

PART I

TCEQ PART I APPLICATION FORM

Facility Name: Hawthorn Park Recycling and Disposal Facility
Permittee/Registrant Name: USA Waste of Texas Landfills, Inc.
MSW Authorization #:2185A
Initial Submittal Date:
Revision Date:



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: 582EA000420758

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.
http://

6. Application Publishing

Party Responsible for Publishing Notice:

Applicant Agent in Service Consultant

Contact Name: **Charles G. Dominguez, PE** Title: **Principal**

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: **Hillendahl Neighborhood Library**

Physical Address: **2436 Gessner Road**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77080**

(Area code) Telephone Number: **(832) 393-1940**

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) Air Emissions Inventory (HX2331G)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) Air New Source Permit (85322; HG1541Q; HG4225I)	<input checked="" 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	
Facility Name: Hawthorn Park Recycling and Disposal Facility	
Contact Name: Charles A. Rivette	Title: Director, Planning and Development
MSW Authorization No. (if available): 2185A	
Regulated Entity Reference No. (if issued)*: RN102664232	
Physical or Street Address (if available): 10550 Tanner Rd	
City: Houston County: Harris State: Texas Zip Code: 77041	
(Area Code) Telephone Number: (713) 253-4497	
Latitude (Degrees, Minutes Seconds): N 29° 51' 11.51"	
Longitude (Degrees, Minutes Seconds): W 95° 33' 11.71"	
Benchmark Elevation (above mean sea level): 99.29ft.	
Provide a description of the location of the facility with respect to known or easily identifiable landmarks: The Hawthorn Park RDF is located 0.2 miles east of Beltway 8 and Tanner Rd intersection, north along Tanner Rd	

Detail access routes from the nearest United States or state highway to the facility: **U.S. 290 can be taken east to Beltway 8 south to Tanner Road**

*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.

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): **Wood Recycling Area**
 Roll-off Boxes Other (specify): **Large/Heavy/Bulk Item**
Area
 Surface Impoundment Other (specify) **C&D Waste Recycling Area;**
concrete-crushing and recycling facility (RN105209068); Type 5RC compost
facility (RN 104887468)

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.

Major Permit Amendment for a lateral and vertical expansion of the existing Hawthorn Park Landfill

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: USA Waste of Texas Landfills, Inc.

Customer Reference No. (if issued)*: **CN602560930**

Contact Name: **Charles A. Rivette**
and Development

Title: **Director, Planning**

Mailing Address: **24275 Katy Freeway, Suite 450**

City: **Katy** County: **Harris** State: **Texas** Zip Code: **77494**

(Area Code) Telephone Number: **(713) 253-4497**

Email Address: **crivette@wm.com**

TX Secretary of State (SOS) Filing Number: **8836806**

*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): Golder Associates Inc.

Texas Board of Professional Engineers Firm Registration Number: **F-2578**

Contact Name: **Charles G. Dominguez, PE** Title: **Principal**

Mailing Address: **14950 Heathrow Forest Parkway, Suite 280**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77032**

(Area Code) Telephone Number: **(281) 821-6868**

Email Address: **charles_dominguez@golder.com**

Agent in Service Name (required only for out-of-state): N/A

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

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: Houston District

District Engineer's Name: **Eliza Paul, PE**

Street Address or P.O. Box: **7600 Washington Avenue**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77007**

(Area Code) Telephone Number: **(713) 802-5000**

Email Address: **eliza.paul@txdot.gov**

The Local Governmental Authority Responsible for Road Maintenance (if applicable): Harris County Precinct 4

Contact Person's Name: **R. Jack Cagle, Commissioner**

Street Address or P.O. Box: **1001 Preston, Suite 950**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77002**

(Area Code) Telephone Number: **(713) 755-6444**

Email Address: **commissionercagle@hcp4.net**

City Mayor Information

City Mayor's Name: **Sylvester Turner**

Office Address: **901 Bagby**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77002**

(Area Code) Telephone Number: **(832) 393-1000**

Email Address: **sylvester.turner@houstontx.gov**

City Health Authority:Houston Health Department

Contact Person's Name: **Stephen L. Williams, Director**

Street Address or P.O. Box: **8000 North Stadium Drive**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77054**

(Area Code) Telephone Number: **(832) 393-5169**

Email Address: **hhd.director@houstontx.gov**

County Judge Information

County Judge's Name: **Lina Hidalgo**

Street Address or P.O. Box: **1001 Preston, Suite 911**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77002**

(Area Code) Telephone Number: **(713) 274-7000**

Email Address: **judge.hidalgo@cjo.hctx.net**

County Health Authority: Harris County Public Health & Environmental Services

Contact Person's Name: **Umair Shah, Executive Director**

Street Address or P.O. Box: **2223 West Loop South**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77027**

(Area Code) Telephone Number: **(713) 439-6000**

Email Address: **Umair.Shah@phs.hctx.net**

State Representative Information

District Number: **135**

State Representative's Name: **Representative Jon Rosenthal**

District Office Address: **9601 Jones Road, Suite 215**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77065**

