

Mailing Address: **2420 Lakeview Drive**

City: **Amarillo** County: **Potter** State: **Texas** Zip Code: **79109**

(Area Code) Telephone Number: **(806) 352-7117**

Email Address: **clint.green@ojdengineering.com**

13. 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

Email Address (optional):

14. Other Governmental Entities Information

Texas Department of Transportation District: El Paso

District Engineer's Name: **Robert Bielek, DPA, PE**

Street Address or P.O. Box: **13301 Gateway West**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79928-5410**

(Area Code) Telephone Number: **(915) 790-4311**

Email Address (optional):

The Local Governmental Authority Responsible for Road Maintenance (if applicable): City of El Paso

Contact Person's Name: **Ted Marquez**

Street Address or P.O. Box: **7968 San Paulo Drive**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79907**

(Area Code) Telephone Number: **(915) 212-0118**

Email Address (optional):

City Mayor Information

City Mayor's Name: **Dee Mago**

Office Address: **300 N. Campbell**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79901**

(Area Code) Telephone Number: **(915) 212-0021**

Email Address (optional):

City Health Authority: Department of Public Health

Contact Person's Name:

Street Address or P.O. Box: **5115 El Paso**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79905**

(Area Code) Telephone Number: **(915) 212-0200**

Email Address (optional):

County Judge Information

County Judge's Name: **Robert John Bogt**

Street Address or P.O. Box: **500 E, San Antonio Suite 301**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79901**

(Area Code) Telephone Number: **(915) 546-2098**

Email Address (optional): **CountyJudge@epcounty.com**

County Health Authority: Texas Department of Health

Contact Person's Name:

Street Address or P.O. Box: **500 E. San Antonio**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79901**

(Area Code) Telephone Number: **(915) 546-2012**

Email Address (optional):

State Representative Information

District Number: **76**

State Representative's Name: **Cesar J. Blanco**

District Office Address: **9400 Viscount Blvd., Suite 205**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79925**

(Area Code) Telephone Number: **(915) 599-9807**

Email Address (optional): **Cesar.Blanco@house.texas.gov**

State Senator Information

District Number: **29**

State Senator's Name: **Jose Rodriguez**

District Office Address: **100 N. Ochoa, Suite A**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79901**

(Area Code) Telephone Number: **(915) 351-3500**

Email Address (optional):

Council of Government (COG) Name: Rio Grande Council of Governments

COG Representative's Name: **Annette Gutierrez**

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

Street Address or P.O. Box: **8037 Lockheed Drive #100**

City: **El Paso** County: **El Paso** State: **Texas** Zip Code: **79925**

(Area Code) Telephone Number: **(915) 533-0998**

Email Address (optional):

River Basin Authority Name: Rio Grande River Basin

Contact Person's Name:

Watershed Sub-Basin Name: **Pecos Basin**

Street Address or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address (optional):

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

Local Government Jurisdiction

Within City Limits of: **El Paso**

Within Extraterritorial Jurisdiction of:

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

Yes No

(If "Yes", provide a copy of the ordinance or order as an attachment):

Signature Page

I, _____,
(Site Operator (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: _____ Date: _____

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 _____

On this _____ day of _____, _____

My commission expires on the _____ day of _____, _____

Notary Public in and for

_____ County, Texas

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

Registration Application Attachments

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

Required Attachments	Attachment No.
Property Legal Description	1-1
Property Metes and Bounds Description	1-2
Facility Legal Description	1-3
Facility Metes and Bounds Description	1-3
Metes and Bounds Drawings	1-3
Land Ownership Map	1-3
Land Ownership List	1-4
Electronic List or Mailing Labels	1-5
General Location Map	1-6
Verification of Legal Status	1-7
Property Owner Affidavit	1-8
Additional Attachments as Applicable- Select all those apply and add as necessary	
<input checked="" type="checkbox"/> TCEQ Core Data Form(s)	1-9
<input type="checkbox"/> Signatory Authority Delegation	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	

Instructions

Medical Waste Facility Registration Form New Registration Applications for a Medical Waste Management Facility

Form Availability

For further instructions regarding completion of this form, send an e mail to mswper@tceq.texas.gov or call 512-239-2335.

