

Facility Name: Pescadito Environmental Resource Center
Permittee/Registrant Name: Rancho Viejo Waste Management, LLC
MSW Authorization #:2374
Initial Submittal Date: 3/28/2011
Revision Date: 3/4/2015



Texas Commission on Environmental Quality

Part I Form

New Permit/Registration and Amendment Applications for an MSW Facility

1. Reason for Submittal **Submittal of Parts III and IV to complete the application**

- Initial Submittal Notice of Deficiency (NOD) Response

2. Authorization Type

- Permit Registration

3. Application Type **Submittal of Parts III and IV to complete the application**

- New Major Amendment
 Major Amendment (Limited Scope)

4. Application Fees

- Pay by Check Online Payment

If paid online, e-Pay Confirmation Number: **Previously submitted with Parts I and II**

5. Application URL

Is the application submitted for Type I Arid Exempt (AE) and/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://www.pescaditoerc.com>

6. Application Publishing

Party Responsible for Publishing Notice:

- Applicant Agent in Service Consultant

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: **Laredo Public Library**
 Physical Address: **1120 East Calton Road**
 City: **Laredo** County: **Webb** State: **TX** Zip Code: **78041**
 (Area code) Telephone Number: **956-789-2400**

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/or Construction Approvals

Select all that apply	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 type="checkbox"/>	<input checked="" 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"/>

Select all that apply	Received	Pending	Not Applicable
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 Environmental Permits			
	<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"/>

12. General Facility Information

Facility Name: **Pescadito Environmental Resource Center**

MSW Authorization No. (if available): **2374**

Regulated Entity Reference No. (if issued)*: **RN106119639**

Physical or Street Address (if available): **2864 Jordan Road**

City: **N/A** County: **Webb** State: **TX** Zip Code: **78043**

(Area Code) Telephone Number: **956-523-1400**

Latitude (Degrees, Minutes Seconds): **N 27, 33, 32.4**

Longitude (Degrees, Minutes Seconds): **W 99, 9, 35.99**

Benchmark Elevation (above mean sea level): **564.67ft.**

Provide a description of the location of the facility with respect to known or easily identifiable landmarks: **Approximately 5 miles sotheast of U.S. Highway 59 at Ranchitos Los Lomas. Facility encompasses Burrito Tank as shown on the Burrito Tank USGS Quadrangle.**

Detail access routes from the nearest United States or state highway to the facility: **From S.H. 359, go northward on Jordan Road approx. 5.1 miles to entrance to Yugo Ranch, then approx. 2 miles on privately owned ranch road to facility entrance.**

*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)

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Landfill Unit(s) | <input type="checkbox"/> Incinerator(s) |
| <input checked="" type="checkbox"/> Class 1 Landfill Unit(s) | <input type="checkbox"/> Autoclave(s) |
| <input checked="" type="checkbox"/> Process Tank(s) | <input type="checkbox"/> Refrigeration Unit(s) |
| <input checked="" type="checkbox"/> Storage Tank(s) | <input type="checkbox"/> Mobile Processing Unit(s) |
| <input type="checkbox"/> Tipping Floor | <input type="checkbox"/> Type VI Demonstration Unit |
| <input checked="" type="checkbox"/> Storage Area | <input type="checkbox"/> Compost Pile(s) and/or Vessel(s) |
| <input checked="" type="checkbox"/> Container(s) | <input type="checkbox"/> Other (Specify) |
| <input checked="" type="checkbox"/> Roll-off Boxes | <input type="checkbox"/> Other (Specify) |
| <input checked="" type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Other (Specify) |

16. Description of the Revisions to the Facility

Skip this box, if "New" is selected under "Application Type".

Provide a brief description of all revisions to the permit conditions and supporting documents referenced by the permit. Also, provide an explanation of why the amendment is requested.

Submittal of Parts III and IV to complete the application

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: Rancho Viejo Waste Management, LLC

Customer Reference No. (if issued)*: **CN603835489**

Mailing Address: **1116 Calle del Norte**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78041**

(Area Code) Telephone Number: **956-523-1400**

Email Address: **ccitollroad@aim.com**

TX Secretary of State (SOS) Filing Number: **801306787**

*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"

Customer Reference No. (if issued)*:

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): CB&I Environmental and Infrastructure, Inc.

