



Project No. 1678-005-11-03
November 14, 2022

Dawn Dollins
License and Permit Specialist
Business and Program Services Section
Waste Permits Division
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, TX 78711-3087

Re: Response to Administrative Notice of Deficiency Letter – Type V Major Amendment Application
Plano Parkway Transfer Station
RN100535392/CN601365448
Tracking No. 27953263

Dear Ms. Dollins:

On behalf of North Texas Municipal Water District, please find enclosed one original and three copies of the replacement pages for the referenced permit amendment application. The attached replacement pages were developed to incorporate comments included in your letter dated November 4, 2022.

The enclosed table contains each comment identified by the TCEQ and a response to each below the comment.

During the course of your review, if you need additional information or have any questions, please call.

Sincerely,

A handwritten signature in blue ink, appearing to read 'C Marsh', is written over a light blue horizontal line.

Charles Marsh, P.E.
Project Director

Attachments: Attachment 1: Application Deficiencies Table
Attachment 2: Revision Pages (RLSO Format)
Attachment 3: Revision Pages (Clean Format)

cc: Mike Friesen, North Texas Municipal Water District

ATTACHMENT 1

APPLICATION DEFICIENCIES TABLE

Application Deficiencies – Administrative NOD #1

ID ¹	App. Part	App. Section	Location ²	Citation	Error Type ³	Deficiency Description/Resolution
A1	I			Application Instructions	Omitted	Please provide the completed core data form. Response: Core Data Form is included.
A2	I			Application Instructions	Omitted	Please provide the plain language form in the required alternative language. Response: Plain language summary in the required alternate language (Spanish) is included.
A3	I	Section 1	Page 1	Application Instructions	Incorrect	Per the TCEQ central registry, the regulated entity name is Parkway Transfer Station. Please remove NTMWD. Response: NTMWD has been removed from the regulated entity name.
A4	I	Section 6	Page 2	Application Instructions	Incomplete	Please enter the contact name, title, and email address. Response: The required information is added.
A5	I	Section 7	Page 2	Application Instructions	Incomplete	Please indicate the alternative language. Response: The alternate language (Spanish) is indicated.
A6	I	Section 9	Page 3	Application Instructions	Incomplete	Please answer yes or no for this question. Response: “No” is marked in section 9.

A7	I	Section 12	Page 4	Application Instructions	Incomplete	Please answer yes or no for this question. Response: “No” is marked in section 12.
A8	I	Section 20	Page 8	Application Instructions	Incomplete	Please complete the section for Local Government Authority Responsible for Road Maintenance or indicate N/A if not applicable. Response: Local Government Authority (City of Plano Public Works) information is added.
A9	I	Section 20	Page 8	Application Instructions	Incomplete	Please add the contact name of Rachel Patterson, Director for the City Health Authority. Response: Contact name is added.
A10	I	Section 20	Page 9	Application Instructions	Incomplete	Please include the email address for the State Representative. matt.shaheen@house.texas.gov Response: Required email address is added.
A11	I	Section 20	Page 9	Application Instructions	Incomplete	Please reverify the district address. The website lists S. Watters Road and not W. Please include the email address for the Senator as well. angela.paxton@state.texas.gov Response: The physical and Email addresses have been revised as indicated.
A12	I	Section 20	Page 9	Application Instructions	Incomplete	Please reverify. Per their website, the Trinity River Authority contact person name is Kevin Ward, General Manager, P.O. Box 60, Arlington, TX 76004, Email address: wardk@trinityra.org. Response: River basin authority information has been revised.

ID ¹	App. Part	App. Section	Location ²	Citation	Error Type ³	Deficiency Description/Resolution
A13	I			305.45(a)(6)(A-D)	Omitted	<p>Please submit an electronic word version of the 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). The CD provided was not formatted.</p> <p>Response: The required mailing labels are modified in the requested format and arrangement. The word version of mailing labels is formatted on a CD.</p>

¹Deficiency 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).

²Location of deficiency in submittal/application. Items in square brackets [] refer to applicant's supplemental information submitted as attachments to the application form.

³Possible Error Types, one of: Ambiguous, Incomplete, Inconsistent, Incorrect, Omitted, Typo, or Wrong Format.

ATTACHMENT 2

**REVISION PAGES
(RLSO FORMAT)**

**PARKWAY TRANSFER STATION
COLLIN COUNTY, TEXAS
TCEQ PERMIT NO. MSW-1494A**

TYPE V PERMIT AMENDMENT APPLICATION

**TCEQ PART 1 APPLICATION FORM, CORE DATA FORM, PLAIN
LANGUAGE SUMMARY IN ALTERNATE LANGUAGE AND MAILING
LABELS**

Prepared for

North Texas Municipal Water District

October 2022

Revised November 2022

Prepared by

Weaver Consultants Group, LLC
TBPE Registration No. F-3727
6420 Southwest Blvd., Suite 206
Fort Worth, Texas 76109
817-735-9770



WCG Project No. 1678-005-11-03

This document is issued for permitting purposes only.



Texas Commission on Environmental Quality

Part I Application Form for New Permit, Permit Amendment, or Registration for a Municipal Solid Waste Facility

Application Tracking Information

Facility Name: NTMWD Parkway Transfer Station
Permittee or Registrant Name: North Texas Municipal Water District
MSW Authorization Number: 1494A
Initial Submission Date: 10/20/2022
Revision Date: 11/11/2022

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr¹](#). Include a [Core Data Form \(TCEQ 10400\)²](#) with the application for the facility owner, and another Core Data Form for the operator if different from the owner. If you have questions, contact the Municipal Solid Waste Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335.

