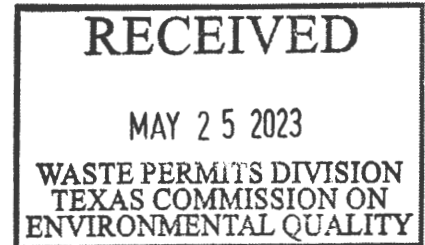




INTERA Incorporated
9600 Great Hills Trail, Suite 300W
Austin, Texas 78759 USA
512.425.2000

24 May 2023

Mr. Henok Tewelde
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
Response to TNOD Dated May 5, 2023; TCEQ Tracking No. 28513125**

Dear Mr. Tewelde,

By email dated May 5, 2023, you transmitted a technical notice of deficiency (TNOD) requesting additional information for the application to transfer Municipal Solid Waste Registration No. 40326 from Paragon Southwest Medical Waste, LLC to Baytown Medical Waste LLC. Enclosure A provides a response to each information request, and Enclosure B provides corresponding revisions to the transfer application. In addition, an updated Property Owner's Affidavit is included in Enclosure B.

We appreciate your prompt review of this information. 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
TNOD RESPONSES**



RESPONSES TO MAY 5, 2023 TNOD COMMENTS

1. TCEQ Form 20650 #5, the provided internet posting <https://www.intera.com/permits/> is not for the referenced facility. Provide the correct internet posting for the facility indicated in the application.

Response: The internet address provided in the application <https://www.intera.com/permits/> is correct, but due to a posting error, it was not available at that location. The posting error has been corrected.

2. Provide a Core Data Form (CDF) TCEQ form 10400 for the property owner.

Response: A Core Data Form for the property owner has been prepared, and the executed form is provided in Enclosure B, Attachment 1. The sections of the Core Data Form that have been completed are in accordance with the guidance provided in your email dated May 9, 2023. We believe that the notarized signature on the updated property owner's affidavit included in this submittal, combined with the electronic signature on the property owner's Core Data Form, convey confirmation of the property owner's knowledge of the pending registration transfer.

3. In accordance with [§330.59\(c\)\(3\)\(B\)](#), include all mineral interest ownership or a statement indicating that no mineral interest ownership exists at the facility property.


Response: A thorough search of the on-line records of the Chambers County Appraisal District has been conducted. No information was located regarding any mineral interest ownership at the facility property. The Land Ownership List in Attachment 2 to the application has been revised to include a note to this effect and is included in Enclosure B.

4. To meet the requirements of [§305.64\(d\)](#) and [§305.64\(b\)\(3\)](#), provide proof of financial assurance or correspondence with our Financial Assurance Program.

Response: As we have discussed, Baytown Medical Waste does not have an ownership or other interest in the medical waste facility currently owned by Paragon Southwest Medical Waste and thus cannot obtain financial assurance for the facility at this time. Financial assurance for closure is provided by Paragon Southwest Medical Waste by means of a Letter of Credit, a copy of which is provided in new application Attachment 7 included in Enclosure B. Although we had planned to have the Letter of Credit transferred from Paragon Southwest Medical Waste to Baytown Medical Waste at closing, the bank that issued the existing Letter of Credit will not transfer the existing Letter of Credit. In addition, a review and approval process must occur to obtain a new Letter of Credit. As a result, at the closing of the transaction between the parties, financial assurance for closure will continue to be provided by the Letter of Credit issued to Paragon Southwest Medical Waste. This is consistent with and required by 30 TAC 37.81 which includes the following statement:

When a transfer of ownership or operational control occurs, the old owner or operator shall comply with the requirements of this chapter, until the executive director determines that the new owner or operator has demonstrated compliance with the requirements of this chapter.

Baytown Medical Waste commits to securing financial assurance in the full amount of the closure cost estimate provided in Attachment 6 of the application as soon as possible after the registration is transferred. It is intended to use a Letter of Credit as the financial



assurance mechanism for the facility. Baytown Medical Waste will submit the Letter of Credit upon receipt to the TCEQ's Financial Assurance Program for review and approval. Upon approval, Baytown Medical Waste will have the required financial assurance for closure in place, and the Letter of Credit issued to Paragon Southwest Medical Waste can be terminated.

Baytown Medical Waste submits that this approach provides proof of financial assurance consistent with 30 TAC 305.64(b)(3) and will allow the Executive Director to find that proof of financial responsibility is sufficient, consistent with 30 TAC 305.64(d).

