



14 April 2023

Ms. Megan Henson Manager, Municipal Solid Waste Permits Section (MC 124) Texas Commission on Environmental Quality PO Box 13087 Austin TX 78711-3087

RE: Transfer of Registration No. 40326, RN # 111359014
From Paragon Southwest Medical Waste, LLC, CN # 605466085
To Baytown Medical Waste LLC, New CN To Be Assigned

Dear Ms. Henson,

Attached is an application for transfer of Municipal Solid Waste Registration No. 40326 from Paragon Southwest Medical Waste, LLC to Baytown Medical Waste LLC. The transfer is associated with a proposed change of ownership of the operational assets of the facility. The operational asset transfer from Paragon Southwest Medical Waste, LLC to Baytown Medical Waste LLC will occur upon receipt of TCEQ approval of the request to transfer Registration No. 40326.

This transfer application was prepared using the TCEQ's guidance document entitled "Procedure for Transfer or Name Change of Municipal Solid Waste Permit or Registration (Rev. 12-20-19)." Enclosure A identifies the components of the application package as specified in this guidance document and either provides the information requested or refers the reader to the location of the information in the application package. The application package is provided as Enclosure B. Enclosure C provides a letter signed by Paragon Southwest Medical Waste, LLC and Baytown Medical Waste LLC expressing support for the requested registration transfer.

We appreciate your prompt review of this registration transfer request. If you have any questions, please call me at 512-425-2057 or email me at kmcgee@intera.com.

Sincerely,

**INTERA** Incorporated

Kathy L. McGee, P.E. Principal Engineer

**Enclosures** 

cc: Mark Wayne, Baytown Medical Waste LLC

TCEQ Region 12

# ENCLOSURE A Documentation Specified by "Procedure for Transfer or Name Change of Municipal Solid Waste Permit or Registration"



# Documentation Specified by "Procedure for Transfer or Name Change of Municipal Solid Waste Permit or Registration"

TCEQ has established a written procedure for a transfer or name change for a municipal solid waste permit or registration that is entitled as identified in the heading, above. Item 2 of the procedure under the subheading "How to Apply for a Transfer or Name Change" identifies the necessary application components for requesting a transfer or name change. Each of the application components identified in Item 2 of the procedure is reproduced below, with the response shown in bold font, below.

- 2. Prepare an application package that includes the following:
  - a. A Core Data Form (form TCEQ-10400) identifying the new permittee or registrant or new name, and a completed Permit/Registration Modification Form for an MSW Facility (form TCEQ-20650).

A completed TCEQ form TCEQ-20650 with attachments (the Transfer Application) is provided in Enclosure B. A Core Data Form is provided in Attachment 1 to the Transfer Application in Enclosure B.

b. Name and address of transferee; include the name and physical address of the site, and the name and mailing address of the entity that will be the permittee or registrant after transfer.

#### **Transferee Name and Address:**

Baytown Medical Waste LLC 4200 Cedar Boulevard Baytown TX 77523

**Site Name and Physical Address:** 

Baytown Medical Waste 4200 Cedar Boulevard Baytown TX 77523

**Registrant Name and Mailing Address:** 

Baytown Medical Waste LLC 4200 Cedar Boulevard Baytown TX 77523

c. Date of sale of facility, if applicable.

Anticipated date for acquisition of assets: Upon TCEQ approval of this transfer application.



d. Documentation that financial assurance will be maintained, and the identity of the type of instrument to be provided, in accordance with 30 TAC 330.63(j). Coordinate with the Financial Assurance Division regarding financial assurance instruments.

Baytown Medical Waste will provide financial responsibility for closure of the facility in the amount of the Phase I closure cost estimate as approved by TCEQ. Baytown Medical Waste intends to use an irrevocable standby letter of credit as provided in 30 TAC §37.231, with a standby trust fund in accordance with 30 TAC §37.161, to satisfy the financial assurance requirements of 30 TAC §326.71(n) and 30 TAC Chapter 37, Subchapter R. Continuous financial assurance coverage for closure will be provided until all requirements of the final closure plan have been completed and the facility is determined to be closed in writing by the TCEQ.

e. Updated cost estimates for closure for all facilities, and post-closure care for landfills.

Updated closure cost estimates are provided in Attachment 6 of the Transfer Application in Enclosure B.

f. Documentation from both parties supporting the transfer.

A letter expressing support for the transfer and executed by both parties is provided in Enclosure C.

g. Updated landowners map and updated landowners list as described in 305.70(e)(5) and 30 TAC Chapter 330, 330.59(c)(3), including all mineral interest ownership under the facility.