Application Data

1. Submission Type	
<input type="checkbox"/> Initial Submission	<input checked="" type="checkbox"/> Notice of Deficiency (NOD) Response
2. Authorization Type	
<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Registration
3. Application Type	
<input type="checkbox"/> New Permit	
<input checked="" type="checkbox"/> Permit Major Amendment	<input type="checkbox"/> Permit Limited Scope Major Amendment
<input type="checkbox"/> New Registration	

¹ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf

² www.tceq.texas.gov/goto/coredata

4. Application Fee

Amount

- \$2,050—New Landfill Permits, and Landfill Permit Major Amendments Described in 30 TAC [305.62\(j\)\(1\)](#)
- \$150—Other Permits, Landfill Limited Scope Major Amendments, Permit Amendments for Storage and Processing Facilities, and Registrations

Payment Method

- Check
- Online through ePay portal www3.tceq.texas.gov/epay/

If paid online, enter ePay Trace Number: 582EA000509899

5. Application URL

For applications other than those for arid exempt landfills, provide the URL address of a publicly accessible internet web site where the application and all revisions to the application will be posted.

https://www.ntmwd.com/parkway-transfer-station

6. Party Responsible for Publishing Notice

Indicate who will be responsible for publishing notice:

- Applicant Agent in Service Consultant

Contact Name: Mike Friesen

Title: Assistant Deputy - Solid Waste

Email Address: mfriesen@ntmwd.com

7. Alternative Language Notice

Use the Alternative Language Checklist on Public Notice Verification Form TCEQ-20244-Waste-NORI, TCEQ-20244-Waste-NAPD, or TCEQ-20244-Waste-NAORPM available at www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html to determine if an alternative language notice is required.

Is an alternative language notice required for this application?

- Yes No

Indicate the alternative language: Spanish

8. Public Place for Copy of Application

Name of the Public Place: Haggard Library
Physical Address: 2501 Coit Road
City: Plano County: Collin State: TX Zip Code: 75075
Phone Number: 972-769-4250

9. Consolidated Permit Processing

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

Yes No

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

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", reference the confidential documents in the application, but submit the confidential documents as an attachment in a separate binder marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Mark the following table to indicate status of other permits or approvals.

Table 1. Permits and Construction Approvals.

Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under Texas Solid Waste Disposal Act			x
Underground Injection Control Program under Texas Injection Well Act			x
National Pollutant Discharge Elimination System Program under Clean Water Act; Waste Discharge Program under Texas Water Code, Chapter 26	x		
Prevention of Significant Deterioration Program under Federal Clean Air Act (FCAA); Nonattainment Program under the FCAA			x
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA			x

Permit or Approval	Received	Pending	Not Applicable
Ocean Dumping Permits under Marine Protection Research and Sanctuaries Act			x
Dredge or Fill Permits under Clean Water Act			x
Licenses under the Texas Radiation Control Act			x
Other (describe): Air Permit	x		
Other (describe):			

12. Facility General Information

Facility Name: Parkway Transfer Station

Contact Name: Mike Friesen Title: Assistant Deputy - Solid Waste

MSW Authorization Number (if existing): 1494A

Regulated Entity Reference Number: **RN** 100535392

Physical or Street Address (if available): 4030 West Plano Parkway

City: Plano County: Collin State: TX Zip Code: 75093

Phone Number: 972-596-8709

Latitude (Degrees, Minutes Seconds): N 33° 00' 38.5"

Longitude (Degrees, Minutes Seconds): W 96° 46' 24.4"

Benchmark Elevation (above mean sea level): 702.84 feet

Description of facility location with respect to known or easily identifiable landmarks:

Facility is located adjacent to the Plano Animal Services facility.

Access routes from the nearest United States or state highway to the facility:

From State Highway 190, exit Coit Road and go north, turn left on West Plano Parkway, turn left approximately 2,000 feet and next to Plano Animal Control, proceed to TS entrance.

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

13. Facility Types

- Type I Type IV Type V
 Type IAE Type IVAE Type VI

14. Activities Conducted at the Facility

- Storage Processing Disposal

15. Facility Waste Management Units

Check the box for each type of waste management unit proposed.

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

The permit amendment application includes the construction of a new loading tunnel along the west wall of the existing transfer station building. The application also includes an increase in capacity from the currently permitted 770 tons/day to 1,500 tons/day, averaged over 365 days per year.

17. Facility Contact Information

Site Operator (Permittee or Registrant)

Name: North Texas Municipal Water District

Customer Reference Number: **CN** 601365448

Contact Name: Mike Friesen Title: Assistant Deputy - Solid Waste

Mailing Address: P.O. Box 2408

City: Wylie County: Collin State: TX Zip Code: 75098

Phone Number: 972-442-5405

Email Address: mfriesen@ntmwd.com

Texas Secretary of State (SOS) Filing Number: _____

Operator (if different from Site Operator)

Name: _____

Customer Reference Number: **CN** _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Texas Secretary of State (SOS) Filing Number: _____

Consultant (if applicable)

Firm Name: Weaver Consultants Group, LLC

Consultant Name: Charles R. Marsh

Texas Board of Professional Engineers Firm Registration Number: F-3727

Contact Name: Charles R. Marsh Title: Project Director

Mailing Address: 6420 Southwest Boulevard, Suite 206

City: Fort Worth County: Tarrant State: TX Zip Code: 76109

Phone Number: 817-735-9770

Email Address: cmarsh@wcgrp.com

Agent in Service (required for out-of-state applicants)

Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

18. Facility Supervisor License

Indicate the level of Municipal Solid Waste Facility Supervisor license, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, Subchapter F that the individual who supervises or manages the operations will obtain prior to commencing operations.

