Date: 01/15/2020
Facility Name: Diversified Waste Management
Permit or Registration No.: TBD

Nature of Correspondence: □ Initial/New
☒ Response/Revision*

*If Response/Revision, please provide previous TCEQ Tracking No.: 24899272
(Previous TCEQ Tracking No. can be found in the Subject line of the TCEQ’s response letter to your original submittal.)

This cover sheet should accompany all correspondences submitted to the Waste Permits Division and should be affixed to the front of your submittal as a cover page. Please check the appropriate box for the type of correspondence being submitted. For questions regarding this form, please contact the Waste Permits Division at (512) 239-2335.

**Table 1 - Municipal Solid Waste**

<table>
<thead>
<tr>
<th>APPLICATIONS</th>
<th>REPORTS and RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Notification</td>
<td>Closure Report</td>
</tr>
<tr>
<td>New Permit (including Subchapter T)</td>
<td>Groundwater Alternate SRC Demonstration</td>
</tr>
<tr>
<td>New Registration (including Subchapter T)</td>
<td>Groundwater Corrective Action</td>
</tr>
<tr>
<td>Major Amendment</td>
<td>Groundwater Monitoring Report</td>
</tr>
<tr>
<td>Minor Amendment</td>
<td>Groundwater Statistical Evaluation</td>
</tr>
<tr>
<td>Limited Scope Major Amendment</td>
<td>Landfill Gas Corrective Action</td>
</tr>
<tr>
<td>Notice Modification</td>
<td>Landfill Gas Monitoring</td>
</tr>
<tr>
<td>Non-Notice Modification</td>
<td>Liner Evaluation Report</td>
</tr>
<tr>
<td>Transfer/Name Change Modification</td>
<td>Soil Boring Plan</td>
</tr>
<tr>
<td>Temporary Authorization</td>
<td>Special Waste Request</td>
</tr>
<tr>
<td>Voluntary Revocation</td>
<td>Other: <strong>Information Request</strong></td>
</tr>
<tr>
<td>Subchapter T Workplan</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2 - Industrial & Hazardous Waste**

<table>
<thead>
<tr>
<th>APPLICATIONS</th>
<th>REPORTS and RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Renewal</td>
<td>Annual/Biennial Site Activity Report</td>
</tr>
<tr>
<td>Post-Closure Order</td>
<td>Closure Certification/Report</td>
</tr>
<tr>
<td>Major Amendment</td>
<td>Construction Certification/Report</td>
</tr>
<tr>
<td>Minor Amendment</td>
<td>CPT Plan/Result</td>
</tr>
<tr>
<td>Class 3 Modification</td>
<td>Extension Request</td>
</tr>
<tr>
<td>Class 2 Modification</td>
<td>Groundwater Monitoring Report</td>
</tr>
<tr>
<td>Class 1 ED Modification</td>
<td>Interim Status Change</td>
</tr>
<tr>
<td>Class 1 Modification</td>
<td>Interim Status Closure Plan</td>
</tr>
<tr>
<td>Endorsement</td>
<td>Soil Core Monitoring Report</td>
</tr>
<tr>
<td>Temporary Authorization</td>
<td>Treatability Study</td>
</tr>
<tr>
<td>Voluntary Revocation</td>
<td>Trial Burn Plan/Result</td>
</tr>
<tr>
<td>335.6 Notification</td>
<td>Unsaturated Zone Monitoring Report</td>
</tr>
<tr>
<td>Other:</td>
<td>Waste Minimization Report</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
Texas Commission on Environmental Quality

Application for a Medical Waste Registration

Diversified Waste Management

Registration TBD

Amarillo, Potter County, Texas

January 6, 2020

Revision Date: January 15, 2020

Prepared for

Diversified Waste Management, Inc.

13511 Indian Hill Road

Amarillo, Texas 79124-2637

Prepared by

Wade M. Wheatley, P.E., Managing Partner

GDS Associates, Inc.

Texas-Registered Engineering Firm No. F-4089

919 Congress Avenue, Suite 1110

Austin, Texas 78701

TCEQ-20789, Application for a Medical Waste Registration (09-28-18)
Table of Contents

Section 1— General Information ................................................................. 1
  1.1 Facility Information (must match regulated entity information on Core Data Form) ................................................................. 1
  1.2 Applicant Information ........................................................................ 1
  1.3 Governmental Entities Information ......................................................... 2
  1.4 Posting of Application on Website [30 TAC §326.69(e)] ......................... 4
  1.5 Copy of Application for Public Viewing .................................................. 4
  1.6 Notice of Opportunity to Request Public Meeting ................................. 5
  1.7 Application Fee ...................................................................................... 5
  1.8 Facility Supervisor’s License [30 TAC §326.71(c)] .................................... 5