Updated landowners information is provided in Attachment 2 of the Transfer Application in Enclosure B.

h. Application fee of \$150 (30 TAC 330.59(h)(1)).

Documentation of application fee payment is provided in Attachment 5 of the Transfer Application in Enclosure B.

- i. Other information:
  - Legal description of property if ownership is changing (30 TAC330.59(d)(1)), including the county, book, and page number or other generally accepted identifying reference of the current ownership record.

Not applicable. The ownership of the property is not changing.

ii. Property owner affidavit from new property owner, or from existing owner if property ownership is not changing (30 TAC 330.59(d)(2)).

A property owner affidavit from the existing property owner is provided as Attachment 3 of the Transfer Application in Enclosure B.



iii. Legal authority of transferee. Normally, this would be a one-page certificate of incorporation issued by the Texas Secretary of State. The applicant shall list all persons having a greater than 20 percent share of ownership in the proposed facility (30 TAC §330.59(e)).

Legal authority of the transferee is documented in Attachment 4 of the Transfer Application in Enclosure B.

iv. Evidence of competency of transferee (30 TAC 330.59(f)).

Not applicable. This application is for a medical waste facility. 30 TAC Chapter 326 does not require submittal of Evidence of Competency with a medical waste facility application.



# ENCLOSURE B Application Form for Municipal Solid Waste Permit or Registration Modification or Temporary Authorization





## **Texas Commission on Environmental Quality**

## Application Form for Municipal Solid Waste Permit or Registration Modification or Temporary Authorization

## **Application Tracking Information**

Facility Name: Baytown Medical Waste

Permittee or Registrant Name: Baytown Medical Waste LLC			
MSW Authorization Number: 4			
Initial Submission Date: April 1	4, 2023		
Revision Date:			
Instructions for completing this form are provided in <a href="mailto:form-to-20650-instr">form to-20650-instr</a> . If you have questions, contact the Municipal Solid Waste Permits Section by email to <a href="mailto:mswper@tceq.texas.gov">mswper@tceq.texas.gov</a> , 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			
3. Application Type			
☐ Modification with Public Not	ice  Modification without Public Notice		
☐ Temporary Authorization (T	A) Modification for Name Change or Transfer		
4. Application Fee			
Amount			
The application fee for a modification or temporary authorization is \$150.			
Payment Method			
☐ Check			
■ Online through ePay portal <a href="https://www3.tceq.texas.gov/epay/">www3.tceq.texas.gov/epay/</a>			
If paid online, enter ePay Trace Number: 582EA000543734			

 $<sup>^1\</sup> www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf$ 

5. Application URL			
For modifications that require notice (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.intera.com/permits/			
6. Party Responsible for Mailing Notice			
For modifications that require notice, indicate who will be responsible for mailing notice:  Applicant  Agent in Service  Contact Name:  Kathy McGee  Title: Principal Engineer  Email Address: kmcgee@intera.com			
7. 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."			
8. Facility General Information			
Facility Name: Baytown Medical Waste			
Contact Name: Mark Wayne Title: Authorized Agent			
MSW Authorization Number (if existing): 40326			
Regulated Entity Reference Number: RN 111359014			
Physical or Street Address: 4200 Cedar Boulevard			
City: Baytown County: Chambers State: TX Zip Code: 77523			
Phone Number: 888-418-1526			
Latitude (Degrees, Minutes, Seconds): 29 degrees 43' 13.19831" N			
Longitude (Degrees, Minutes, Seconds): 94 degrees 54' 59.88293" W			
9. Facility Types			
☐ Type I ☐ Type IV ■ Type V			
☐ Type IAE ☐ Type IVAE ☐ Type VI			

### 10. Description of the Revisions to the Facility

Provide a brief description of revisions to permit or registration conditions and supporting documents referred to by the permit or registration, and a reference to the specific provisions under which the modification or temporary authorization application is being made. Also, provide an explanation of why the modification or temporary authorization is needed:

The operational assets of Paragon Medical Waste, LLC are being acquired by Baytown Medical Wastes LLC. As a result, the facility name is being changed, the Site Operator and contact information is being changed, and other supporting information as identified in the TCEQ's "Procedure for Transfer or Name Change of MSW Permit or Registration" (Rev.12-20-19) is being updated. This modification is made under 30 TAC 305.70(k)(13).