(Area Code) Telephone Number: **(281) 807-3428**

Email Address: **jon.rosenthal@house.texas.gov**

State Senator Information

District Number: **15**

State Senator's Name: **Senator John Whitmire**

District Office Address: **803 Yale Street**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77007**

(Area Code) Telephone Number: **(713) 864-8701**

Email Address: **john.whitmire@senate.texas.gov**

Council of Government (COG) Name: Houston-Galveston Area Council

COG Representative's Name: **Cheryl Mergo**

COG Representative's Title: **Sustainable Development Program Manager**

Street Address or P.O. Box: **3555 Timmons Ln**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77027**

(Area Code) Telephone Number: **(713) 993-4520**

Email Address:

River Basin Authority Name: Harris County Flood Control District (HCFCD)

Contact Person's Name: **Jonathan Steiber**

Watershed Sub-Basin Name: **Harris County**

Street Address or P.O. Box: **10555 Northwest Fwy**

City: **Houston** County: **Harris** State: **Texas** Zip Code: **77092**

(Area Code) Telephone Number: **(713) 274-3842**

Email Address: **jonathan.steiber@eng.hctx.net**

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: **Houston**

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, processing or disposal of municipal or industrial solid waste?

Yes No

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

Signature Page

I, Steve Jacobs, _____ Director of Landfill Operations,
(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: 2-8-21

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 Steve Jacobs

On this 8th day of Feb., 2021

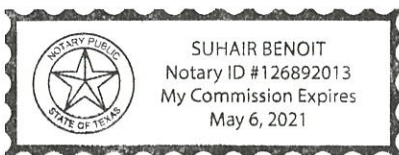
My commission expires on the 6th day of May, 2021

Suhair Benoit

Notary Public in and for

Travis County, Texas

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



Part I Attachments

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

Required Attachments

	Attachment No.
Supplementary Technical Report	Part I Report
Property Legal Description	Appendix IC
Property Metes and Bounds Description	Appendix IC
Facility Legal Description	Appendix IC
Facility Metes and Bounds Description	Appendix IC
Metes and Bounds Drawings	Appendix IC
On-Site Easements Drawing	Appendix IC
Land Ownership Map	Appendix IB
Land Ownership List	Appendix IB
Electronic List or Mailing Labels	Appendix IB
Texas Department of Transportation (TxDOT) County Map	Appendix IA
General Location Map	Appendix IA
General Topographic Map	Appendix IA
Verification of Legal Status	Appendix IE
Property Owner Affidavit	Appendix ID
Evidence of Competency	Part I Report, Section 6.0

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

<input checked="" type="checkbox"/> TCEQ Core Data Form(s)	w/ Cover Letter
<input checked="" type="checkbox"/> Signatory Authority Delegation	Appendix IF
<input checked="" type="checkbox"/> Fee Payment Receipt	Appendix IG
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input checked="" type="checkbox"/> Final Plat Record of Property	Appendix IC
<input checked="" type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	Appendix ID
<input checked="" type="checkbox"/> Assumed Name Certificate	Appendix ID

PART I
TCEQ CORE DATA FORM



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Permit Amendment Application
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 602560930		RN 102664232

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> Change in Regulated Entity Ownership	
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		If new Customer, enter previous Customer below:	
USA Waste of Texas Landfills, Inc.			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
	17603225487	760322548	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees	13. Independently Owned and Operated?		
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	24275 Katy Freeway		
	Suite 450		
	City	Katy	State TX ZIP 77494 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(713) 647-5454		(713) 647-5466	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	
Hawthorn Park Recycling and Disposal Facility	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	10550 Tanner Rd						
	City	Houston	State	TX	ZIP	77041	ZIP + 4
24. County	Harris						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	North of Tanner Rd, 0.2 mile east of intersection of Tanner Rd. & Beltway 8						
26. Nearest City	Houston			State	TX	Nearest ZIP Code	77041
27. Latitude (N) In Decimal:	Degrees		Minutes	Seconds	28. Longitude (W) In Decimal:	Degrees	
	29	51	14		95	33	19
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4953			562212				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Type IV municipal solid waste recycling and disposal facility							
34. Mailing Address:	24275 Katy Freeway						
	Suite 450						
	City	Katy	State	TX	ZIP	77494	ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
() -					() -		

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
			HX233 IG	
<input checked="" type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
2185	85322			
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
	TXR05T969			
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

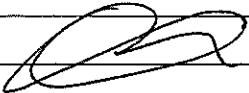
SECTION IV: Preparer Information

40. Name:	Charles G. Dominguez, P.E.		41. Title:	Principal and Vice President	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(281) 850-8013		(281) 821-6868	Charles_Dominguez@golder.com		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	USA Waste of Texas Landfills, Inc.		Job Title:	Director of Landfill Operations	
Name <i>(In Print)</i> :	Steve Jacobs			Phone:	(512) 272- 6245

Signature:		Date:	2/8/21
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