Class A Supervisor License Class B Supervisor License

19. Ownership Status of the Facility

Business Type

Corporation County Government
 Individual State Government
 Sole Proprietorship Federal Government
 General Partnership Other Government
 Limited Partnership Military
 City Government Other (specify): Special Legislative District

Facility Owner

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

Yes No

If "No", provide the following information for other owners.

Owner Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

20. Other Government Entities Information

Texas Department of Transportation

District: Dallas

District Engineer's Name: Ceason Clemens, P.E.

Mailing Address: 4777 E. Highway 80

City: Mesquite County: Dallas State: TX Zip Code: 75150

Phone Number: 214-320-6100

Email Address: ceason.clemens@txdot.gov

Local Government Authority Responsible for Road Maintenance (if applicable)

Government or Agency Name: City of Plano Public Works
Contact Person's Name: Daniel Prendergast
Mailing Address: 4120 W Plano Parkway
City: Plano County: Collin State: TX Zip Code: 75093
Phone Number: 972-769-4140
Email Address: danielpr@plano.gov

City Mayor Information

City Mayor's Name: John Muns
Mailing Address: 1520 K Avenue
City: Plano County: Collin State: TX Zip Code: 75074
Phone Number: 972-941-7107
Email Address: mayor@plano.gov

City Health Authority

Authority Name: Plano Environmental Health Department
Contact Person's Name: Rachel Patterson
Mailing Address: 1520 K Avenue, Suite 210
City: Plano County: Collin State: TX Zip Code: 75074
Phone Number: 972-941-7143
Email Address: envhealth@plano.gov

County Judge Information

County Judge's Name: Chris Hill
Mailing Address: 2300 Bloomdale Road, Suite 4192
City: McKinney County: Collin State: TX Zip Code: 75071
Phone Number: 972-548-4623
Email Address: chill@collincountytx.gov

County Health Authority

Agency Name: Collin County Health Care Services
Contact Person's Name: Candy Blair, RN
Mailing Address: 825 N. McDonald Street, Suite 130
City: McKinney County: Collin State: TX Zip Code: 75069
Phone Number: 972-548-5500
Email Address: hc@collincountytx.gov

State Representative Information

District Number: 66
State Representative's Name: Rep. Matt Shaheen
District Office Mailing Address: 6504 Legacy Drive #LL1
City: Plano County: Collin State: TX Zip Code: 75024
Phone Number: 469-642-8708
Email Address: matt.shaheen@house.texas.gov

State Senator Information

District Number: 8
State Senator's Name: Sen. Angela Paxton
District Office Mailing Address: 604 W S. Watters Road, Suite 100
City: Allen County: Collin State: TX Zip Code: 75013
Phone Number: 972-908-3424
Email Address: angela.paxton@state.texas.gov

Council of Governments (COG)

COG Name: North Central Texas Council of Governments
COG Representative's Name: Mike Eastland
COG Representative's Title: Executive Director
Mailing Address: 616 Six Flags Drive
City: Arlington County: Tarrant State: TX Zip Code: 76011
Phone Number: 817-640-3300
Email Address: meastland@nctcog.org

River Basin Authority

Authority Name: Trinity River Authority
Contact Person's Name: Kevin Ward
Watershed Sub-Basin Name: Floyd Branch - White Rock Creek
Mailing Address: 5300 S. Collins P.O.Box 60
City: Arlington County: Tarrant State: TX Zip Code: 76018
76004
Phone Number: 817-467-4343
Email Address: wardk@trinityra.org

U.S. Army Corps of Engineers District

Indicate the U.S. Army Corps of Engineers district in which the facility is located:

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

Local Government Jurisdiction

Within City Limits of: Plano

Within Extraterritorial Jurisdiction of: NA

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

Site Operator or Authorized Signatory

I 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.

Name: Jennafer P. Covington Title: Executive Director

Email Address: jcovington@ntmwd.com

Signature: *Jennafer Covington* Date: 11/14/2022

Operator or Principal Executive Officer Designation of Authorized Signatory

To be completed by the operator if the application is signed by an authorized representative for the operator.

I hereby designate _____ 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.

Operator or Principal Executive Officer Name: _____

Email Address: _____

Signature: _____ Date: _____

Notary

SUBSCRIBED AND SWORN to before me by the said Jennafer P. Covington

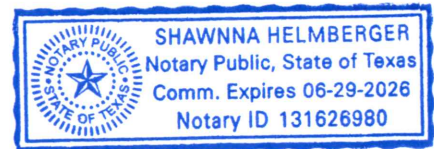
On this 14th day of November, 2022.

My commission expires on the 29th day of June, 2026

Shawna Helmberger

Notary Public in and for

Collin County, Texas



Note: Application Must Bear Signature & Seal of Notary Public

Part I Attachments

Refer to instruction document 00650-instr for professional engineer seal requirements.

Attachments Table 1. Required attachments.