11. Facility Contact Information				
Site Operator (Permittee or	Registrant)			
Name: Baytown Medical Waste			<u></u>	
Customer Reference Number:				
Contact Name: Mark Wayne		Title: A	uthorized Agent	
Mailing Address: 4200 Cedar Bo	oulevard			
City: Baytown	County: Chambers		State: TX	Zip Code: <u>77523</u>
Phone Number: <u>469-444-8016</u>				
Email Address: mwayne@amlor				
Texas Secretary of State (SOS	5) Filing Number: 805	011084		
Operator (if different from	Site Operator)			
Name: Same as Site Operator			<u></u>	
Customer Reference Number:				
Contact Name:		Title:		
Mailing Address:				
City:	County:		State:	Zip Code:
Phone Number:				
Email Address:			-	
Texas Secretary of State (SOS	) Filing Number:			

Consultant (if anyther bla)	
Consultant (if applicable)	
Firm Name: INTERA Incorporated	
Consultant Name: Kathy L. McGee, P.E.	
Texas Board of Professional Engineers Firm Registration Number:	
Contact Name: Kathy L. McGee, P.E. Title: Principal Engineer	
Mailing Address: 9600 Great Hills Trail, Suite 300W	
City: Austin County: Travis State: TX Zip Code: 7	3759
Phone Number: 512-425-2057	
Email Address: kmcgee@intera.com	
Agent in Service (required for out-of-state applicants)	
Name: Corporate Creations Network Inc.	
Mailing Address: 5444 Westheimer #1000	
City: Houston County: Harris State: TX Zip Code: 77056	<u>.</u>
Phone Number: <u>561-694-8107</u>	
Email Address: contactus@corpcreations.com	
12. Ownership Status of the Facility	
Is this a modification that changes the legal description, the property owner, or the Site Operator (Permittee or Registrant)?	
■ Yes □ No	
If the answer is "No", skip this section.	
Does the Site Operator (Permittee or Registrant) own all the facility units and all the fac property?	lity
☐ Yes ■ No	
If "No", provide the following information for other owners.	
Owner Name: First Berke Portfolio, L.P.	
Mailing Address: 14363 Torrey Chase Suite A	
City: Houston County: Harris State: TX Zip Code: 770	14
Phone Number: 281-858-3482	_
Email Address: isela@terramontrealty.com (owner rep)	

### **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: Fortunato Villamagna T	itle: President
fvillamagna@naragonmedwaste.com	
Signature:	Date: <u>4//3/23</u>
Operator or Principal Executive Officer Design	ation of Authorized Signatory
To be completed by the operator if the application if for the operator.	's signed by an authorized representative
and hereby authorize said representative to sign an information as may be requested by the Commission or before the Texas Commission on Environmental for a Texas Water Code or Texas Solid Waste Dispot am responsible for the contents of this application authorized representative in support of the application and conditions of any permit which might be issued	ny application, submit additional on; and/or appear for me at any hearing Quality in conjunction with this request sal Act permit. I further understand that a, for oral statements given by my tion, and for compliance with the terms
Operator or Principal Executive Officer Name:	
Email Address:	
Signature:	Date:
Notary	
SUBSCRIBED AND SWORN to before me by the said	Fortunato Villamayna
On this 13th day of April , 2023	
My commission expires on the 13th day of November 1	1 ber, 2026 OFFICIAL STAMP
Notary Public in and for	NOTARY PUBLIC - OREGO COMMISSION NO. 103057 MY COMMISSION EXPIRES NOVEMBER 3, 20
Washington County, Texas Or	COUN

Note: Application Must Bear Signature and Seal of Notary Public

# Attachments for Permit or Registration Modification with Public Notice

Refer to instruction document **200650-instr** for professional engineer seal requirements.

#### Attachments Table 1. Required attachments.

Required Attachments	Attachment Number
Land Ownership Map	
Landowners List	
Marked (Redline/Strikeout) Pages	
Unmarked Revised Pages	

### Attachments Table 2. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
☐ TCEQ Core Data Form(s)	
☐ Signatory Authority Delegation	
☐ Fee Payment Receipt	
☐ Confidential Documents	

# Attachments for Permit or Registration Modification without Public Notice, or Temporary Authorization

Refer to instruction document **200650-instr** for professional engineer seal requirements.

#### Attachments Table 3. Required attachments for modifications.

Required Attachments for Modification	Attachment Number
Marked (Redline/Strikeout) Pages	
Unmarked Revised Pages	

# Attachments Table 4. Additional attachments for modifications and temporary authorizations, as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
☐ TCEQ Core Data Form(s)	
☐ Signatory Authority Delegation	
☐ Fee Payment Receipt	
☐ Confidential Documents	

# Attachments for Permit or Registration Name Change or Transfer Modification

Refer to instruction document **200650-instr** for professional engineer seal requirements.

