

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

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</p> <p>Authorization No. (if available):</p> <p>Regulated Entity Reference No. (if issued)*: RN</p> <p>Physical or Street Address: 9119 Billy The Kid Street</p> <p>City: El Paso County: El Paso State: Texas Zip Code: 79907</p> <p>(Area Code) Telephone Number: (806) 355-3035</p> <p>Latitude (Degrees, Minutes Seconds): 31.698244</p> <p>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>

Facility Name: MedCare Environmental Solutions
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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, Nord S. Sorensen, _____ President,
(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: 8/21/18

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 NORD S. SORENSEN

On this 21st day of August, 2018

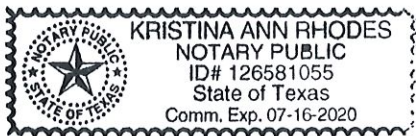
My commission expires on the 16th day of July, 2020

Kristina Rhodes

Notary Public in and for

Potter 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	