The original application and all copies for New Applications should be submitted to:

Municipal Solid Waste Permits Section, MC 124
Waste Permits Division
Texas Commission on Environmental Quality
P. O. Box 13087
Austin, Texas 78711-3087

Application Submittal

See 30 Texas Administrative Code (30 TAC) Section (§) 305.43(c) for who can submit the application.

The complete application should be typewritten or printed neatly in black ink.

For a new registration application, submit:

1. The original application plus two (2) complete copies (prepared in accordance with 30 TAC §326.69 which includes:
 - a. the TCEQ Core Data Form (See Attachment as applicable);
 - b. the Application Table of Contents and Title Pages shall be signed and sealed in accordance with 30 TAC §326.69(b)(1);
 - c. the Application Medical Waste Facility Registration Form;
 - d. the Application Medical Waste Facility Registration Form Attachments; and
2. If fee is paid by check, a check for payment of application fees transmitted directly to the TCEQ Financial Administration Division with a photocopy of the check included in the original application; and
3. Pre-printed mailing labels of the adjacent landowners or an electronic mailing list on a CD in Microsoft Word compatible format.

For all submittals, provide the Facility Name, Registrant Name, Authorization No., and dates in the form header. For initial submittals, leave "Authorization No." in the form header blank.

For all notice of deficiency responses (NODs), (administrative and/or technical), submit the original plus two (2) copies of the response package which includes:

1. page 1 of this form to indicate that the submittal is for "Notice of Deficiency Response";
2. all revised pages of this form and/or attachments;
3. a new Signature Page; and
4. revised pages; and
5. marked (redline/strikeout) copy of the revised pages.

1. Reason for Submittal

Select **ONE** box that indicates if this form is being submitted in conjunction with an initial application or as part of an NOD response.

2. Application Fees

For a new registration application, the application fee is \$150. Select **ONE** box that indicates the method of payment of application fee for the submittal.

Payment may be made online using TCEQ e-Pay at <https://www3.tceq.texas.gov/epay/>. If payment is made online, enter the e-Pay confirmation number.

If fee is paid by check, send payment directly to the following address:

Financial Administration Division, MC 214
Texas Commission on Environmental Quality
P. O. Box 13087
Austin, Texas 78711-3087

In addition, include a photocopy of the check in the original application submitted to the MSW Permits Section.

3. Application URL

Provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.

4. Application Publishing

Select **ONE** box that indicates the party responsible for publishing all public notices for this application.

5. Alternative Language Notice

For certain registration applications, public notice in an alternate language is required. If an elementary school or middle school nearest to the facility offers a bilingual program, notice may be required to be published in an alternative language. The Texas Education Code, upon which the TCEQ alternative language notice requirements are based, trigger a bilingual education program to apply to an entire school district should the requisite alternative language speaking student population exist. However, there may not exist any bilingual students at a particular school within a district which is required to offer the bilingual education program. For this reason, the requirement to publish notice in an alternative language is triggered if the nearest elementary or middle school, as a part of a larger school district, is required to make a bilingual education program available to qualifying students and either the school has students enrolled at such a program onsite, or has students who attend such a program at another location in satisfaction of the school's obligation to provide such a program as a member of a triggered district.

It is the burden of the applicant to demonstrate compliance with alternative language notice requirements. To assist you in meeting these requirements, the TCEQ Office of Chief Clerk will provide a Public Notice Verification Form (TCEQ-20244-Waste-NAORPM). You must follow instructions provided by the Office of Chief Clerk regarding completion and submittal of the Public Notice Verification Form indicating your compliance with the requirements regarding publication in an alternative language.

