



9665 JADE AVENUE
PORT ARTHUR, TX 77642

March 23, 2009

Mr. Eric Beller, PG
Municipal Solid Waste Permits Section
Waste Permits Division (MC 124)
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

Re: BioMedical Waste Solutions, LLC – Jefferson County
Municipal Solid Waste (MSW) – Registration No. 40231
Registration Modification Application – Site Development Plan
Response to First Technical Notice of Deficiency (NOD)
Tracking No. 12558066, RN105008437 / CN603071267

Dear Mr. Beller:

BioMedical Waste Solutions is pleased to provide you with this letter in response to the February 17, 2009 Notice of Deficiency (NOD) regarding the above referenced registration application modification. Our responses correspond numerically with the comments in your letter. In addition to the responses below, attached are the revised replacement pages to the registration application

1. TCEQ Comment

In accordance with §305.70(e)(2), a registration modification application must include an explanation detailing why the change is necessary. This information does not appear to be provided. It is our understanding that this registration modification is being submitted as a result of issues raised by the Texas Commission on Environmental Quality (TCEQ) Beaumont Regional Office during a recent site inspection. Please provide an explanation detailing why the registration change is necessary and include any resolution agreed upon by the registrant and the TCEQ Regional Office.

BioMedical Waste Response

The request for a permit modification with notice is made in accordance with 30 TAC §305.70(l) to request alternative buffer zone, remove the location of the refrigeration storage and to correct the site layout plan as it pertains to the site drainage. During the pre-opening inspection the TCEQ Region Office made these requested recommendations. In addition, it was also recommended that text regarding the sealing of concrete be removed from the application. The sealing of concrete was inadvertently placed in the application and since it is not required by rule, we are requesting it be removed from the application language.

This noticed modification request will not substantially alter the registration conditions and will not reduce Biomedical Waste Solution's capability to protect human health and the environment at this facility.

The request for an alternative buffer zone is being made in accordance with §330.543(b)(3) and §305.70(l).

The information required pursuant to §305.70 (l) and (e) is provided below:

1. A description of the proposed changes:

The modification provides a revised Site Layout Plan to correctly reflect the requested alternate buffer zone on the Northwest corner and North side of the building to 30.8 feet.

2. An explanation detailing why the change is necessary:

The modification is necessary for the efficient operation of medical waste management at this facility. Specifically, the alternate buffer will allow Biomedical Waste to utilize the entire processing building for the management of medical waste.

3. Appropriate Revisions to applicable narrative pages and drawings:

A revised site layout plan and facility floor plan have been provided for your review. The drawings have include revision dates and notes as necessary in accordance with §330.57(g). Text changes regarding sealing the concrete has been removed. A redline/strikeout copy of these changes has been provided for your review.

4. A reference to the specific provision under which the modification is being made:

This modification is requested in accordance with 30 TAC §305.70(l).

5. Updated landowners map and list:

A current landowner map and list is being submitted per the requirements

2. **TCEQ Comment**

In accordance with §305.70(e)(4), a registration modification application must include a reference to the specific provision under which the modification application is being made. The rule provision under which this modification is being submitted does not appear to be addressed. Based on the request for an alternate buffer zone, the MSW Permits Section has been processing these types of revisions as modification that require public notice under §305.70(l). Please revise the registration modification application to indicate that the modification is being submitted in accordance with §305.70(l) and that public notice is required.

Biomedical Waste Response

Please see the response for Comment 1 regarding the specific rule citation in which this modification is being requested. In addition, all requirements for the requested notice modification will be met to include the required public notice requirements.

3. TCEQ Comment

In accordance with §305.70(e)(5), modification submitted under §305.70(l) that the executive director has determined require notification must include an updated adjacent landowners list and map as detailed in §330.59(c)(3). As discussed in comment 2 of this NOD letter, notice is required for this registration modification. Please submit an updated adjacent landowners list and map showing all property ownership within one quarter mile of the facility, and all mineral interest ownership under the facility.

Biomedical Waste Response

An updated landowner list and map have been included in this response to meet the requirements for modification submitted under §305.70(l). Please see Part I form regarding the updated landowner list and map.

4. TCEQ Comment

All modification applications must include a completed Part I form, TCEQ Form No. 0650. This registration modification only included pages 1 and 2 of the Part I Form for which nine copies were provided, three for each change to the registration. Please note that the MSW Permits Section only needs a total of three copies of the Part I Form. Please submit three completed copies of the Part I Form. All applicable sections should be completed including the property owner affidavit and signature page.

Biomedical Waste Response

Three completed copies of the Part I Form have been submitted for your review and distribution. In addition a strikeout version of text changes has also been included for your review.

5. TCEQ Comment

In accordance with §330.59(h)(1), there is an application fee of \$150.00. The registration modification does not appear to provide proof of payment of the application fee. The application fee may be paid electronically or by mail as detailed in Section H of the Part I Form. Please submit proof of payment for the application fee.

Biomedical Waste Response

The required fee of \$150.00 was paid electronically through the Agency's website. A receipt for the application fee of \$150.00 is being submitted along with this response.

6. TCEQ Comment

The registration modification includes a revised site layout plan noted as Figure I-2 and requests an alternate buffer zone of 46 feet on the north side of the facility in accordance with §330.543(b)(3). Figure I-2 appears to indicate that there is 39 feet, 7 inches from the north property line to the processing building. It is unclear whether the registrant is including buffer zone within the building an additional 6 feet to provide the 46 foot buffer zone. Please note that buffer zones are typically measured from the processing building to the property line. In addition, there are two lines drawn that are noted as 50 foot buffer and 100 foot buffer. It is unclear what these lines are indicating. Please clarify and revise Figure I-2 to show the location of the proposed 46 foot buffer zone. Please clarify the purpose of the 50 foot and 100 foot buffer lines drawn from the north side of the processing building on Figure I-2. Please be advised that the Texas Board of Professional Engineers recently adopted rule revisions that require all licensees to include the name and registration number of the registered engineering firm for which they are doing the work on sealed documents in accordance with 22 TAC §137.33(n).

Biomedical Waste Response

The 100 foot buffer zone has been removed from the drawing. The requested alternate buffer zone along the Northwest corner and North side of the facility is for 30.8 feet. This is the distance from the Northwest corner and North side of the building to the property line. In accordance with §330.543 (b)(3), the following statements are being made to support this alternate buffer zone request:

§330.543(b)(3)(A)

The prescribed buffer zone is not feasible due to the location of the autoclaves in the building. The autoclaves are located on the North side of the building. The requested alternate buffer zone of 30.8 feet will allow the facility to operate and maintain an approved buffer zone.

§330.543(b)(3)(B)

An updated Site Layout Plan is provided and is consistent with the performance goal of providing a visual screening, odor control and control of windblown waste from of solid waste processing activities. The waste is processed inside the building and therefore the building provides for the visual screening, odor control and control of windblown waste.