Required Attachments	Attachment Number
Supplementary Technical Report	Parts I/II Section 2
Property Legal Description	Parts I/II Section 13
Property Metes and Bounds Description	Parts I/II Section 13
Facility Legal Description	Parts I/II Section 13
Facility Metes and Bounds Description	Parts I/II Section 13
Metes and Bounds Drawings	Parts I/II Section 13
On-Site Easements Drawing	Parts I/II Section 4
Land Ownership Map	Parts I/II Section 5
Landowners List	Parts I/II Section 5
Mailing Labels (printed and electronic)	Parts I/II Section 5
Texas Department of Transportation (TxDOT) County Map	Parts I/II Section 4
General Location Map	Parts I/II Section 4
General Topographic Map	Parts I/II Section 4
Verification of Legal Status	Parts I/II Section 15
Property Owner Affidavit	Parts I/II Section 14
Evidence of Competency	Parts I/II Section 16

Attachments Table 2. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> TCEQ Core Data Form(s)	
<input type="checkbox"/> Signatory Authority Delegation	
<input checked="" type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input type="checkbox"/> Final Plat Record of Property	

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	
Other (describe):	
Other (describe):	
Other (describe):	



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 TCEQ Request	
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 601365448		RN 100535392

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 Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
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)			<i>If new Customer, enter previous Customer below:</i>	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:	<input 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 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 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 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:				
	City	State	ZIP	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)
()				() -

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 type="checkbox"/> Update to Regulated Entity Name <input checked="" 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.)		
Parkway Transfer Station		

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	4030 West Plano Parkway							
	City	Plano	State	TX	ZIP	75093	ZIP + 4	
24. County	Collin							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	From State Highway 190, exit Coit Road and go north, turn left on West Plano Parkway, turn left approximately 2,000 feet, next to Plano Animal Control, proceed to TS entrance.								
26. Nearest City	Plano				State	TX		Nearest ZIP Code	75093
27. Latitude (N) In Decimal:	Degrees			Minutes			Seconds		
	33			00			38.5		
28. Longitude (W) In Decimal:	Degrees			Minutes			Seconds		
	96			46			24.4		
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)			
4212			562111						
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>									
Solid Waste transfer from collection vehicles to trailers									
34. Mailing Address:	4030 West Plano Pkwy								
	City	Plano	State	TX	ZIP	75093	ZIP + 4		
35. E-Mail Address:	mfriesen@ntmwd.com								
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>			
(972) 442-5405						() -			

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.

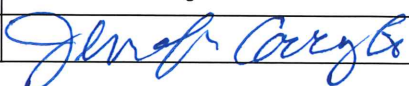
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
1494				
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input checked="" type="checkbox"/> Used Oil
	TXR05AN09			C81092
<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 Marsh, P.E.	41. Title:	Project Director
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 735-9770		(817) 735-9775	cmarsh@wcgrp.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:	North Texas Municipal Water District	Job Title:	Executive Director
Name (In Print):	Jennafer P. Covington	Phone:	972-442-5405
Signature:		Date:	11/14/2022



Comisión de Calidad Ambiental de Texas

Resumen en lenguaje sencillo de la solicitud de permiso municipal de residuos sólidos o de modificación del permiso

Los solicitantes están obligados por las normas de notificación pública del Título 30 del Código Administrativo de Texas, Capítulo 39, Sección [39.405\(k\)](#)¹ a proporcionar este resumen de una solicitud.

A. Objetivo de la instalación propuesta

Transladar los residuos sólidos de vehículos recolectores a vehículos mas grandes con mayor capacidad para trasladarlos al vertedero.

B. Información sobre el solicitante

Nombre: North Texas Municipal Water District

Tipo de solicitante: Tipo V

Nombre de la instalación: Parkway Transfer Station

Número de solicitud de permiso: 1494A

Número de cliente (CN): CN601365448

Número de referencia de la entidad regulada (RN): RN100535392

C. Ubicación de la instalación propuesta

Dirección del establecimiento (o descripción de la ubicación del sitio si no hay dirección):

4030 West Plano Parkway, Plano, TX 75093

Enlace al mapa de ubicación de las instalaciones en [TCEQ Location Mapper](#)²:

<https://arcg.is/0m9r0X>

D. Información sobre el funcionamiento de las instalaciones

¿Qué tipos de residuos se recibirían?

No se propone ningún cambio en los tipos de residuos recibidos. Residuos domésticos, Maleza, Residuos de jardín, Residuos Sólidos Comerciales, Residuos Industriales (No Peligrosos) (Clase 2 Residuos Sólidos Industriales, Clase 3 Residuos Sólidos Industriales), Residuos de Construcción-Demolición, Residuos Especiales (aceite usado (solo para reciclaje), filtros de aceite usados de motores de combustión interna (solo para reciclaje), llantas enteras usadas o de desecho o llantas piezas (solo para reciclaje), línea blanca.

¿De qué zona geográfica procederían los residuos?

Área de servicio consta de Allen, Frisco, McKinney, Plano, Richardson, y las áreas circundantes .

¹ www.tceq.texas.gov/goto/view-30tac

² www.tceq.texas.gov/gis/hb-610-viewer

¿Qué días y horas funcionará la instalación?

No se propone ningún cambio en las horas de operación de las instalación. Lunes a sábado 7:00 a.m. - 7:00 p.m. Operación de equipo pesado 5:00 a. m. a 9:00 p. m. de lunes a sábado

¿A qué ritmo se aceptarían los residuos?

306.5 toneladas por día (en 2021) en promedio durante 365 días .

¿Cómo se gestionarían los residuos?

La instalación de la estación de transferencia existente consistirá en un edificio de paredes basculantes de hormigón prefabricado. Se propone un nuevo túnel de carga de subsuelo para facilitar el traslado de los residuos. Materiales de desperdicios se descarga en el piso dentro del edificio, luego se descargan desde arriba en los remolques de transferencia estacionados en el túnel subsuelo y se transportan a un vertedero del área.