If it is determined that an alternative language notice is required, the applicant is responsible for ensuring that the publication in the alternate language is complete and accurate in that language. Electronic versions of the Spanish template examples are available from the TCEQ to help the applicant complete the publication in the alternative language.

More information about the Alternative Language Notice requirement and the Public Notice Verification Form are available on the TCEQ internet site at:

http://www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html.

6. Public Place Location of Application

Identify a public place in the county in which the facility is located or proposed to be located, at which a copy of the application will be available for review and copying (e.g. Public Library, Courthouse, City Hall).

7. Confidential Documents

The Commission has a responsibility to provide a copy of each application to other agencies and to interested persons upon request and to safeguard confidential material from becoming public knowledge. Thus, the Commission requests that the applicant (1) be prudent in the designation of material as confidential and (2) submit such material only when it might be essential to the staff in their development of a recommendation.

The Commission suggests that the applicant **NOT** submit confidential information as part of the registration application. However, if this cannot be avoided, the confidential information should be described in non-confidential terms throughout the application, cross-referenced, and submitted as a separate document or binder, and clearly marked "CONFIDENTIAL."

Reasons of confidentiality include the concept of trade secrecy and other related legal concepts which give a business the right to preserve confidentiality of business information to obtain or retain advantages from its right in the information. This includes authorizations under, 18 U.S.C. 1905 and special rules cited in 40 CFR Chapter I, Part 2, Subpart B.

The applicant may elect to withdraw any confidential material submitted with the application. However, the registration cannot be issued, amended, or modified if the application is incomplete.

8. Permits and/or Construction Approvals

Select **ALL** permits or construction approvals received or applied for under any of the programs listed in this Section.

9. General Facility Information

Provide general facility information as listed under this Section. Facility name provided in this Section should match the Regulated Entity Name (Item #23) in the TCEQ Core Data Form.

If the Regulated Entity Reference Number has not been issued for the facility, complete a TCEQ Core Data Form and submit it with this application.

Provide the longitudinal and latitudinal geographic coordinates for the point of beginning of the facility boundary's metes and bounds description.

10. Activities Conducted at the Facility

Select **ALL** boxes that apply to the facility. For definitions of "storage and processing", refer to 30 TAC §326.3.

11. Facility Waste Management Units

Select **ALL** boxes that best describe the waste management units that will be authorized at the facility. If you are including other unit types, select "Other" and list them.

12. Facility Contact Information

Site Operator (Registrant) Name

Enter Site Operator (Registrant) information. Site Operator is defined in 30 TAC §326.3.

If the Site Operator (Registrant) has filed with the Texas Secretary of State (SOS) as a Corporation, Limited Partnership or non-profit organization it will have been issued an SOS filing number which may be entered here. If the Site Operator (Registrant) has not filed with the SOS, leave blank. Search for the SOS Filing number at: <http://www.sos.state.tx.us/corp/sosda/index.shtml>.

Consultant Name

Enter the consultant company's name and contact information responsible for the preparation of the application on behalf of the facility.

13. 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 (Figure 30 TAC §30.213(a)), will obtain prior to commencing facility operations. Include the rest of the Evidence of Competency information as an attachment (See List of Attachments).

14. Other Governmental Entities Information

Texas Department of Transportation (TxDOT) District

Enter the district name and contact information for the district in which the facility is/will be located. TxDOT's District information can be found at

<http://www.txdot.gov/inside-txdot/district.html>.

The Local Governmental Authority Responsible for Road Maintenance

Enter the local authority name (e.g. local TxDOT maintenance office, city or county road maintenance authority) and contact information responsible for road maintenance.

City Mayor Information

Enter the Mayor's name and contact information for the city in which the facility is/will be located.

City Health Authority

Enter the Health Authority's name and contact information for the city in which the facility is/will be located.