The reduced requested alternate buffer zone does not impact the ability of first responders to access the area for emergency response, maintenance and monitoring. The area adjacent the property boundary on the North side is proposed to be a future road. Access to the facility on the North side can be made through the proposed road.

Finally, the reduced buffer zone does not impact or reduce the sufficient distance to meet the drainage and sediment control applicable to the facility.

7. TCEQ Comment

A revised Figure I-2 has been provided as a replacement page for the registration application. We cannot accept the revised Figure I-2 as submitted as it appears that photocopying has degraded many of the figure elements. For example, the property line can no longer be seen on the figure. Please review the figure and provide a revised Figure I-2 that maintains all of the essential elements of the original.

Biomedical Waste Response

A revised Figure I-2 has been provided for your review.

8. TCEQ Comment

The registration modification proposes a new location for the refrigeration storage unit for when in use and when not in use. The location for the refrigeration storage unit when in use appears to be sufficient distance from the property line to give a 50 foot buffer but no distances are provided. On Figure I-2, please note the distance from the "in use" refrigeration storage unit location to the property line.

Biomedical Waste Response

A revised Site Plan has been provided for your review. Please note that the locations of the self contained refrigeration unit have been removed from the plan. The entire permitted property, excluding buffer zones, will be utilized for the storage of waste, provided the storage is in compliance with §330.209 and §330.1209.

In addition to the changes made per your Notice of Deficiency letter, a recommendation by the TCEQ Region has prompted Biomedical Waste to ask for a minor change in the language found in Part II and Part IV regarding the sealing of the floor inside the processing building and the removal of a dumpster identified in the Site Layout Plan. The floor sealing statement was inadvertently placed in the application without a rule citation to support the language. The removal of the self required sealant and dumpster will not pose a risk to human health and the environment.

The text changes to the application can be found in Part I-Page 23,24, Part III-Page 7 and Part IV-Page 14.

To facilitate your review, one original, two unmarked copies, and one marked redline/strikeout copy has been provided. An unmarked copy has been sent directly to the Texas Commission on Environmental Quality Region 10, to the attention of Mr. Keith Anderson, Waste Program Manager, 3870 Eastex Fwy., Beaumont, 77703-1830. If you have any questions regarding this submittal, please contact me at 409-736-2447 or Mr. George Newsome at 409-983-2004.

Sincerely,

A handwritten signature in black ink, appearing to read 'Wes Sonnier', with a long horizontal flourish extending to the right.

Mr. Wes Sonnier
Biomedical Waste Solutions, LLC

cc: Mr. Stanley G. Newsome, Jr., P.E., Consulting Engineer, Port Arthur
Ms. Lara Garey, Garey Environmental, Cedar Park



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 type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other Registration Modification	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Registration Modification	
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 603071267		RN 105008437	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:			
<input checked="" 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: _____
7. General Customer Information			
<input checked="" 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)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
<input type="checkbox"/> City Government		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government	
<input type="checkbox"/> State Government		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John) <i>If new Customer, enter previous Customer below</i> End Date:			
BioMedical Waste Solutions, LLC			
10. Mailing Address:			
PO Box 398			
City	Nederland	State	TX
ZIP	77627	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(409) 724-1300			
15. Fax Number (if applicable)			
(409) 721-9957			
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
20-276751	32017318612		800486284
20. Number of Employees			21. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)			
<input checked="" type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
BioMedical Waste Solutions, LLC			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	9665 Jade Avenue						
	City	Port Arthur	State	TX	ZIP	77642	ZIP + 4
25. Mailing Address:	PO Box 398						
	City	Nederland	State	TX	ZIP	77627	ZIP + 4
26. E-Mail Address:							
27. Telephone Number				28. Extension or Code		29. Fax Number (if applicable)	
(409) 724-1300						(409) 721-9957	
30. Primary SIC Code (4 digits)		31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)	
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Medical waste treatment prior to landfill disposal.							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	Go west on West Port Arhur Road (Spur 93) to Jade Ave.; thence west on Jade Ave. to 9665 Jade Ave., all in Port Arthur, Jefferson County, Texas.						
36. Nearest City	County			State		Nearest ZIP Code	
Port Arthur	Jefferson			TX		77642	
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	55	39	94	01	54		

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> Industrial Hazardous Waste	<input checked="" type="checkbox"/> Municipal Solid Waste
				40231
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

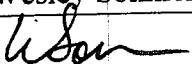
SECTION IV: Preparer Information

40. Name:	Stanley G. Newsome, Jr., P.E.			41. Title:	Project Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(409) 983-2004		(409) 983-2005	gnewsome@gt.rr.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	BioMedical Waste Solutions, LLC	Job Title:	President
Name (In Print):	Wesley Sonnier	Phone:	(409) 724-1300
Signature:		Date:	3/23/2009

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

NOVEMBER 2007

Owner/Operator

**BioMedical Waste Solutions, LLC
P.O. Box 398
Nederland, TX 77627**

Submitted to:

**Texas Commission on Environmental Quality
Municipal Solid Waste Permits Section
MC-124
12100 Park 35 Circle, Building F
Austin, Texas 78753**

Prepared by:

**Stanley G. Newsome, Jr., P.E.
3737 Doctor's Dr.
Port Arthur, TX 77642
409-983-2004**

This application is submitted in a loose leaf format. The title page will be sealed along with other pages. Should the TCEQ believe that a specific page needs to be sealed, I will comply with their decision

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

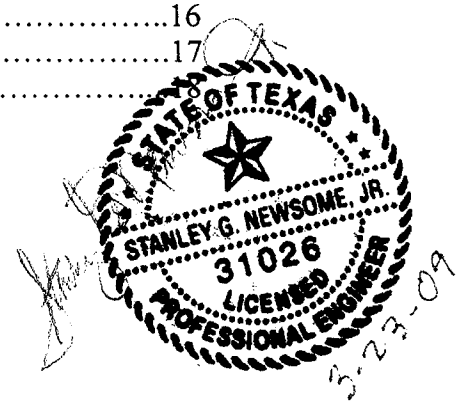
**PART I
(30 TAC §330.59)**

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FIRM NAME: STANLEY G. NEWSOME, JR., P.E.

FIRM NUMBER: 176

ATTACHMENTS

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Texas Commission on Environmental Quality

Permit or Registration Application for Municipal Solid Waste Facility

Part I

A. General Information

Facility Name:	BioMedical Waste Solutions, LLC			
Physical or Street Address (if available):	9665 Jade Avenue			
(City) (County)(State)(Zip Code):	Port Arthur	Jefferson	TX	77642
(Area Code) Telephone Number:	409-736-2447			
Charter Number:	800.486.284			

If the application is submitted on behalf of a corporation, provide the Charter Number as recorded with the Office of the Secretary of State for Texas.

Operator Name ¹ :	Wes Sonnier			
Mailing Address:	P.O. Box 398			
(City) (County)(State)(Zip Code):	Nederland	Jefferson	TX	77627
(Area Code) Telephone Number:	409-736-2447			
(Area Code) FAX Number:	409-721-9956			
Charter Number:	800.486.284 (Tax Payer 320.173.186.12)			

If the permittee is the same as the operator, type "Same as Operator".