E. Métodos de control de la contaminación

¿Qué métodos utilizará la instalación para contener los residuos y los olores, y para controlar las emisiones?

Todo el procesamiento y almacenamiento de desperdicios (excepto por los electrodomésticos/ metales y llantas) ocurrirá dentro del edificio. El almacenamiento de desperdicios no excederá 72 horas y tendrá un promedio de 24 horas. Para controlar los olores, las operaciones rutinarias de volcado, clasificación y transferencia se limitarán al interior del edificio. Se tomarán las siguientes medidas para ayudar controlar la contaminación de aire y olores:

- Zonas de amortiguamiento
- Sistema de nebulización de olores según sea necesario
- Cubriendo camiones de transferencia
- No se aceptan residuos líquidos ni aguas de albañal
- Procedimientos especiales para cargas olorosas como se describe en Part III 2.2.3
- Limpiar todas las superficies de trabajo que entren en contacto con los desperdicios al menos semanalmente como se describe en Parte IV 7:11

¿Qué métodos utilizaría o exigiría la instalación para evitar la basura o los derrames, y para la limpieza de la basura y los derrames?

La recolección de basura y escombros fugitivos en el área de entrada de la instalación se realizará como parte de la rutina programada. Cualquier basura esparcida por todo el sitio, incluso a lo largo de de las vallas y caminos de acceso, y en el portón se recogerá al menos una vez al día en los días en que la instalación esté en funcionamiento. Todos los derrames se contendrán dentro del edificio, se analizarán según corresponda y se manejarán adecuadamente. El contenedor del tanque de combustible de 500 galones y el contenedor de aceite usado tendrán paredes dobles para proteger contra derrames. El área de almacenamiento de electrodomésticos/llantas tiene un bordillo y el agua dentro del área del bordillo se recolectará y eliminará de manera adecuada.

ATTACHMENT 3

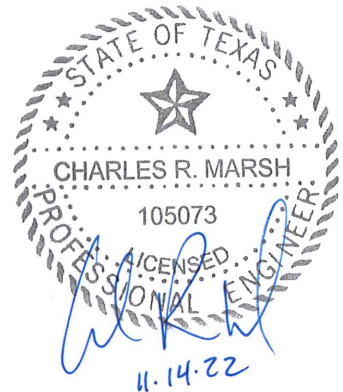
**REVISION PAGES
(CLEAN FORMAT)**

**PARKWAY TRANSFER STATION
COLLIN COUNTY, TEXAS
TCEQ PERMIT NO. MSW-1494A**

TYPE V PERMIT AMENDMENT APPLICATION

**TCEQ PART 1 APPLICATION FORM, CORE DATA FORM, PLAIN
LANGUAGE SUMMARY IN ALTERNATE LANGUAGE AND MAILING
LABELS**

Prepared for
North Texas Municipal Water District
October 2022
Revised November 2022



Prepared by
Weaver Consultants Group, LLC
TBPE Registration No. F-3727
6420 Southwest Blvd., Suite 206
Fort Worth, Texas 76109
817-735-9770

WCG Project No. 1678-005-11-03

This document is issued for permitting purposes only.



Texas Commission on Environmental Quality

Part I Application Form for New Permit, Permit Amendment, or Registration for a Municipal Solid Waste Facility

Application Tracking Information

Facility Name: Parkway Transfer Station

Permittee or Registrant Name: North Texas Municipal Water District

MSW Authorization Number: 1494A

Initial Submission Date: 10/20/2022

Revision Date: 11/14/2022

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr](#)¹. Include a [Core Data Form \(TCEQ 10400\)](#)² with the application for the facility owner, and another Core Data Form for the operator if different from the owner. If you have questions, contact the Municipal Solid Waste Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335.

Application Data

1. Submission Type

Initial Submission Notice of Deficiency (NOD) Response

2. Authorization Type

Permit Registration

3. Application Type

New Permit
 Permit Major Amendment Permit Limited Scope Major Amendment
 New Registration

¹ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf

² www.tceq.texas.gov/goto/coredata

4. Application Fee

Amount

- \$2,050—New Landfill Permits, and Landfill Permit Major Amendments Described in 30 TAC [305.62\(j\)\(1\)](#)
- \$150—Other Permits, Landfill Limited Scope Major Amendments, Permit Amendments for Storage and Processing Facilities, and Registrations

Payment Method

- Check
- Online through ePay portal www3.tceq.texas.gov/epay/

If paid online, enter ePay Trace Number: 582EA000509899

5. Application URL

For applications other than those for arid exempt landfills, provide the URL address of a publicly accessible internet web site where the application and all revisions to the application will be posted.

https://www.ntmwd.com/parkway-transfer-station

6. Party Responsible for Publishing Notice

Indicate who will be responsible for publishing notice:

- Applicant Agent in Service Consultant

Contact Name: Mike Friesen

Title: Assistant Deputy - Solid Waste

Email Address: mfriesen@ntmwd.com

7. Alternative Language Notice

Use the Alternative Language Checklist on Public Notice Verification Form TCEQ-20244-Waste-NORI, TCEQ-20244-Waste-NAPD, or TCEQ-20244-Waste-NAORPM available at www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html to determine if an alternative language notice is required.

Is an alternative language notice required for this application?