County Judge Information

Enter the Judge's name and contact information for the county in which the facility is/will be located.

County Health Authority

Enter the Health Authority's name and contact information for the county in which the facility is/will be located.

State Representative Information

Enter the District Number, State Representative's name and District Office information for the district in which the facility is/will be located. State Representative's information can be found at:

<http://www.house.state.tx.us/members/find-your-representative/> .

State Senator Information

Enter District Number, State Senator's name and District Office information for the district in which the facility is/will be located. State Senator's information can be found at:

<http://www.house.state.tx.us/members/find-your-representative/> .

Council of Government (COG) Name

Enter the COG name and COG Office information for the COG area in which the facility is/will be located. COG information can be found at:

http://www.txregionalcouncil.org/display.php?page=regions_map.php.

River Basin Authority Name

Enter the River Basin Authority name and contact information for the river basin area in which the facility is/will be located. River Basin Authority information can be found at:

<http://www.tpwd.state.tx.us/landwater/water/habitats/rivers/authorities.phtml>.

Coastal Management Program

The boundary is established in Texas Natural Resources Code, §33.2053(k), as defined in Title 31, Texas Administrative Code, §503.1 (relating to Coastal Management Program Boundary).

U.S. Army Corps of Engineers

Select the box representing the District of the U.S. Army Corps of Engineers in which the facility is located.

Local Government Jurisdiction

Enter the name of the city or extraterritorial jurisdiction where the facility is located. If the facility is located in an area in which the governing body of the municipality or county has prohibited the processing of municipal or industrial solid waste, provide a copy of the ordinance and add it to the Additional Attachments list with the Attachment number provided.

Instructions - ATTACHMENTS

Facility Metes and Bounds Description and Metes and Bounds Drawings

Provide a drawing and a description of the facility boundary signed and sealed by a registered professional land surveyor as required by 30 TAC §326.71(a)(7).