Permittee Name:	Same as Operator			
Physical or Street Address (if available):				
(City) (County)(State)(Zip Code):			TX	
(Area Code) Telephone Number:				
Charter Number:				

If the application is submitted by a corporation or by a person residing out of state, the applicant must register an Agent in Service or Agent of Service with the Texas Secretary of State's office and provide a complete mailing address for the agent. The agent must be a Texas resident.

Agent Name:	n/a			
Mailing Address:				
(City) (County)(State)(Zip Code):				
(Area Code) Telephone Number:				
(Area Code) FAX Number:				

Application Type:

<input type="checkbox"/> Permit	<input type="checkbox"/> Major Amendment	<input type="checkbox"/> Minor Amendment
<input type="checkbox"/> Registration	<input checked="" type="checkbox"/> Modification	<input type="checkbox"/> Temporary Authorization
	<input checked="" type="checkbox"/> w/Public Notice	
	<input type="checkbox"/> w/out Public Notice	<input type="checkbox"/> Notice of Deficiency Response

¹ The operator has the duty to submit an application if the facility is owned by one person and operated by another [30 TAC 305.43(b)]. The permit will specify the operator and the owner who is listed on this application [Section 361.087 Texas Health and Safety Code].

Mod. Rev 2 3/23/09

Facility Classification:

<input type="checkbox"/> Type I	<input type="checkbox"/> Type IV	<input checked="" type="checkbox"/> Type V	<input type="checkbox"/> Type IX
<input type="checkbox"/> Type I AE	<input type="checkbox"/> Type IV AE	<input type="checkbox"/> Type VI	

Activities covered by this application (check all that apply):

<input type="checkbox"/> Storage	<input checked="" type="checkbox"/> Processing	<input type="checkbox"/> Disposal
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Waste management units covered by this application (check all that apply):

<input type="checkbox"/> Containers	<input type="checkbox"/> Tanks	<input type="checkbox"/> Surface Impoundments	<input type="checkbox"/> Landfills
<input type="checkbox"/> Incinerators	<input type="checkbox"/> Composting	<input type="checkbox"/> Type IV Demonstration Unit	<input type="checkbox"/> Type IX Energy/Material Recovery
<input checked="" type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (Specify)	

Is this submittal part of a Consolidated Permit Processing request, in accordance with 30 TAC Chapter 33?

Yes No

If yes, state the other TCEQ program authorizations requested.

Provide a brief description of the portion of the facility covered by this application. For amendments, modifications, and temporary authorizations, provide a brief description of the exact changes to the permit or registration conditions and supporting documents referenced by the permit or registration. Also, provide an explanation of why the amendment, modification, or temporary authorization is requested.

This modification is being requested to ask for an alternate buffer zone as allowed by 30 TAC 330.543. In addition, the Site Layout Plan is being updated to remove the location of the refrigeration unit. This modification is also requesting to remove the use of a sealant on the concrete floors as suggested by the TCEQ Region 10 Office.

Does the application contain confidential Material? Yes No

If yes, cross-reference the confidential material *throughout the application* and submit as a separate document or binder conspicuously marked "CONFIDENTIAL."

Bilingual Notice Instructions

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

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

Bilingual Notice Application Form:

Bilingual notice confirmation for this application:

1. Is a bilingual program required by the Texas Education Code in the school district where the facility is located? YES NO

(If NO, alternative language notice publication not required)

2. If YES to question 1, are students enrolled in a bilingual education program at either the elementary school or the middle school nearest to the facility? YES NO

(If YES to questions 1 and 2, alternative language publication is required; If NO to question 2, then consider the next question)

3. If YES to question 1, are there students enrolled at either the elementary school or the middle school nearest to the facility who attend a bilingual education program at another location? YES NO

(If Yes to questions 1 and 3, alternative language publication is required; If NO to question 3, then consider the next question)

4. If YES to question 1, would either the elementary school or the middle school nearest to the facility be required to provide a bilingual education program but for the fact that it secured a waiver from this requirement, as available under 19 TAC 89.1205(g)? YES NO

(If Yes to questions 1 and 4, alternative language publication is required; If NO to question 4, alternative language notice publication not required)

If a bilingual education program(s) is provided by either the elementary school or the middle school nearest to the facility, which language(s) is required by the bilingual program?

Note: Applicants for new permits and major amendments must make a copy of the administratively complete application available at a public in the county where the facility is, or will be, located for review and copying by the public.

Public place where administratively complete permit application will be located.			
Public Place (e.g., public library, county court house, city hall, etc.):	Port Arthur City Hall		
Mailing Address:	444 4 th Street		
(City) (County) (State) (Zip Code):	Port Arthur	Jefferson	TX 77640
(Area Code) Telephone Number:	409-983-8000		

Mod. Rev. 2 3/23/09

B. Facility Location

Except for Type I AE and Type IV AE landfill facilities, for permits, registrations, amendments, and modifications requiring public notice, provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.
 www.biomedicalwastesolutions.com/registration.php

Local Government Jurisdiction:	City of Port Arthur
Within City Limits of:	Port Arthur
Within Extraterritorial Jurisdiction of City of:	NA
Is the proposed municipal or industrial solid waste disposal or processing facility located in an area in which the governing body of the municipality or county has prohibited the disposal or processing of municipal or industrial solid waste? (If YES, provide a copy of the ordinance or order):	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Provide a description of the location of the facility with respect to known or easily identifiable landmarks.
 Jade Avenue & North Business Park Dr. in the Port Arthur EDC Business Park

Detail the access routes from the nearest United States or state highway to the facility.

Provide the latitudinal and longitudinal geographic coordinates of the facility.

Latitude	N 29-55-39
Longitude	W 94-01-54
Elevation (above msl)	4'

Is the facility within the Coastal Management Program boundary? Yes No

Texas Department of Transportation District Location:

TXDOT District Name & Number:	Beaumont District		
District Engineer's Name:	Randall Redmond, P.E.		
Street or P. O. Box:	3350 Eastex Freeway		
(City) (County) (State) (Zip Code):	Beaumont	Jefferson	TX 77708
(Area Code) Telephone Number:	409-892-5731		
(Area Code) FAX Number:	409-898-5801		

The local governmental authority or agency responsible for road maintenance:

Contact Person's Name:	Jose Pastrana, P.E.		
Street or P. O. Box:	1149 Pearl Street, 5 th Floor		
(City) (County) (State) (Zip Code):	Beaumont	Jefferson	TX 77701
(Area Code) Telephone Number:	409-835-8584		
(Area Code) FAX Number:	409-835-8718		

State Representative:

District Number:	21		
State Representative's Name:	Allen Ritter		
District Office Address:	PO Box 365		
(City) (County) (State) (Zip Code):	Nederland	Jefferson	TX 77627
(Area Code) Telephone Number:	409-729-3228		
(Area Code) FAX Number:	409-729-2141		