- Yes No

Indicate the alternative language: Spanish

8. Public Place for Copy of Application

Name of the Public Place: Haggard Library
 Physical Address: 2501 Coit Road
 City: Plano County: Collin State: TX Zip Code: 75075
 Phone Number: 972-769-4250

9. Consolidated Permit Processing

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

Yes No

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

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", reference the confidential documents in the application, but submit the confidential documents as an attachment in a separate binder marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Mark the following table to indicate status of other permits or approvals.

Table 1. Permits and Construction Approvals.

Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under Texas Solid Waste Disposal Act			x
Underground Injection Control Program under Texas Injection Well Act			x
National Pollutant Discharge Elimination System Program under Clean Water Act; Waste Discharge Program under Texas Water Code, Chapter 26	x		
Prevention of Significant Deterioration Program under Federal Clean Air Act (FCAA); Nonattainment Program under the FCAA			x
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA			x

Permit or Approval	Received	Pending	Not Applicable
Ocean Dumping Permits under Marine Protection Research and Sanctuaries Act			x
Dredge or Fill Permits under Clean Water Act			x
Licenses under the Texas Radiation Control Act			x
Other (describe): Air Permit	x		
Other (describe):			

12. Facility General Information

Facility Name: Parkway Transfer Station

Contact Name: Mike Friesen Title: Assistant Deputy - Solid Waste

MSW Authorization Number (if existing): 1494A

Regulated Entity Reference Number: **RN** 100535392

Physical or Street Address (if available): 4030 West Plano Parkway

City: Plano County: Collin State: TX Zip Code: 75093

Phone Number: 972-596-8709

Latitude (Degrees, Minutes Seconds): N 33° 00' 38.5"

Longitude (Degrees, Minutes Seconds): W 96° 46' 24.4"

Benchmark Elevation (above mean sea level): 702.84 feet

Description of facility location with respect to known or easily identifiable landmarks:

Facility is located adjacent to the Plano Animal Services facility.

Access routes from the nearest United States or state highway to the facility:

From State Highway 190, exit Coit Road and go north, turn left on West Plano Parkway, turn left approximately 2,000 feet and next to Plano Animal Control, proceed to TS entrance.

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

13. Facility Types

- Type I Type IV Type V
 Type IAE Type IVAE Type VI

14. Activities Conducted at the Facility

- Storage Processing Disposal

15. Facility Waste Management Units

Check the box for each type of waste management unit proposed.

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

The permit amendment application includes the construction of a new loading tunnel along the west wall of the existing transfer station building. The application also includes an increase in capacity from the currently permitted 770 tons/day to 1,500 tons/day, averaged over 365 days per year.

17. Facility Contact Information

Site Operator (Permittee or Registrant)

Name: North Texas Municipal Water District
Customer Reference Number: **CN** 601365448
Contact Name: Mike Friesen Title: Assistant Deputy - Solid Waste
Mailing Address: P.O. Box 2408
City: Wylie County: Collin State: TX Zip Code: 75098
Phone Number: 972-442-5405
Email Address: mfriesen@ntmwd.com
Texas Secretary of State (SOS) Filing Number: _____

Operator (if different from Site Operator)

Name: _____
Customer Reference Number: **CN** _____
Contact Name: _____ Title: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____
Texas Secretary of State (SOS) Filing Number: _____

Consultant (if applicable)

Firm Name: Weaver Consultants Group, LLC
Consultant Name: Charles R. Marsh
Texas Board of Professional Engineers Firm Registration Number: F-3727
Contact Name: Charles R. Marsh Title: Project Director
Mailing Address: 6420 Southwest Boulevard, Suite 206
City: Fort Worth County: Tarrant State: TX Zip Code: 76109
Phone Number: 817-735-9770
Email Address: cmarsh@wcgrp.com

Agent in Service (required for out-of-state applicants)

Name: _____
Mailing Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____
Email Address: _____

18. Facility Supervisor License

Indicate the level of Municipal Solid Waste Facility Supervisor license, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, Subchapter F that the individual who supervises or manages the operations will obtain prior to commencing operations.

Class A Supervisor License Class B Supervisor License

19. Ownership Status of the Facility

Business Type

Corporation County Government
 Individual State Government
 Sole Proprietorship Federal Government
 General Partnership Other Government
 Limited Partnership Military
 City Government Other (specify): Special Legislative District

Facility Owner

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

Yes No

If "No", provide the following information for other owners.

Owner Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

20. Other Government Entities Information

Texas Department of Transportation

District: Dallas

District Engineer's Name: Ceason Clemens, P.E.

Mailing Address: 4777 E. Highway 80

City: Mesquite County: Dallas State: TX Zip Code: 75150

Phone Number: 214-320-6100

Email Address: ceason.clemens@txdot.gov

Local Government Authority Responsible for Road Maintenance (if applicable)

Government or Agency Name: City of Plano Public Works
Contact Person's Name: Daniel Prendergast
Mailing Address: 4120 W Plano Parkway
City: Plano County: Collin State: TX Zip Code: 75093
Phone Number: 972-769-4140
Email Address: danielpr@plano.gov

City Mayor Information

City Mayor's Name: John Muns
Mailing Address: 1520 K Avenue
City: Plano County: Collin State: TX Zip Code: 75074
Phone Number: 972-941-7107
Email Address: mayor@plano.gov

City Health Authority

Authority Name: Plano Environmental Health Department
Contact Person's Name: Rachel Patterson
Mailing Address: 1520 K Avenue, Suite 210
City: Plano County: Collin State: TX Zip Code: 75074
Phone Number: 972-941-7143
Email Address: envhealth@plano.gov