Land Ownership Map

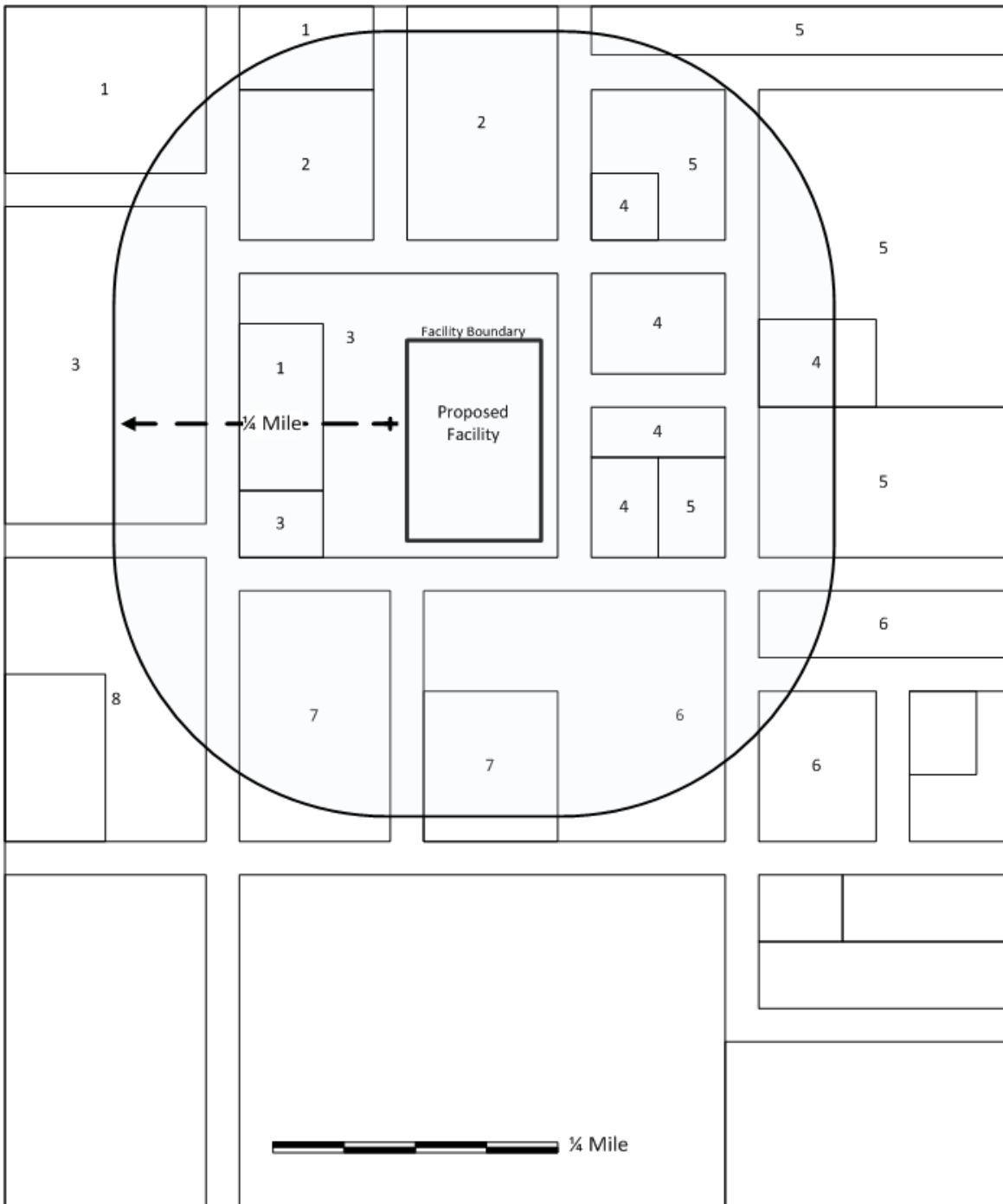
Provide a map that locates the property owned by adjacent and potentially affected landowners. The maps should show all property ownership within 1/4 mile of the facility.

Land Ownership List

Provide the adjacent and potentially affected landowners' list, keyed to the land ownership map with each property owner's name and mailing address. The list shall include all property owners within 1/4 mile of the facility. Provide the property owners' names and mailing addresses derived from the real property appraisal records as listed on the date that the application is filed.

Do not include elected officials and other interested parties that are not adjacent landowners on the landownership map, list and labels.

Sample Land Ownership Map



Landowners Cross-Referenced To Landowners Map

The persons identified below would be considered as affected persons.

- | | |
|---|---|
| 1. MR & MRS SAMUEL L DAVIS
11901 STAR BLVD
AUSTIN, TX 78759 | 5. JAXSON BREWING CO
4240 KNIGHTS BRIDGE
DALLAS TX 77640 |
| 2. MR & MRS EDWARD SANCHEZ
1405 LINE ROAD
WACO TX 76710 | 6. PLAINVIEW COMPANY
6647 CRAIGMONT LANE
HOUSTON TX 77590 |
| 3. TEX-LINK CORP
8411 NW HWY
HOUSTON TX 77590 | 7. ABC CHEMICALS INC
1212 ZIP STREET
DALLAS TX 77640 |
| 4. MR & MRS TED GOLDSBY
3210 LEON BLVD
WACO TX 76724 | 8. BIG-C BOTTLE CO
10024 REGIONAL BLVD
BOVINA TX 79402 |

*If available in Real Property Appraisal records as listed on the date that the application is filed.

In accordance with 30 TAC §39.5(b), submit this mailing list electronically. The electronic list must contain only the name, mailing address, city, state, and zip code with no reference to the lot number or lot location.