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State Senator:

District Number:	17			
State Senator's Name:	Kyle Janek			
District Office Address:	7777 SW Freeway			
(City) (County) (State) (Zip Code):	Houston	Jefferson	TX	77074
(Area Code) Telephone Number:	713-272-8929			
(Area Code) FAX Number:	713-463-0639			

Council of Government (COG) Information:

COG Name:	Southeast Texas Regional Planning Commission			
COG Representative's Name:	Shaun Davis			
COG Representative's Title:	Executive Director			
Street or P. O. Box:	2210 Eastex Freeway			
(City) (County) (State) (Zip Code):	Beaumont	Jefferson	TX	77703
(Area Code) Telephone Number:	409-899-8444			
(Area Code) FAX Number:	409-898-2468			

River Basin Information:

River Authority:	Lower Trinity Coastal Basin Lower Neches Valley Authority			
Contact Person's Name:	Robert Stroder, P.E.			
Watershed Sub-Basin Name:	Rodair Gully			
Street or P. O. Box:	7850 Eastex Freeway			
(City) (County) (State) (Zip Code):	Beaumont	Jefferson	TX	77708
(Area Code) Telephone Number:	409-892-4011			
(Area Code) FAX Number:	409-898-2468			

This site is located in the following District of the U.S. Army Corps of Engineers:				
<input type="checkbox"/> Albuquerque, NM	<input type="checkbox"/> Ft. Worth, TX	<input checked="" type="checkbox"/> Galveston, TX	<input type="checkbox"/> Tulsa, OK	

C. Maps

General

For permits, registrations, and amendments only, submit a topographic map, ownership map, county highway map, or a map prepared by a registered professional engineer or a registered surveyor which shows the facility and each of its intake and discharge structures and any other structure or location regarding the regulated facility and associated activities. Maps must be of material suitable for a permanent record, and shall be on sheets 8-1/2 inches by 14 inches or folded to that size, and shall be on a scale of not less than one inch equals one mile. The map shall depict the approximate boundaries of the tract of land owned or to be used by the applicant and shall extend at least one mile beyond the tract boundaries sufficient to show the following:

each well, spring, and surface water body or other water in the state within the map area;

the general character of the areas adjacent to the facility, including public roads, towns and the nature of development of adjacent lands such as residential, commercial, agricultural, recreational, undeveloped, etc;

the location of any waste disposal activities conducted on the tract not included in the application; and

the ownership of tracts of land adjacent to the facility and within a reasonable distance from the proposed point or points of discharge, deposit, injection, or other place of disposal or activity.

General location maps

For permits, registrations, and amendments only, submit at least one general location map at a scale of one-half inch equals one mile. This map shall be all or a portion of a county map prepared by Texas Department of Transportation (TxDOT). If TxDOT publishes more detailed maps of the proposed facility area, the more detailed maps shall also be included in Part I. Use the latest revision of all maps.

Land ownership map

Provide a map that locates the property owned by adjacent and potentially affected landowners. The maps should show all property ownership within 500 feet of the facility, on-site facility easement holders, and all mineral interest ownership under the facility.

Landowners list

Provide the adjacent and potentially affected landowners' list, keyed to the land ownership map with each property owner's name and mailing address. The list shall include all property owners within 500 feet of the facility, easement holders, and all mineral interest ownership under the facility. Provide the property, easement holders', and mineral interest owners' names and mailing addresses derived from the real property appraisal records as listed on the date that the application is filed. Provide the list in electronic form, as well.

D. Property owner information

For permits, registrations, amendments, and modifications that change the legal description, a change in owner, or a change in operator only, provide the following:

(1) the legal description of the facility;

- (A) the abstract number as maintained by the Texas General Land Office for the surveyed tract of land;
- (B) the legal description of the property and the county, book, and page number or other generally accepted identifying reference of the current ownership record;
- (C) for property that is platted, the county, book, and page number or other generally accepted identifying reference of the final plat record that includes the acreage encompassed in the application and a copy of the final plat, in addition to a written legal description;
- (D) a boundary metes and bounds description of the facility signed and sealed by a registered professional land surveyor;
- (E) on-site easements at the facility, and
- (F) drawings of the boundary metes and bounds description; and

(2) a property owner affidavit signed by the owner.

E. Legal authority

Provide verification of the legal status of the owner and operator, such as a one-page certificate of incorporation issued by the secretary of state. List all persons having over a 20% ownership in the proposed facility.

Indicate Ownership status of the facility:									
<input type="checkbox"/>	Private	<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Non-Profit Organization
<input type="checkbox"/>	Public	<input type="checkbox"/>	Federal	<input type="checkbox"/>	Military	<input type="checkbox"/>	State	<input type="checkbox"/>	Regional
<input type="checkbox"/>	County	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Other (Specify)				

Does the operator own the facility units and the facility property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

If "No," for permits, registrations, amendments, and modifications that changes the legal description, a change in owner, or a change in operators submit a copy of the lease for the use of or the option to buy the facility units or facility property, as appropriate, and identify:

Owner Name:	
Street or P. O. Box:	
(City) (County) (State) (Zip Code):	
(Area Code) Telephone Number:	
(Area Code) FAX Number:	
Charter Number:	

F. Evidence of competency

For permits, registrations, amendments, and modifications that change the legal description, a change in owner, or a change in operators submit a list of all Texas solid waste sites that the owner and operator have owned or operated within the last ten years.

Site Name	Site Type	Permit/Reg. No.	County	Dates of Operation
NONE				

Submit a list of all solid waste sites in all states, territories, or countries in which the owner and operator have a direct financial interest.

Site Name	Location	Dates of Operation	Regulatory Agency (Name & Address)
NONE			

A licensed solid waste facility supervisor, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations will be employed before commencing facility operation.

Provide the names of the principals and supervisors of the owner's and operator's organization, together with previous affiliations with other organizations engaged in solid waste activities.

Name	Previous Affiliation	Other Organization
Wes Sonnier	NONE	NONE

For landfill permit applications only, evidence of competency to operate the facility shall also include landfilling and earthmoving experience if applicable, and other pertinent experience, or licenses as described in 30 TAC Chapter 30 possessed by key personnel. The number and size of each type of equipment to be dedicated to facility operation will be specified in greater detail on Part IV of the application within the site operating plan.

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Landfilling/Earthmoving Equipment Types	Personnel Experience or Licenses
NA	

For mobile liquid waste processing units, submit a list of all solid waste, liquid waste, or mobile waste units that the owner and operator have owned or operated within the past five years. Submit a list of any final enforcement orders, court judgments, consent decrees, and criminal convictions of this state and the federal government within the last five years relating to compliance with applicable legal requirements relating to the handling of solid or liquid waste under the jurisdiction of the commission or the United States Environmental Protection Agency. Applicable legal requirement means an environmental law, regulation, permit, order, consent decree, or other requirement.