## Attachments Table 5. Required attachments.

Required Attachments	Attachment Number
TCEQ Core Data Form(s)	1
Property Legal Description	NA
Property Metes and Bounds Description	NA
Metes and Bounds Drawings	NA
On-Site Easements Drawing	NA
Land Ownership Map	2
Land Ownership List	2
Property Owner Affidavit	3
Verification of Legal Status	4
Evidence of Competency	NA

#### Attachments Table 6. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
☐ Signatory Authority Delegation	
■ Fee Payment Receipt	5
☐ Confidential Documents	
☐ Final Plat Record of Property	
Assumed Name Certificate	

Updated Closure Cost Estimates

6

ATTACHMENT 1
TCEQ Core Data Form



# **TCEQ Core Data Form**

For detailed instructions on completing 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.)			
New Permit, Registration or Authorization (Core Data F	Form should be submitted with	the program application.)	
Renewal (Core Data Form should be submitted with the renewal form)		Other Registration Transfer	
2.0 1 2.6 21 1 460 0			
2. Customer Reference Number (if issued)	Follow this link to search	3. Regulated Entity Reference Number (if issued)	
	for CN or RN numbers in		
CN	Central Registry**	RN 111359014	
	ı		
SECTION II: Customer Information			
<u> </u>			

4. General Cu	stomer In	formation	5. Effective	Date for Cu	ıstome	r Info	ormation	Update	es (mm/dd/	′уууу)		5/1/2023
New Custon     □Change in Le		Uverifiable with the Te	Jpdate to Custo xas Secretary of			ptrolle	_	0	egulated Ent	tity Owne	ership	
		bmitted here may	•	utomatical	ly base	d on	what is co	urrent	and active	with th	ne Texas Secr	etary of State
(SOS) or Texas	s Comptro	ller of Public Accou	unts (CPA).									
6. Customer L	egal Nam.	<b>e</b> (If an individual, pri	int last name fir	st: eg: Doe, J	ohn)			<u>If nev</u>	v Customer,	enter pre	evious Custome	er below:
BAYTOWN MED	ICAL WAST	E LLC						Parag	on Southwe	st Medic	al Waste LLC	
7. TX SOS/CPA	A Filing Nu	ımber	8. TX State	<b>Tax ID</b> (11 d	igits)			9. Fe	deral Tax I	D	10. DUNS	Number (if
805011084								(9 dig	its)		applicable)	
								92-32	76501			
11. Type of Cu	ustomer:		tion				☐ Individual Part		Partne	tnership: General Limited		
Government:	City 🗌 C	ounty 🗌 Federal 📗	Local State	Other			☐ Sole Proprietorship ☐ Other:					
12. Number o	f Employe	ees				•		13. lı	ndepender	ntly Ow	ned and Ope	erated?
□ 0-20    □ 2	1-100	] 101-250	-500 🗌 501	and higher			☐ Yes					
14. Customer	Role (Prop	oosed or Actual) – as	it relates to the	Regulated Er	ntity list	ed on	this form.	Please o	check one of	the follo	wing	
Owner Occupationa	l Licensee	Operator Responsible Pa	_	ner & Opera VCP/BSA App					Other:			
15. Mailing	4200 Ced	ar Boulevard										
Address:												
Addiess.	City	Baytown		State	TX		ZIP	77523	3		ZIP + 4	
16. Country N	/lailing Inf	ormation (if outside	USA)			17.	E-Mail Ac	dress	(if applicabl	e)		
						mwayne@amlongroup.com						
18. Telephone	Number		1	l9. Extensio	on or C	ode			20. Fax N	umber	(if applicable)	

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( 469 ) 444-8016		( ) -
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## **SECTION III: Regulated Entity Information**