Section 2— Facility Design Information ......................................................... 6
  2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)] .................. 6
  2.2 Transportation [30 TAC §326.71(e)] ....................................................... 7
  2.3 Floodplain and Wetlands [30 TAC §326.71(f)] .......................................... 8
  2.4 Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)] ............... 9
  2.5 Waste Management Unit Designs [30 TAC §326.71(i)] .......................... 9
  2.6 Treatment Requirements [30 TAC §326.71(j)] ........................................ 11

Section 3— Facility Closure ........................................................................ 12
  3.1 Closure Plan [30 TAC §326.71(k)] .......................................................... 12
  3.2 Closure Cost Estimate [30 TAC §326.71(m)] ......................................... 12

Section 4— Site Operating Plan ................................................................. 16
  4.1 General [30 TAC §326.75(a)] ................................................................. 16
  4.2 Waste Acceptance [30 TAC §326.75(b)] ................................................ 17
  4.3 Generated Waste [30 TAC §326.75(c)] .................................................... 18
  4.4 Access Control [30 TAC §326.75(g)] ....................................................... 19
  4.5 Operating Hours [(30 TAC §326.75(i)] ..................................................... 19

Section 5— Other Site Operating Plan, Financial Assurance, and Closure Requirements ........................................................................... 20

Section 6— Applicant Certification and Signature ......................................... 26
  Certification by Applicant or Authorized Signatory [30 TAC §305.44] .................. 26
  Applicant’s Delegation of Signature Authority [30 TAC §305.43] .................... 26

Section 7— Property Owner Affidavit ......................................................... 27
  Affidavit [30 TAC §326.71(b)] ................................................................. 27

Attachments ............................................................................................... 28
Initial Application Submittal Date: January 6, 2020
Revision Date: January 15, 2020

(Telephone Number: 806-383-2273 Email Address: Sebastinyasaguirre@co.potter.tx.us

City Mayor

City Name: City of Amarillo
City Mayor’s Name: Ginger Nelson
Mailing Address: 601 South Buchanan Street
City: Amarillo County: Potter State: TX Zip Code: 79101
(Telephone Number: 806-378-3014 Email Address: ginger.nelson@amarillo.gov

Council of Governments (COG)

COG Name: Panhandle Regional Planning Commission
COG Representative’s Name: Kyle Ingham
COG Representative’s Title: Executive Director
Street Address or P.O. Box: 415 SW 8th Ave., POB 9257
City: Amarillo County: Moore State: TX Zip Code: 79105
(Telephone Number: 806-372-3381 Email Address: kingham@theprpc.org

Local Government Jurisdiction

Is the facility located outside the territorial limits or extraterritorial jurisdiction of a city or town? (30 TAC §326.67(a)) Yes ☐ No ☒
If yes, and county requires a license, you must obtain a license from the county, and the county must send a copy of the license to the appropriate TCEQ regional office.

City Health Authority (if applicable)

Agency Name: City of Amarillo Public Health
Contact Person’s Name: ________________________________
Street Address or P.O. Box: 1000 Martin Road
City: Amarillo County: Potter State: TX Zip Code: 79107
(Telephone Number: 806-680-8980 Email Address: ________________________________

County Judge Information

County Judge’s Name: Nancy Tanner
Street Address or P.O. Box: 500 South Fillmore, Suite 103
City: Amarillo County: Potter State: TX Zip Code: 79101
Section 6—Applicant Certification and Signature

The applicant is the person or entity who would be the owner of the facility and in whose name the registration would be issued. If the application is signed by an authorized representative for the applicant, the applicant must complete the delegation of signature authority.

Certification by Applicant or Authorized Signatory [30 TAC §305.44]

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 of applicant, or other person authorized to sign: Wade Wheatley, P.E.

Title of person signing: Managing Director

Signature: ___________________________ Date: 01/15/2020

Notarization

SUBSCRIBED AND SWORN to before me by the said ____________________________

On this _____ day of ____________________________, 2020.

My commission expires on the _____ day of ____________________________, 2022.

____________________________, Notary Public in and for

___________________________________________ County, Texas

Applicant’s Delegation of Signature Authority [30 TAC §305.43]

I hereby delegate the person named below as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and appear for me at any hearing or before the Commission 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.

Name of applicant’s representative: ____________________________

Name of person who is the applicant, or officer or official representing corporation or public agency that is the applicant: ____________________________

Signature: ____________________________ Date: ____________________________

Notarization

SUBSCRIBED AND SWORN to before me by the said ____________________________

On this _____ day of ____________________________, _____.

My commission expires on the _____ day of ____________________________, _____.

____________________________, Notary Public in and for

____________________________ County, Texas