Solid waste, liquid waste, or mobile waste units owned or operated within past 5 years	Texas and federal final enforcement orders, court judgments, consent decrees, and criminal convictions
NA	

G. Appointments

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

H. Application Fees

For a new permit, registration, amendment, modification, or temporary authorization, submit a \$150 application fee.

For authorization to construct an enclosed structure over an old, closed municipal solid waste landfill in accordance with 30 TAC 330 Subchapter T, submit a \$2,500 application fee.

If paying by check, send payment to:

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

Payment maybe made online using TCEQ e-pay at www.tceq.state.tx.us/e-services/	
E-pay confirmation number	Receipt Enclosed

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PROPERTY OWNER AFFIDAVIT

"I, Wes Sonnier
(property owner)

acknowledge that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure and post-closure care of the facility. For a facility where waste will remain after closure, I acknowledge that I have a responsibility to file with the county deed records an affidavit to the public advising that the land will be used for a solid waste facility prior to the time that the facility actually begins operating as a municipal solid waste landfill facility, and to file a final recording upon completion of disposal operations and closure of the landfill units in accordance with Title 30 Texas Administrative Code §330.19, Deed Recordation. I further acknowledge that I or the operator and the State of Texas shall have access to the property during the active life and post-closure care period, if required, after closure for the purpose of inspection and maintenance."

W Son

(Owner signature)

3/23/2009

(Date)

Signature Page

I, Wes Sonnier
(Operator)

President
(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: Wson

Date: 3/23/2009

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.

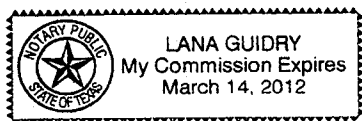
Printed or Typed Name of Operator or Principal Executive Officer

Signature

SUBSCRIBED AND SWORN to before me by the said Wes Sonnier

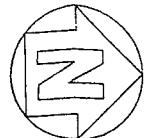
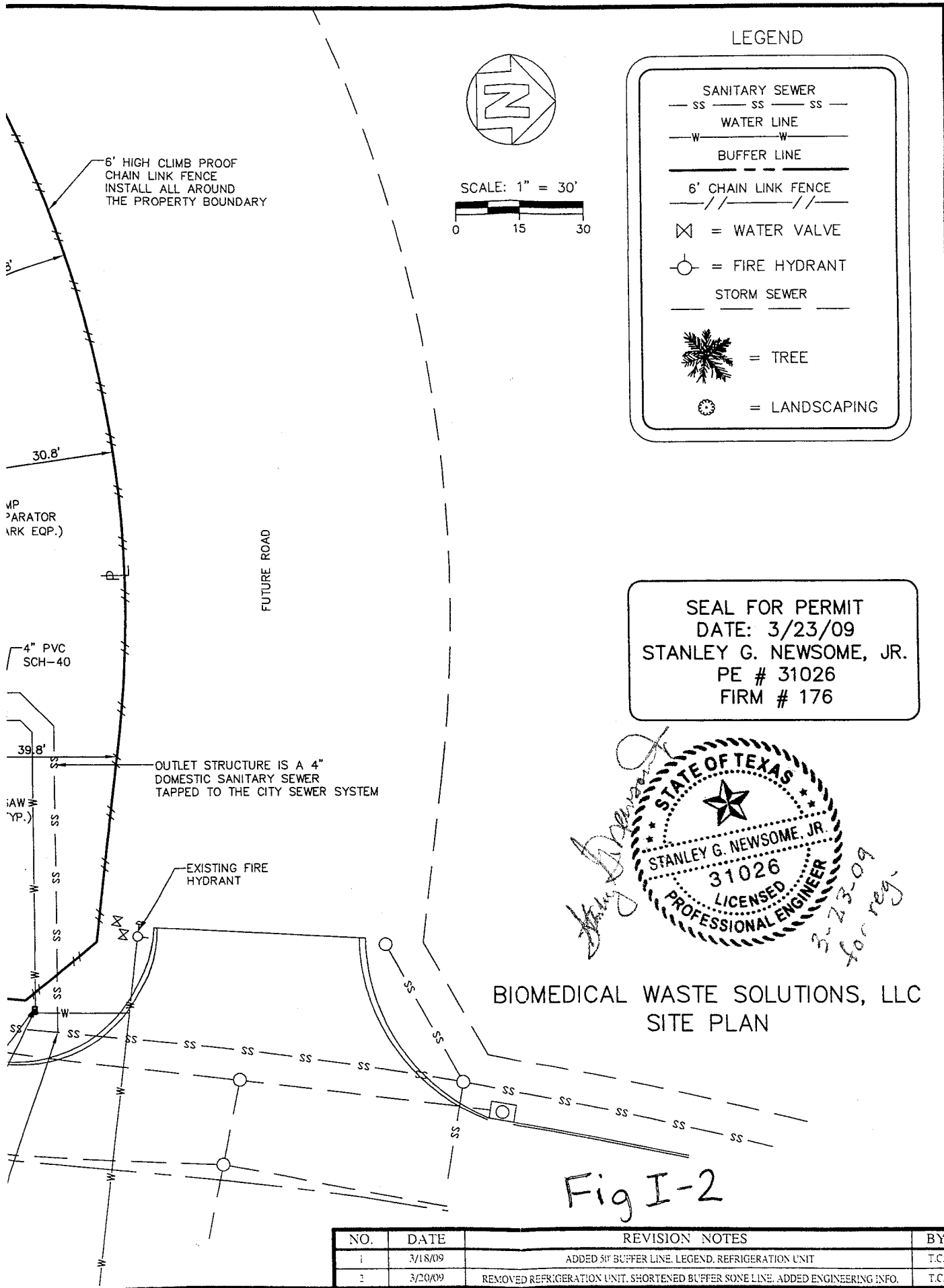
On this 23rd day of March, 2009

My commission expires on the 14th day of March 2012



Lana Guidry
Notary Public in and for
Jefferson County, Texas

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



SCALE: 1" = 30'