County Judge Information

County Judge's Name: Chris Hill
Mailing Address: 2300 Bloomdale Road, Suite 4192
City: McKinney County: Collin State: TX Zip Code: 75071
Phone Number: 972-548-4623
Email Address: chill@collincountytx.gov

County Health Authority

Agency Name: Collin County Health Care Services
Contact Person's Name: Candy Blair, RN
Mailing Address: 825 N. McDonald Street, Suite 130
City: McKinney County: Collin State: TX Zip Code: 75069
Phone Number: 972-548-5500
Email Address: hc@collincountytx.gov

State Representative Information

District Number: 66
State Representative's Name: Rep. Matt Shaheen
District Office Mailing Address: 6504 Legacy Drive #LL1
City: Plano County: Collin State: TX Zip Code: 75024
Phone Number: 469-642-8708
Email Address: matt.shaheen@house.texas.gov

State Senator Information

District Number: 8
State Senator's Name: Sen. Angela Paxton
District Office Mailing Address: 604 S. Watters Road, Suite 100
City: Allen County: Collin State: TX Zip Code: 75013
Phone Number: 972-908-3424
Email Address: angela.paxton@state.texas.gov

Council of Governments (COG)

COG Name: North Central Texas Council of Governments
COG Representative's Name: Mike Eastland
COG Representative's Title: Executive Director
Mailing Address: 616 Six Flags Drive
City: Arlington County: Tarrant State: TX Zip Code: 76011
Phone Number: 817-640-3300
Email Address: meastland@nctcog.org

River Basin Authority

Authority Name: Trinity River Authority
Contact Person's Name: Kevin Ward
Watershed Sub-Basin Name: Floyd Branch - White Rock Creek
Mailing Address: P.O.Box 60
City: Arlington County: Tarrant State: TX Zip Code: 76004
Phone Number: 817-467-4343
Email Address: wardk@trinityra.org

U.S. Army Corps of Engineers District

Indicate the U.S. Army Corps of Engineers district in which the facility is located:

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

Local Government Jurisdiction

Within City Limits of: Plano

Within Extraterritorial Jurisdiction of: NA

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

Site Operator or Authorized Signatory

I 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.

Name: Jennafer P. Covington Title: Executive Director

Email Address: jcovington@ntmwd.com

Signature: *Jennafer Covington* Date: 11/14/2022

Operator or Principal Executive Officer Designation of Authorized Signatory

To be completed by the operator if the application is signed by an authorized representative for the operator.

I hereby designate _____ 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.

Operator or Principal Executive Officer Name: _____

Email Address: _____

Signature: _____ Date: _____

Notary

SUBSCRIBED AND SWORN to before me by the said Jennafer P. Covington

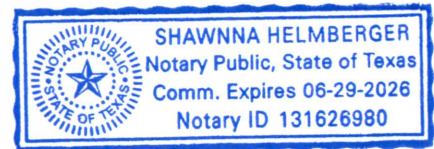
On this 14th day of November, 2022.

My commission expires on the 29th day of June, 2026

Shawna Helmberger

Notary Public in and for

Collin County, Texas



Note: Application Must Bear Signature & Seal of Notary Public

Part I Attachments

Refer to instruction document 00650-instr for professional engineer seal requirements.

Attachments Table 1. Required attachments.

Required Attachments	Attachment Number
Supplementary Technical Report	Parts I/II Section 2
Property Legal Description	Parts I/II Section 13
Property Metes and Bounds Description	Parts I/II Section 13
Facility Legal Description	Parts I/II Section 13
Facility Metes and Bounds Description	Parts I/II Section 13
Metes and Bounds Drawings	Parts I/II Section 13
On-Site Easements Drawing	Parts I/II Section 4
Land Ownership Map	Parts I/II Section 5
Landowners List	Parts I/II Section 5
Mailing Labels (printed and electronic)	Parts I/II Section 5
Texas Department of Transportation (TxDOT) County Map	Parts I/II Section 4
General Location Map	Parts I/II Section 4
General Topographic Map	Parts I/II Section 4
Verification of Legal Status	Parts I/II Section 15
Property Owner Affidavit	Parts I/II Section 14
Evidence of Competency	Parts I/II Section 16

Attachments Table 2. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> TCEQ Core Data Form(s)	
<input type="checkbox"/> Signatory Authority Delegation	
<input checked="" type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input type="checkbox"/> Final Plat Record of Property	

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	
Other (describe):	
Other (describe):	
Other (describe):	



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 TCEQ Request	
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 601365448		RN 100535392

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 Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
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)			<i>If new Customer, enter previous Customer below:</i>	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:	<input 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 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 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 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:				
	City	State	ZIP	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)
()				() -

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 type="checkbox"/> Update to Regulated Entity Name <input checked="" 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.)	
Parkway Transfer Station	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	4030 West Plano Parkway							
	City	Plano	State	TX	ZIP	75093	ZIP + 4	
24. County	Collin							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	From State Highway 190, exit Coit Road and go north, turn left on West Plano Parkway, turn left approximately 2,000 feet, next to Plano Animal Control, proceed to TS entrance.								
26. Nearest City	Plano				State	TX		Nearest ZIP Code	75093
27. Latitude (N) In Decimal:	Degrees			Minutes			Seconds		
	33			00			38.5		
28. Longitude (W) In Decimal:	Degrees			Minutes			Seconds		
	96			46			24.4		
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)			
4212			562111						
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>									
Solid Waste transfer from collection vehicles to trailers									
34. Mailing Address:	4030 West Plano Pkwy								
	City	Plano	State	TX	ZIP	75093	ZIP + 4		
35. E-Mail Address:	mfriesen@ntmwd.com								
36. Telephone Number			37. Extension or Code			38. Fax Number <i>(if applicable)</i>			
(972) 442-5405						() -			

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.