Texas Board of Professional Engineers Firm Registration Number: **F-5650**

Mailing Address: **12005 Ford Road, Suite 600**

City: **Dallas** County: **Dallas** State: **TX** Zip Code: **75234**

(Area Code) Telephone Number: **972-773-8400**

E-Mail Address: **michael.oden@cbi.com**

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

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

E-Mail 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 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 checked="" type="checkbox"/> Other (Specify): Limited |

Liability Corporation

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 (optional):

20. Other Governmental Entities Information

Texas Department of Transportation District: Laredo

District Engineer's Name: **Melisa D. Montemayor - District Administrator**

Street Address or P.O. Box: **1817 Bob Bullock Loop**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78043**

(Area Code) Telephone Number: **956-712-7456**

E-Mail Address (optional):

The Local Governmental Authority Responsible for Road Maintenance (if applicable): Webb County Road and Bridge

Contact Person's Name: **Jose Luis Rodriguez**

Street Address or P.O. Box: **1000 Houston Street**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78040**

(Area Code) Telephone Number: **956-523-5300**

E-Mail Address (optional):

City Mayor Information

City Mayor's Name: **Pete Saenz - City of Laredo**

Office Address: **1110 Houston Street**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78040**

(Area Code) Telephone Number: **956-791-7300**

E-Mail Address (optional):

City Health Authority: Laredo Health Department

Contact Person's Name: **Hector F. Gonzalez, M.D, M.P.H.**

Street Address or P.O. Box: **2600 Cedar St.**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78044**

(Area Code) Telephone Number: **956-795-4901**

E-Mail Address (optional):

County Judge Information

County Judge's Name: **Tano Tijerina**

Street Address or P.O. Box: **1000 Houston Street**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78040**

(Area Code) Telephone Number: **956-523-4600**

E-Mail Address (optional):

County Health Authority: Webb County Indigent Health Care Services

Contact Person's Name: **Nancy Cadena**

Street Address or P.O. Box: **1620 Santa Ursula**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78040**

(Area Code) Telephone Number: **956-523-4747**

E-Mail Address (optional):

State Representative Information

District Number: **42**

State Representative's Name: **Richard Pena Raymond**

District Office Address: **1110 Houston Street**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78040**

(Area Code) Telephone Number: **956-753-7722**

E-Mail Address (optional):

State Senator Information

District Number: **21**

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

District Office Address: **P.O. Box 627**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78042**

(Area Code) Telephone Number: **956-722-2293**

E-Mail Address (optional):

Council of Government (COG) Name: South Texas Development Council

COG Representative's Name: **Amando Garza, Jr.**

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

Street Address or P.O. Box: **1002 Dicky Lane**

City: **Laredo** County: **Webb** State: **TX** Zip Code: **78044**

(Area Code) Telephone Number: **956-722-2670**

E-Mail Address (optional):

River Basin Authority Name: Rio Grande Regional Water Authority

Contact Person's Name: **Joe Barrera III**

Watershed Sub-Basin Name: **N/A**

Street Address or P.O. Box: **322 Missouri Ave.**

City: **Weslaco** County: **Hidalgo** State: **TX** Zip Code: **78596**

(Area Code) Telephone Number: **956-968-3141**

E-Mail Address (optional):

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):

Signature Page

I, Carlos Y. Benavides, III, Manager
(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: CY Benavides III Date: Mar 4, 2015

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

I, BANCHO VIEJO WASTE, hereby designate C. Y. BENAVIDES III
(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.

Linda Cristina B. Alexander
Printed or Typed Name of Operator or Principal Executive Officer

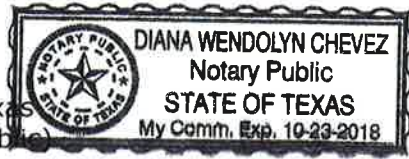
L. Cristina B. Alexander
Signature

SUBSCRIBED AND SWORN to before me by the said Carlos Y. Benavides III & L. Cristina B. Alexander of Bancho Viejo Waste

On this 4th day of March, 2015
My commission expires on the 23rd day of October, 2018

Diana Wendolyn Chevez
Notary Public in and for

Webb County, Texas
(Note: *Application Must Bear Signature & Seal of Notary Public)



Part I Attachments Previously Submitted with Parts I and II

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

Required Attachments

Attachment No.

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

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