0 15 30

LEGEND

SANITARY SEWER
— SS — SS — SS —

WATER LINE
— W — W —

BUFFER LINE
— — — — —

6' CHAIN LINK FENCE
// // // //

⊠ = WATER VALVE

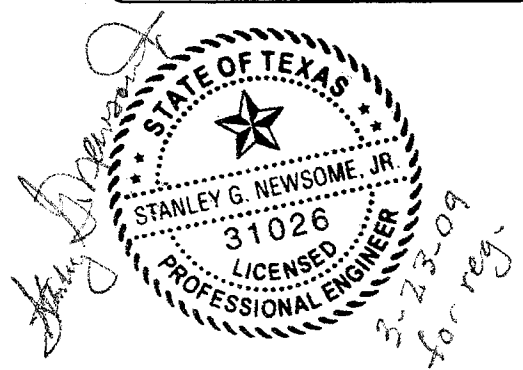
○ = FIRE HYDRANT

— — — — — STORM SEWER

🌳 = TREE

⊗ = LANDSCAPING

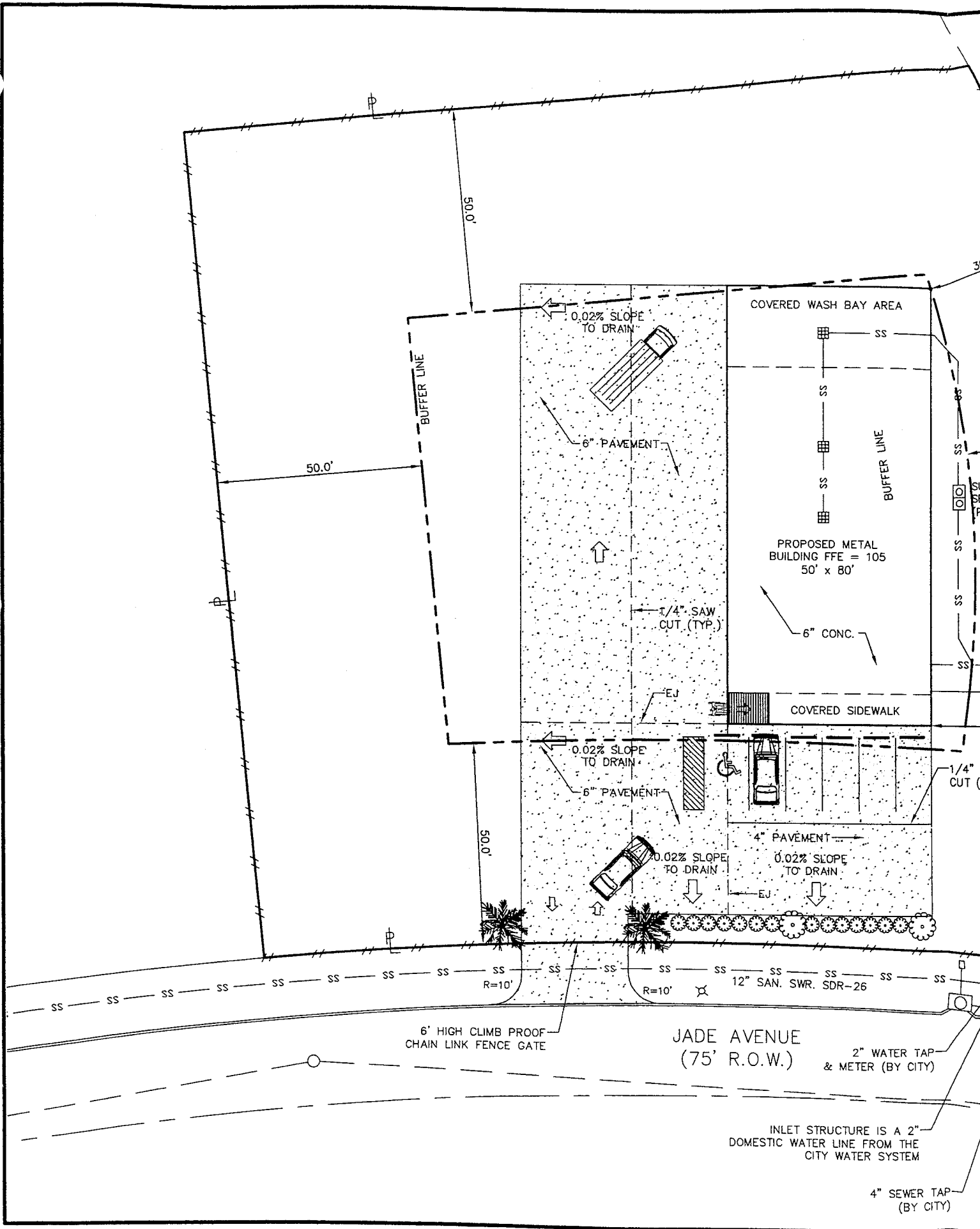
SEAL FOR PERMIT
DATE: 3/23/09
STANLEY G. NEWSOME, JR.
PE # 31026
FIRM # 176



BIOMEDICAL WASTE SOLUTIONS, LLC
SITE PLAN

Fig I-2

NO.	DATE	REVISION NOTES	BY
1	3/18/09	ADDED 50' BUFFER LINE. LEGEND. REFRIGERATION UNIT	T.C.
2	3/20/09	REMOVED REFRIGERATION UNIT. SHORTENED BUFFER SONE LINE. ADDED ENGINEERING INFO.	T.C.