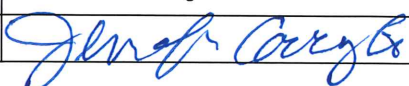
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
1494				
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input checked="" type="checkbox"/> Used Oil
	TXR05AN09			C81092
<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 Marsh, P.E.	41. Title:	Project Director
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(817) 735-9770		(817) 735-9775	cmarsh@wcgrp.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:	North Texas Municipal Water District	Job Title:	Executive Director
Name (In Print):	Jennafer P. Covington	Phone:	972-442-5405
Signature:		Date:	11/14/2022



Comisión de Calidad Ambiental de Texas

Resumen en lenguaje sencillo de la solicitud de permiso municipal de residuos sólidos o de modificación del permiso

Los solicitantes están obligados por las normas de notificación pública del Título 30 del Código Administrativo de Texas, Capítulo 39, Sección [39.405\(k\)](#)¹ a proporcionar este resumen de una solicitud.

A. Objetivo de la instalación propuesta

Transladar los residuos sólidos de vehículos recolectores a vehículos mas grandes con mayor capacidad para trasladarlos al vertedero.

B. Información sobre el solicitante

Nombre: North Texas Municipal Water District

Tipo de solicitante: Tipo V

Nombre de la instalación: Parkway Transfer Station

Número de solicitud de permiso: 1494A

Número de cliente (CN): CN601365448

Número de referencia de la entidad regulada (RN): RN100535392

C. Ubicación de la instalación propuesta

Dirección del establecimiento (o descripción de la ubicación del sitio si no hay dirección):

4030 West Plano Parkway, Plano, TX 75093

Enlace al mapa de ubicación de las instalaciones en [TCEQ Location Mapper](#)²:

<https://arcg.is/0m9r0X>

D. Información sobre el funcionamiento de las instalaciones

¿Qué tipos de residuos se recibirían?

No se propone ningún cambio en los tipos de residuos recibidos. Residuos domésticos, Maleza, Residuos de jardín, Residuos Sólidos Comerciales, Residuos Industriales (No Peligrosos) (Clase 2 Residuos Sólidos Industriales, Clase 3 Residuos Sólidos Industriales), Residuos de Construcción-Demolición, Residuos Especiales (aceite usado (solo para reciclaje), filtros de aceite usados de motores de combustión interna (solo para reciclaje), llantas enteras usadas o de desecho o llantas piezas (solo para reciclaje), línea blanca.

¿De qué zona geográfica procederían los residuos?

Área de servicio consta de Allen, Frisco, McKinney, Plano, Richardson, y las áreas circundantes .

¹ www.tceq.texas.gov/goto/view-30tac

² www.tceq.texas.gov/gis/hb-610-viewer

¿Qué días y horas funcionará la instalación?

No se propone ningún cambio en las horas de operación de las instalación. Lunes a sábado 7:00 a.m. - 7:00 p.m. Operación de equipo pesado 5:00 a. m. a 9:00 p. m. de lunes a sábado

¿A qué ritmo se aceptarían los residuos?

306.5 toneladas por día (en 2021) en promedio durante 365 días .

¿Cómo se gestionarían los residuos?

La instalación de la estación de transferencia existente consistirá en un edificio de paredes basculantes de hormigón prefabricado. Se propone un nuevo túnel de carga de subsuelo para facilitar el traslado de los residuos. Materiales de desperdicios se descarga en el piso dentro del edificio, luego se descargan desde arriba en los remolques de transferencia estacionados en el túnel subsuelo y se transportan a un vertedero del área.

E. Métodos de control de la contaminación

¿Qué métodos utilizará la instalación para contener los residuos y los olores, y para controlar las emisiones?

Todo el procesamiento y almacenamiento de desperdicios (excepto por los electrodomésticos/ metales y llantas) ocurrirá dentro del edificio. El almacenamiento de desperdicios no excederá 72 horas y tendrá un promedio de 24 horas. Para controlar los olores, las operaciones rutinarias de volcado, clasificación y transferencia se limitarán al interior del edificio. Se tomarán las siguientes medidas para ayudar controlar la contaminación de aire y olores:

- Zonas de amortiguamiento
- Sistema de nebulización de olores según sea necesario
- Cubriendo camiones de transferencia
- No se aceptan residuos líquidos ni aguas de albañal
- Procedimientos especiales para cargas olorosas como se describe en Part III 2.2.3
- Limpiar todas las superficies de trabajo que entren en contacto con los desperdicios al menos semanalmente como se describe en Parte IV 7:11

¿Qué métodos utilizaría o exigiría la instalación para evitar la basura o los derrames, y para la limpieza de la basura y los derrames?

La recolección de basura y escombros fugitivos en el área de entrada de la instalación se realizará como parte de la rutina programada. Cualquier basura esparcida por todo el sitio, incluso a lo largo de de las vallas y caminos de acceso, y en el portón se recogerá al menos una vez al día en los días en que la instalación esté en funcionamiento. Todos los derrames se contendrán dentro del edificio, se analizarán según corresponda y se manejarán adecuadamente. El contenedor del tanque de combustible de 500 galones y el contenedor de aceite usado tendrán paredes dobles para proteger contra derrames. El área de almacenamiento de electrodomésticos/llantas tiene un bordillo y el agua dentro del área del bordillo se recolectará y eliminará de manera adecuada.