_	ity Informa	tion (If 'New Regu	ılated Entity" is selec	ted, a new pe	rmit applica	ation is a	lso required.)		
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information									
The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).									
22. Regulated Entity Name	22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Baytown Medical Waste									
23. Street Address of the Regulated Entity:	4200 Cedar	4200 Cedar Boulevard							
(No PO Boxes)	City	Baytown	State	TX	ZIP	7752	3	ZIP + 4	
24. County	Chambers		·						
		If no Street	t Address is provid	ed, fields 2!	5-28 are re	quired.			
25. Description to									
Physical Location:									
26. Nearest City						State		Nea	rest ZIP Code
Latitude/Longitude are re used to supply coordinate	-	-	-		ata Stando	ards. (G	eocoding of th	ne Physical	Address may be
27. Latitude (N) In Decima	27. Latitude (N) In Decimal: 28. Longitude (W) In Decimal:								
				28. LO	ngituae (v	w) III De	Cilliai.		
Degrees	Minutes	S	Seconds	Degree		, , , , , , , , , , , , , , , , , , ,	Minutes		Seconds
Degrees 29		43	Seconds 13.19831			W) III DE			Seconds 59.88293
-			13.19831	Degree 31. Primary	94  y NAICS Co		Minutes 54	ndary NAIC	59.88293
29		43 Secondary SIC Co	13.19831	Degree	94  y NAICS Co		Minutes 54	-	59.88293
29 29. Primary SIC Code	30.	43 Secondary SIC Co	13.19831	Degree 31. Primary	94  y NAICS Co		Minutes 54 32. Seco	-	59.88293
29 29. Primary SIC Code (4 digits)	<b>30.</b> (4 di	43 Secondary SIC Co	13.19831 ode	31. Primare (5 or 6 digit: 56221	94  y NAICS Co		Minutes 54 32. Seco	-	59.88293
29 29. Primary SIC Code (4 digits) 4953	<b>30.</b> (4 di	43 Secondary SIC Co	13.19831 ode	31. Primare (5 or 6 digit: 56221	94  y NAICS Co		Minutes 54 32. Seco	-	59.88293
29  29. Primary SIC Code (4 digits)  4953  33. What is the Primary B  Treatment of medical waste	30. (4 di	43 Secondary SIC Co	13.19831 ode	31. Primare (5 or 6 digit: 56221	94  y NAICS Co		Minutes 54 32. Seco	-	59.88293
29  29. Primary SIC Code (4 digits)  4953  33. What is the Primary B  Treatment of medical waste  34. Mailing	30. (4 di	Secondary SIC Cogits) his entity? (Do	13.19831 ode	31. Primare (5 or 6 digit: 56221	94  y NAICS Co		Minutes 54 32. Seco	-	59.88293
29  29. Primary SIC Code (4 digits)  4953  33. What is the Primary B  Treatment of medical waste	30. (4 di	Secondary SIC Cogits) his entity? (Do	13.19831 ode	31. Primare (5 or 6 digit: 56221	94  y NAICS Co		Minutes 54 32. Seco (5 or 6 dig	-	59.88293
29  29. Primary SIC Code (4 digits)  4953  33. What is the Primary B  Treatment of medical waste  34. Mailing	30. (4 di	Secondary SIC Cogits) his entity? (Do	13.19831  ode  not repeat the SIC or	31. Primary (5 or 6 digits 56221	y NAICS Co	ode	Minutes 54 32. Seco (5 or 6 dig	gits)	59.88293
29 29. Primary SIC Code (4 digits) 4953 33. What is the Primary B Treatment of medical waste  34. Mailing Address:	30. (4 di	Secondary SIC Cogits)  his entity? (Do note that the secondary SIC Cogits)  r Boulevard  Baytown	13.19831  ode  not repeat the SIC or	31. Primary (5 or 6 digits) 56221  NAICS descrip	94 y NAICS Co	77523	Minutes 54 32. Seco (5 or 6 dig	ziP + 4	59.88293
29  29. Primary SIC Code (4 digits)  4953  33. What is the Primary B Treatment of medical waste  34. Mailing Address:  35. E-Mail Address:	30. (4 di	Secondary SIC Cogits)  his entity? (Do note that the secondary SIC Cogits)  r Boulevard  Baytown	not repeat the SIC or  State p.com	31. Primary (5 or 6 digits) 56221  NAICS descrip	94 y NAICS Co	77523	Minutes 54 32. Seco (5 or 6 dig	ziP + 4	59.88293

**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.

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Districts	Edwards Aquifer	Emissions Inventory Air	☐ Industrial Hazardous Waste
New Source Review Air	OSSF	Petroleum Storage Tank	□ PWS
166908			
Storm Water	☐ Title V Air	Tires	Used Oil
Wastewater	☐ Wastewater Agriculture	☐ Water Rights	Other:
	New Source Review Air  166908  Storm Water	New Source Review Air  166908  Storm Water  Title V Air	New Source Review Air  OSSF Petroleum Storage Tank  166908  Storm Water Title V Air  Tires

## **SECTION IV: Preparer Information**

40. Name:	Kathy McGee			41. Title:	Principal Engineer	
42. Telephone	Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(512)425-2057			( ) -	kmcgee@int	era.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:	Baytown Medical Waste	Job Title:	Authorized Agent		
Name (In Print):	Mark Wayne			Phone:	( 469 ) 444- <b>8016</b>
Signature:	Mark Wagar			Date:	4/13/2023

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ATTACHMENT 2
Landowner Information