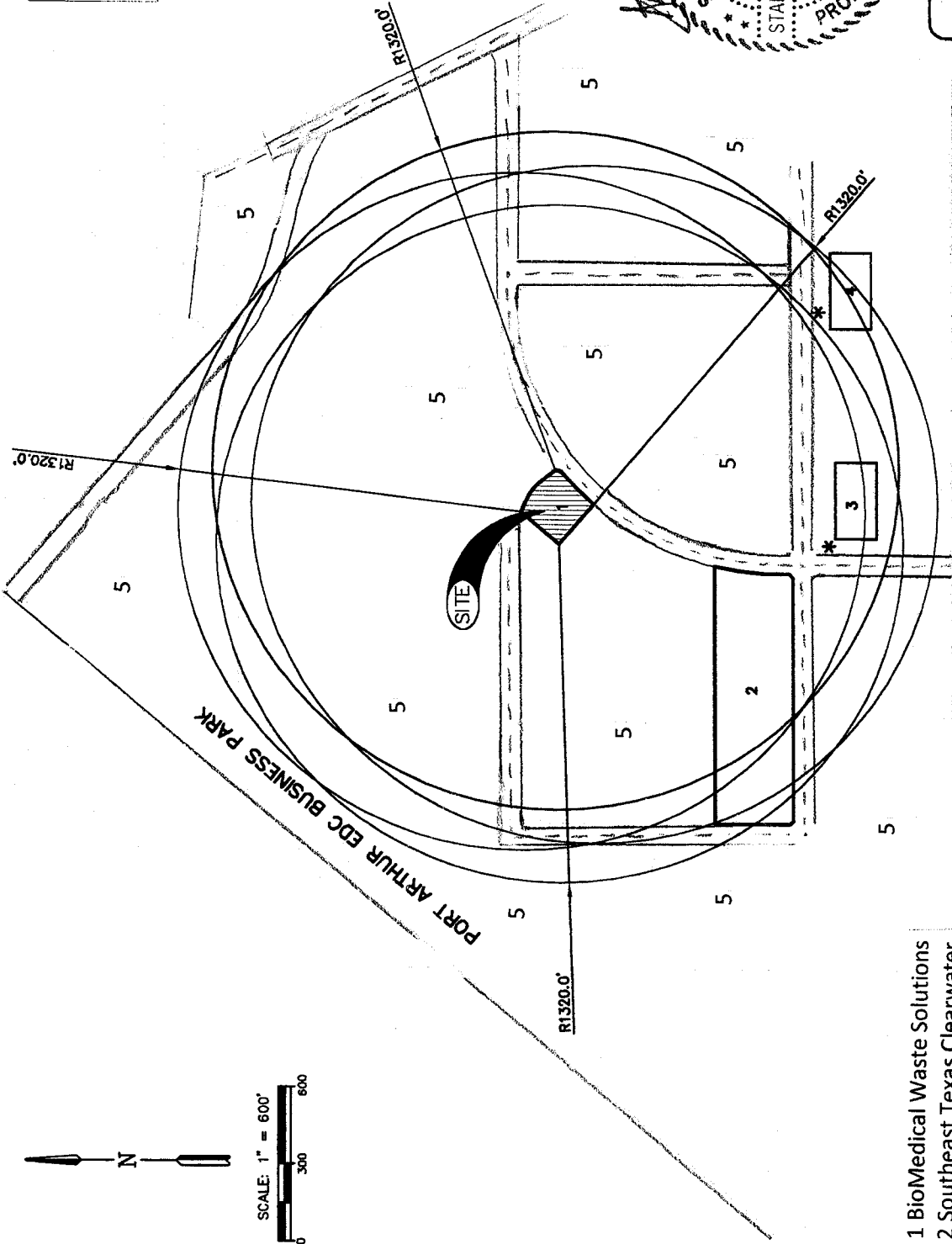


ATTACHMENT I-A

Land Ownership Map
and
Land Owners List

LEGEND

- SET 5/8" IRON ROD WITH RED PLASTIC CAP STAMPED "S&P INC"
- FOUND OBJECT AS NOTED
- SET MONUMENT
- FOUND MONUMENT
- ⊕ FOUND BENCH MARK
- Ⓜ RESERVED PIPE



- 1 BioMedical Waste Solutions
- 2 Southeast Texas Clearwater
- 3 Triangle Waste Solutions
- 4 Reliable Polymer Services
- 5 Port Arthur EDC

NOTES:

1. ALL EASEMENTS AND STREET R-O-W'S ARE OWNED BY THE CITY OF PORT ARTHUR



SEAL FOR PERMIT
 DATE: 3/23/09
 STANLEY G. NEWSOME, JR.
 PE # 31026
 FIRM # 176

NO.	DATE	REVISION NOTES	BY
1	3/31/08	ATTACHMENT I-A	T.C.
2	3/20/09	CHANGED RADIUS FROM 500' TO 1320'	T.C.

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

Figure I.2

Re: Part I, C Maps, Landowners List

Ownership within 1320 feet of the proposed facility:

2. South East Texas Clearwater
9501 Jade Avenue
Port Arthur, Texas 77641
3. Triangle Waste Solutions
1000 S. Business Park
Port Arthur, TX 77640
4. Reliable Polymer Services
950 S. Business Park Dr.
Port Arthur, TX 77640

All other land within 1320 feet belongs to:

5. Port Arthur Economic Development Commission
P.O. Box 1089
Port Arthur, Texas 77641

Easement holders (there is only one and it is the City of Port Arthur):

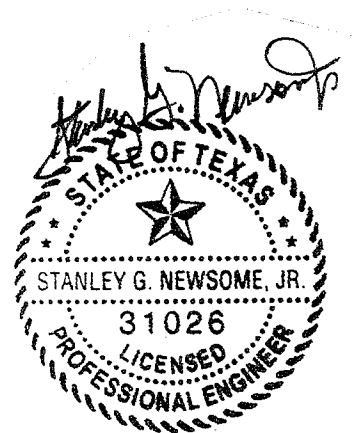
City of Port Arthur
444 4th Street
Port Arthur, Texas 77641

Mineral Interest Owners under the facility:

E.G. Cordts, Jr.
6250 Judy Lane
Beaumont, Texas 77706

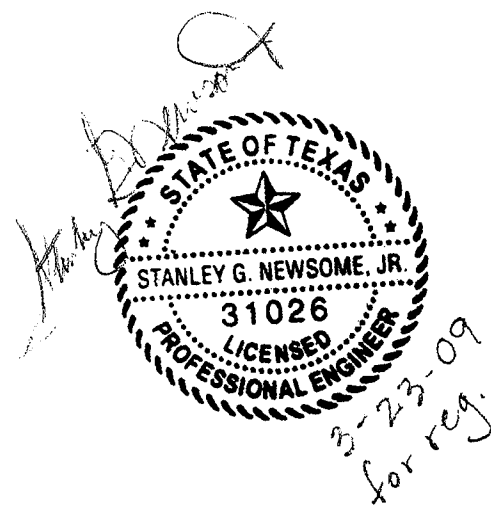
Colleen Clare Cordts Rice
685 River Road
Montgomery, Texas 77356

Anna Camella Cordts Edwardson
2150 Brewton Circle
Beaumont, Texas 77706



ATTACHMENT I.B

Supplementary Technical Report



FIRM NAME: STANLEY G. NEWSOME, JR., P.E.

FIRM NUMBER: 176

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

Figure I.3

§305.45(a)(8) A supplementary technical report must be submitted in connection with an application. The report shall be prepared either by a Texas licensed professional engineer, a licensed professional geoscientist, or by a qualified person who is competent and experienced in the field to which the application relates and thoroughly familiar with the operation or project which the application is made.

This report is prepared by Mr. Stanley G. Newsome, Jr., P.E. He is registered in the state of Texas to perform engineering services (Registration No. 176). Mr. Newsome is a registered Professional Engineer in Texas (License No. 31026).

- (A) This Type V Medical Waste Processing Facility is to be located in the Port Arthur Economic Development Business Park on West Port Arthur Road. The proposed building is one-story and to be constructed of masonry and metal, supported on a reinforced concrete slab-on-grade foundation. The building will contain office space, clean storage, restrooms, and transfer, storage and processing areas. The Facility layout is provided on **Figure I.4**. The building will be 50' x 80'.

Waste disposal will not take place at this Facility. The Facility will be used for the transfer, storage and processing of medical waste. Solid waste will be transported to a landfill permitted by the TCEQ. Waste inspection and manifest verification activities commence with each incoming load to ensure that no unauthorized waste is included with the deliver. A radiation monitor is used to prevent unauthorized radioactive wastes from being accepted at the Facility. Should unauthorized waste (such as radioactive or hazardous) be identified, the waste will be rejected and returned to the generator. Pathological, pharmaceutical, and chemotherapeutic wastes will be accepted but not treated at this Facility; these wastes will be temporarily stored and transferred to an appropriately permitted facility for processing. All transfer, storage, and processing activities occur in designated areas (Figure I.4). Untreated wastes held in storage for >72 hours will be refrigerated. ~~Please refer to Figure I-2 Site Plan for location of the self contained refrigeration unit.~~ The entire permitted property, excluding buffer zones, will be utilized for the storage of waste, provided the storage is in compliance with §330.209 and §330.1209

~~these wastes will be temporarily stored and transferred to an appropriately permitted facility for processing. All transfer, storage, and processing activities occur in designated areas (Figure I.4). Untreated wastes held in storage for >72 hours will be refrigerated. Please refer to Figure I-2 Site Plan for location of the self-contained refrigeration unit when in use. When storage is not required, self-contained refrigeration unit will be stored adjacent to the rear of the building.~~

Acceptable waste will be processed by means of an autoclave by Bondtech Corporation. It will process 1000 to 1500 per cycle per autoclave . Each cycle is approximately 45 minutes.