As an alternative to an electronic list, the applicant may elect to submit pre-printed mailing labels of this mailing list with the application. If you elect to provide the pre-printed mailing labels, use a label format that has 30 labels to a page (e.g. AVERY 5160). Each letter in the name and address must be capitalized, contain no punctuation, and the appropriate two-character abbreviation must be used for the state. Each entity listed must be blocked and spaced consecutively. Provide four complete sets of labels of the landowner list. Do not include elected officials and other interested parties that are not adjacent landowners on the landownership map, list and labels.

General Location Map

Submit a general location map of the facility at a scale of one inch equals 2,000 feet by using a United States Geological Survey 7 1/2-minute quadrangle sheet or equivalent as the base map.

Verification of Legal Status (30 TAC §218.5 and §326.71(d))

Provide verification of legal status. **Normally**, this is a one-page certificate of incorporation (Certificate of Fact) issued by the Texas SOS (see additional Attachments List). If you choose to provide a verification of the legal status by another mechanism, provide it under this Attachment.

Property Owner Affidavit

Provide a Property Owner Affidavit by using the appropriate format provided below.

Signatory Name

The name of the individual signing the affidavit. If the individual signing the affidavit is the property owner of record, enter the name on "Printed Signatory Name" line only and omit the "Signatory Capacity" and "Printed Name of Property Owner of Record" lines. Otherwise, provide all information requested below.

Signatory Capacity

Indicate under what authority the Signatory is signing on behalf of the property owner of record.

Property Owner Of Record

The person(s) who, according to public records, is/are the owner(s) of a particular property.

For Processing Facilities:

Property Owner Affidavit	
"I/We, _____, (Printed Signatory Name)	as _____, (Signatory Capacity)
As authorized signatory for _____, (Printed Name of Property Owner of Record)	
acknowledge that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure of the facility. I further acknowledge that I or the operator and the State of Texas shall have access to the property during the active life, and after closure for the purpose of inspection and maintenance, if required.	
_____ (Property Owner's Signature)	_____ (Date)

Additional Attachments (as applicable)

TCEQ Core Data Form(s)

If the Site Operator (Registrant) does not have a Customer Reference Number (CN Number), complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Site Operator (Registrant) as the customer.

If Regulated Entity Reference Number (RN 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.

If the Operator does not have a Customer Reference Number (CN Number), complete another TCEQ Core Data Form (TCEQ-10400) for the "Operator" and submit it with this application. List the Operator as the customer.

Only under the following circumstances should a TCEQ Core Data Form be submitted:

- Your information is not yet in the Central Registry database or is incomplete
- Your information has changed from what is currently in the Central Registry database
- It is requested by the agency. You can check the status of your information in Central Registry on-line at <http://www15.tceq.texas.gov/crpub/>.

Signatory Authority Delegation

Provide documentation that the person signing the application meets the requirements of 30 TAC §305.44, Signatories to Applications. If the authority has been delegated, provide a copy of the document issued by the governing body of the Site Operator (Registrant) or Operator authorizing the person that signed the application to act as agent for the owner or operator.

Fee Payment Receipt

As indicated in the "Application Fees" section, include a photocopy of the check in the initial application submitted to the MSW Permits Section.

Confidential Documents

The confidential information should be described in non-confidential terms throughout the application, cross-referenced, and submitted as a separate document or binder, and clearly marked "CONFIDENTIAL." Refer to Instructions, Section "Confidential Documents" for further detail.

Waste Storage, Processing and Disposal Ordinances

If the facility is located in an area in which the governing body of the municipality or county has prohibited the disposal or processing of municipal or industrial solid waste, provide a copy of the ordinance.

Certificate of Fact (Certificate of Incorporation)

The Site Operator/ (Registrant) or Operator shall provide verification of their legal status. If you choose to provide a one-page certificate of incorporation (Certificate of Fact) issued by the secretary of state, provide it as an attachment here.

Assumed Name Certificate

If the Site Operator/ (Registrant) or Operator is an individual and/or partnership doing business under an assumed name, it must attach to the application an assumed name certificate.