# ADJACENT LANDOWNERS MSW REGISTRATION NO. 40326

Parcel #	Landowner	Parcel ID #
1	ACEDA LLC	28205
	1111 HERMANN DR, UNIT 28 A	
	HOUSTON TX 77004 6932	
2	MATT REICH	28206
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
3	MATT REICH	32639
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
4	MATT REICH	32640
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
5	TGS CEDAR PORT PARTNERS LP	37425
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
6	MATT REICH	30970
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
7	MATT REICH	32759
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
8	MATT REICH	38420
	172 S BROADWAY	
	WHITE PLAINS NY 10605	
9	TGS CEDAR PORT PARTNERS LP	46865
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
10	TGS CEDAR PORT PARTNERS LP	29364
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
11	SUEZ WTS SERVICES USA INC	17112
	PO BOX 51049	
	FORT MYERS FL 33994	
12	A. DUDA & SONS, INC	50066
	ATTN: TRACY DUDA CHAPMAN	
	1200 DUDA TRAIL	
	OVIEDO FL 32765	
13	WESTCORE CG CEDAR PORT LLC	60665
	1330 PST OAK BLVD STE 2700	
	HOUSTON TX 77056	

# ADJACENT LANDOWNERS MSW REGISTRATION NO. 40326

Parcel #	Landowner	Parcel ID #
14	FCC ENVIRONMENTAL LLC	29553
	CORPORATE CONTROLLER	
	2175 PONT BLVD. SUITE 375	
	ELGIN IL 60123 9211	
15	TGS CEDAR PORT PARTNERS LP	29365
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
16	CENTERPOINT ENERGY INC	26366
	PROPERTY TAX DEPARTMENT	
	P O BOX 1475	
	HOUSTON TX 77251 1475	
17	CENTERPOINT ENERGY INC	31136
	PROPERTY TAX DEPARTMENT	
	P O BOX 1475	
	HOUSTON TX 77251 1475	
18	FCC ENVIRONMENTAL LLC	47153
	CORPORATE CONTROLLER	
	2175 PONT BLVD. SUITE 375	
	ELGIN IL 60123 9211	
19	TGS CEDAR PORT PARTNERS LP	37430
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
20	TGS CEDAR PORT PARTNERS LP	37424
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
21	FAMILY WTS LLC	61431
	4747 S MOONEY BLVD	
	VISALIA CA 93277	
22	SAMSON CONTROLS INC	28222
	4111 CEDAR BLVD	
	BAYTOWN TX 77523	
23	SAMSON PRODUCTS INC	28221
	4411 CEDAR BLVD	
	BAYTOWN TX 77523	
24	SAMSON PRODUCTS INC	28220
	4411 CEDAR BLVD	
	BAYTOWN TX 77523	
25	SAMSON PRODUCTS INC	28219
	4411 CEDAR BLVD	
	BAYTOWN TX 77523	

# ADJACENT LANDOWNERS MSW REGISTRATION NO. 40326

Parcel #	Landowner	Parcel ID #
26	TGS CEDAR PORT PARTNERS LP	28197
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
27	TGS CEDAR PORT PARTNERS LP	28198
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
28	JAP PROPERTIES	28199
	1111 NORTH LOOP WEST	
	SUITE 1110	
	HOUSTON TX 77008	
29	TGS CEDAR PORT PARTNERS LP	61429
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	
30	J JENNINGS INVESTMENTS LP	8825
	MARK TILLER	
	5117 WEST BAY ROAD	
	BAYTOWN TX 77523	
31	CHAMBERS COUNTY IMPROVEMENT DIST #	57389
	2727 ALLEN PARKWAY SUITE 1100	
	HOUSTON TX 77019	
32	TGS CEDAR PORT PARTNERS LP	54570
	3444 KATY FREEWAY SUITE 200	
	HOUSTON TX 77007	

ATTACHMENT 3
Property Owner Affidavit

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
State of California  County of Santas Obisco } ss  Subscribed and sworn to (or affirmed) before me on the state of California	this 6th day of 1	
Ronald A. Berke	, proved to me on the	basis of satisfactory evidence
to be the person(s) who appeared before me.		
REBECCA JALVING COMM. # 2345344  WHOTHER PUBLIC-CALIFORNIA SAI LUIS DEISPO COUNTY MY COMM. EXP. FEB. 05, 2025  PLACE NOTARY SEAL IN ABOVE SPACE	NOTARY	S SIGNATURE
The information below is optional. However, it may proof this form to an unauthorized document.		prevent fraudulent attachment
CAPACITY CLAIMED BY SIGNER (PRINCIPAL)  INDIVIDUAL  CORPORATE OFFICER  PARTNER(S)  ATTORNEY-IN-FACT  TRUSTEE(S)  GUARDIAN/CONSERVATOR  OTHER:	TITLE OR TO NUM!	FATTACHED DOCUMENT  PYPE OF DOCUMENT APRIJAN,  BER OF PAGES  TO Z  OF DOCUMENT
ABSENT SIGNER (PRINCIPAL) IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT OF SIGNER	of thumbprint here

## Section 7—Property Owner Affidavit

## Affidavit [30 TAC §326.71(b)]

This section must be completed by the owner of the property on which the facility would be located.