The basic operation includes:

1. *Load medical waste into the treatment chamber*
2. *Close and seal the door to the treatment chamber*
3. *Initiate and complete the processing cycle*
4. *Open the treatment chamber door and discharge treated medical waste residue into containers for transfer to the compacter*

The steam condenser is discharged into the air. Once the treatment process is complete, the waste is placed in a solid waste compactor for transportation to a TCEQ permitted landfill for final disposal.

- (B) The facility will house two autoclave units processing a maximum of 1500 pounds per cycle, per autoclave.

This Facility will transfer, store, and treat medical waste. Medical waste is defined by §330.03(85):

Treated and untreated special waste from health care-related facilities that is comprised of animal waste, bulk blood, bulk human blood, bulk human body fluids, microbiological waste, pathological waste, and sharps as those terms are defined in 25 AC §1.132 (relating to Definitions) from the sources specified in 25 TAC §1.134 (relating to

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

Figure I.3

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Acceptable waste will be processed by means of an autoclave by Bondtech Corporation. It will process 1000 to 1500 per cycle per autoclave . Each cycle is approximately 45 minutes.

The basic operation includes:

1. *Load medical waste into the treatment chamber*
2. *Close and seal the door to the treatment chamber*
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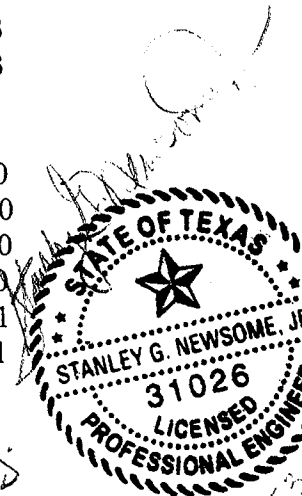
Treated and untreated special waste from health care-related facilities that is comprised of animal waste, bulk blood, bulk human blood, bulk human body fluids, microbiological waste, pathological waste, and sharps as those terms are defined in 25 AC §1.132 (relating to Definitions) from the sources specified in 25 TAC §1.134 (relating to

**BIOMEDICAL WASTE SOLUTIONS
REGISTRATION APPLICATION WITH THE TCEQ
FOR
A MUNICIPAL SOLID WASTE FACILITY (AUTOCLAVE)
PORT ARTHUR, JEFFERSON COUNTY, TEXAS**

**PART III
(30 TAC §330.63)**

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§330.551	Endangered or Threatened Species.....	2
§330.553	Wetlands.....	2
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for reg.

FIRM NAME: STANLEY G. NEWSOME, JR., P.E.

FIRM NUMBER: 176

associated with the process. Ear plugs will be furnished employees working around the compactor.

(2) Sanitation.

- (A) There is no surface water runoff onto, into and off the treatment area, because it is inside a building.
- (B) The walls and floors of this Medical Waste Processing Facility are constructed of concrete and can be hosed down and scrubbed. ~~The floors of the medical waste processing facility will be coated to facilitate cleaning and washing~~
- (C) There will be water connections to permit cleaning on a regular basis. This includes disinfection sprayers and power washers.
- (D) Floor drains are utilized for wash water discharge. Spill cleanups will be mopped or squeegeed to drains which will be discharged into the sanitary sewer system.

(3) Water Pollution Control

Liquids resulting from the operation of the autoclave are discharged to the sanitary sewer system. No groundwater or surface water contamination from this operation is anticipated.

(4) Endangered Species Protection

This Facility will be located in a building to be constructed in the Port Arthur EDC Business Park. The Facility and its operation should not result in destruction of endangered or threatened species.

(c) Facility Surface Water Drainage Report

The design of the Facility complies with the requirements of §330.303.

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BIOMEDICAL WASTE SOLUTIONS, LLC (BWS)
PORT ARTHUR INDUSTRIAL BUSINESS PARK FACILITY
(30 TAC330.65)

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FIRM NAME: STANLEY G. NEWSOME, JR., P.E.

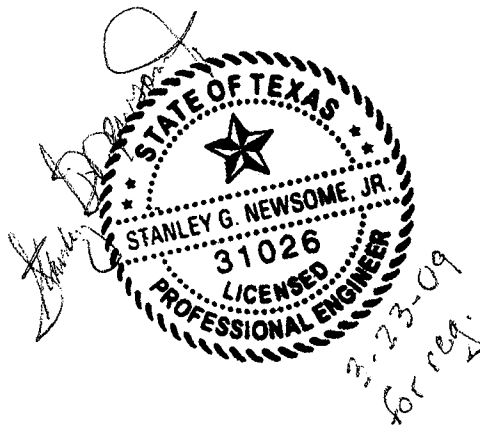
FIRM NUMBER: 176

**BIOMEDICAL WASTE SOLUTIONS, LLC (BWS)
PORT ARTHUR INDUSTRIAL BUSINESS PARK FACILITY**

30 TAC 330.201-249

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FIRM NAME: STANLEY G. NEWSOME, JR., P.E.

FIRM NUMBER: 176

**BIOMEDICAL WASTE SOLUTIONS, LLC (BWS)
PORT ARTHUR INDUSTRIAL BUSINESS PARK FACILITY**

(b) The unloading of waste in unauthorized areas is prohibited. Should any waste be deposited in an unauthorized area, it will be removed immediately and treated or disposed of properly.

(c) The unloading of prohibited waste at the Facility will not be allowed. Prohibited waste will be returned immediately to the transporter or generator of the waste, or transported to an appropriately permitted facility described in 330.225(a)

330.227 Spill Prevention and Control

Storage and processing areas are designed to control and contain spills inside the structure to prevent contaminated water from leaving the Facility. ~~The floor of the facility is coated with sealant to prevent moisture from penetrating the concrete. Mops~~ and a disinfectant are used for washing down the floor and work areas as necessary. Spills are disinfected with a 10% sodium hypochlorite solution, and discharged into the sanitary sewer system. Hot water and disinfectant are used to clean reusable waste containers; and waste water from this activity is also discharged into the sanitary sewer system. There are no unenclosed processing or storage areas at the facility; and, precipitation is managed by the industrial park's storm sewer system.

330.229 Operating Hours

(a) The Facility operating hours are 5:00 a.m. to 9:00 p.m., Monday through Friday. Waste Acceptance hours are 7:00 a.m. to 7:00 p.m., Monday through Friday. BWS may conduct maintenance, housekeeping, and waste hauling beyond the normal operating hours.

(b) Special operating hours are not anticipated at this facility.

(c) BWS may seek approval from TCEQ for operating hours outside those specified in this application in order to accommodate emergency situations or unforeseen circumstances that may disrupt waste management services in the area.

(d) Approved alternative operating hours will be recorded in the Facility Operating Record, including dates, times, and duration.

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