I am the owner of the land on which the proposed facility would be located. I acknowledge that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure of the facility. I further acknowledge that the facility owner or operator and the State of Texas shall have access to the property during the active life and after closure for the purpose of inspection and maintenance.

Property owner name: FIRST BEF	RKE PORTFOLIO			
Signature: Ron A. Berke	MANAGER	_ Date: _	12/06/2021	
Notarization				
SUBSCRIBED AND SWORN to before	me by the said			
On this day of	·			
My commission expires on the	_ day of	- <i>i</i>		
Notary Public in and for				
	County, Texa	s		

ATTACHMENT 4
Verification of Legal Status



# CERTIFICATE OF FILING OF

Baytown Medical Waste LLC File Number: 805011084

The undersigned, as Secretary of State of Texas, hereby certifies that an Application for Registration for the above named Foreign Limited Liability Company (LLC) to transact business in this State has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

Baytown Medical Waste LLC

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/03/2023

Effective: 04/03/2023



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5 Prepared by: Jean Marchione TID: 10308 Dial: 7-1-1 for Relay Services Document: 1234751300002 ATTACHMENT 5
Fee Payment Receipt

Ouestions or Comments >>

**Shopping Cart** Select Fee **Search Transactions** Sian Out

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

#### **Transaction Information**

**Trace Number:** 582EA000543734

Date: 04/13/2023 09:51 PM

Payment Method: CC - Authorization 0000013878

ePay Actor: KATHY MCGEE Actor Email: kmcgee@intera.com **IP:** 165.225.36.252

**TCEQ Amount:** \$150.00 Texas.gov Price: \$153.63\*

\* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

#### **Payment Contact Information**

Name: KATHY MCGEE Company: KATHY MCGEE

Address: 13508 OVERLANS PASS, BEE CAVE, TX 78738

**Phone:** 512-771-4785

#### **Cart Items**

Click on the voucher number to see the voucher details

CHER OH THE V	outher number to see the vouther details.		
Voucher	Fee Description	AR Number	Amount
633423	MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE		\$100.00
633424	30 TAC 305.53B MWP NOTIFICATION FEE	TCEQ Amount:	\$50.00 \$150.00

ePay Again Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

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# ATTACHMENT 6 Updated Closure Cost Estimates

## Baytown Medical Waste Phase I Closure Cost Estimate

Item Description	Units	Unit Cost	Quantity	Total Cost
1.0 Engineering				
1.1 Determine Closure Requirements	HR	\$165	8	\$1,320
1.2 Prepare Plans and Specifications	HR	\$165	24	\$3,960
1.3 Bid Procurement	HR	\$165	8	\$1,320
1.4 Contract Award and Administration	HR	\$165	24	\$3,960
Subtotal				\$10,560
15% Contingency				\$1,584
Engineering Total				\$12,144
Itara Decembrian	Units	Unit Cost	Quantity	Total Cost
Item Description	Ollits	Onit Gost	quarrenty	
2.0 Facility Closure	LS	\$2,500	1	\$2,500
2.1 Newspaper Notice/TCEQ Notification	LS	\$550	1	\$550
2.2 Sign at Site Entrance	LS	\$900	1	\$900
2.3 Site Security	LS	\$775	1	\$775
2.4 Vector Control		41.10	·	
2.5 Transportation of Waste to Authorized Facility	TON	\$72.00	162	\$11,664
2.5.1 Transportation of Waste to Thermal Treatment	TON	\$22.73	108	\$2,455
2.5.2 Transportation of Waste to Other Treatment	TON	ΨΖΖ.13	100	<b>4</b> 2,
2.6 Waste Disposal at Authorized Facility	TON	\$820	162	\$132,840
2.6.1 Waste Requiring Thermal Treament	TON	\$500	108	\$54,000
2.6.2 Other Medical Waste		\$750	1	\$750
2.7 Exterior Clean Up	LS	\$550	1	\$550
2.8 Removal of Residual Chemicals	LS LS	\$550	1	\$550
2.9 Removal of Recyclable Materials		\$25,000	1	\$25,000
2.10 Decontamination of Facility and Waste Units	LS		1	\$7,500
2.11 Closure Certification	LS	\$7,500		\$240,034
Subtotal			-	\$240,034
15% Contingency			-	
Facility Closure Total				\$276,039
Total Closure Cost				\$288,183



## Baytown Medical Waste Phase II Closure Cost Estimate

Item Description	Units	Unit Cost	Quantity	<b>Total Cost</b>
1.0 Engineering				
1.1 Determine Closure Requirements	HR	\$165	8	\$1,320
1.2 Prepare Plans and Specifications	HR	\$165	24	\$3,960
1.3 Bid Procurement	HR	\$165		\$1,320
1.4 Contract Award and Administration	HR	\$165	24	\$3,960
Subtotal				\$10,560
15% Contingency				\$1,584
Engineering Total				\$12,144
Item Description	Units	Unit Cost	Quantity	Total Cost
•	Omto	ome doce	quantity	
2.0 Facility Closure	LS	\$2,500	1	\$2,500
2.1 Newspaper Notice/TCEQ Notification	LS	\$550		\$550
2.2 Sign at Site Entrance	LS	\$900		\$900
2.3 Site Security 2.4 Vector Control	LS	\$775	1	\$775
2.5 Transportation of Waste to Authorized Facility		41.13		
2.5.1 Transportation of Waste to Authorized Facility  2.5.1 Transportation of Waste to Thermal Treatment	TON	\$71.59	660	\$47,249
2.5.2 Transportation of Waste to Other Treatment	TON	\$22.73		\$10,001
2.6 Waste Disposal at Authorized Facility	TOIL	<b>V</b>		
	TON	\$820	660	\$541,200
2.6.1 Waste Requiring Thermal Treament	TON	\$500		\$220,000
2.6.2 Other Medical Waste	LS	\$750		\$750
Exterior Clean Up     Removal of Residual Chemicals	LS	\$550		\$550
2.9 Removal of Recyclable Materials	LS	\$550		\$550
2.10 Decontamination of Facility and Waste Units	LS	\$25,000		\$25,000
2.11 Closure Certification	LS	\$7,500		\$7,500
Subtotal		4.,555		\$857,525
15% Contingency	$\dashv$			\$128,629
Facility Closure Total	-			\$986,154
racility Closure Total				
Total Closure Cost				\$998,298



# **ENCLOSURE C Letter of Support for Transfer**



#### April 13, 2023

Ms. Megan Henson, Building F Manager, Municipal Solid Waste Permits Section (MC-124) Texas Commission on Environmental Quality 12100 Park 35 Circle Austin, TX 78753

## RE: Texas Commission on Environmental Quality ("TCEQ") Municipal Solid Waste Registration No. 40326

Dear Ms. Henson:

Paragon Southwest Medical Waste, LLC, CN # 605466085 (the "<u>Registrant</u>") hereby provides notice of its intended transfer of Municipal Solid Waste Registration No. 40326 (the "<u>Registration</u>") for the operations located at 4200 Cedar Boulevard, Baytown, TX 77523 (the "<u>Facility</u>") to Baytown Medical Waste LLC (the "<u>Transferee</u>"). The transfer is associated with a proposed change of ownership of the operational assets of the facility. There have been no substantive changes in operation at the Facility as a result of this transfer.

The following information applies to the Registration and the related transfer:

Registration No.: Municipal Solid Waste Registration No. 40326, RN # 111359014

Name and address of Registrant: Paragon Southwest Medical Waste, LLC

4200 Cedar Boulevard Baytown, TX 77523

Name and address of Transferee: Baytown Medical Waste LLC

4200 Cedar Boulevard Baytown, TX 77523

Date of transfer of assets: The operational assets of the Registrant will be transferred to the

Transferee upon notification from TCEQ of approval of the

Registration transfer.

The Registrant acknowledges and agrees to the transfer of the Registration to the Transferee, who agrees to take operational responsibility for the Registration consistent with its requirements, as documented in the transfer application submittal made to the agency.

Respectfully Submitted,

Registrant Authorized Signatory:		
DocuSigned by:  DAFF8FC0797D44D	April 13, 2023	
Fortunato Villamagna, President and CEO	Date	
Paragon Southwest Medical Waste, LLC		
Transferee Authorized Signatory:		
DocuSigned by:		
Muh Work	April 13, 2023	
Mark Wayne, Authorized Representative	Date	
Baytown Medical Waste LLC		