The above approach was presented in an email sent from Ms. Kathy McGee at INTERA Incorporated on behalf of Baytown Medical Waste on May 22, 2023. We appreciate the agency's consideration of the email and the actions already taken by TCEQ staff to address our position as stated in the email and herein. However, due to timing considerations, this response to the TNOD is being submitted in advance of receiving a response by the agency to the May 22nd email.



ENCLOSURE B
Application Revisions

TCEQ Form 20650
(replacement page 1, additional page 5 (signature page),
replacement page 8)



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: 40326

Initial Submission Date: April 14, 2023

Revision Date: May 24, 2023

Instructions for completing this form are provided in [form TCEQ-20650-instr¹](#). If you have questions, contact the Municipal Solid Waste Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335.

Application Data

| |
|--|
| 1. Submission Type |
| <input type="checkbox"/> Initial Submission <input checked="" type="checkbox"/> Notice of Deficiency (NOD) Response |
| 2. Authorization Type |
| <input type="checkbox"/> Permit <input checked="" type="checkbox"/> Registration |
| 3. Application Type |
| <input type="checkbox"/> Modification with Public Notice <input type="checkbox"/> Modification without Public Notice |
| <input type="checkbox"/> Temporary Authorization (TA) <input checked="" type="checkbox"/> Modification for Name Change or Transfer |
| 4. Application Fee |
| Amount The application fee for a modification or temporary authorization is \$150. |
| Payment Method <input type="checkbox"/> Check <input checked="" type="checkbox"/> Online through ePay portal www3.tceq.texas.gov/epay/ If paid online, enter ePay Trace Number: <u>582EA000543734</u> |

¹ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf

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 Title: President

Email Address: fvillamagna@paragonmedwaste.com

Signature: [Signature] Date: 5/12/23

Operator or Principal Executive Officer Designation of Authorized Signatory

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

I hereby designate _____ as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and/or appear for me at any hearing or before the Texas Commission on Environmental Quality in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. I further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application.

Operator or Principal Executive Officer Name: _____

Email Address: _____

Signature: _____ Date: _____

Notary

SUBSCRIBED AND SWORN to before me by the said Fortunato Villamagna

On this 12th day of May, 2023

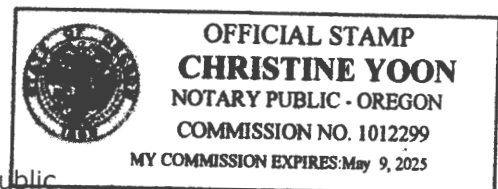
My commission expires on the 9th day of May, 2025

Oregon

Notary Public in and for

Washington County, OR TX

Note: Application Must Bear Signature and Seal of Notary Public



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 |
|--|--------------------------|
| <input type="checkbox"/> Signatory Authority Delegation | |
| <input checked="" type="checkbox"/> Fee Payment Receipt | 5 |
| <input type="checkbox"/> Confidential Documents | |
| <input type="checkbox"/> Final Plat Record of Property | |
| <input type="checkbox"/> Assumed Name Certificate | |

Updated Closure Cost Estimate 6

Financial Assurance Documentation 7

ATTACHMENT 1
TCEQ Core Data Forms
(new application pages)



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.) | | |
| <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"/> Other |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN | | RN |

SECTION II: Customer Information

| | | | | | |
|---|--|--|-------|---|--|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | | | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership | | | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | | | |
| <i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i> | | | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | | | <i>If new Customer, enter previous Customer below:</i> | |
| First Berke Portfolio, LP | | | | | |
| 7. TX SOS/CPA Filing Number | | 8. TX State Tax ID (11 digits) | | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| | | | | | |
| 11. Type of Customer: | | <input type="checkbox"/> Corporation | | <input type="checkbox"/> Individual | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited |
| Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship | | <input checked="" type="checkbox"/> Other: Property Owner | |
| 12. Number of Employees | | | | 13. Independently Owned and Operated? | |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input checked="" type="checkbox"/> Other: Property Owner | | | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | | | |
| 15. Mailing Address: | First Berke Portfolio c/o Terramont Realty | | | | |
| | 14363 Torrey Chase Suite A | | | | |
| | City | Houston | State | TX | ZIP 77014 ZIP + 4 |
| 16. Country Mailing Information (if outside USA) | | | | 17. E-Mail Address (if applicable) | |
| | | | | | |
| 18. Telephone Number | | 19. Extension or Code | | 20. Fax Number (if applicable) | |
| | | | | | |

| | | |
|-----------|--|-----------|
| () - | | () - |
|-----------|--|-----------|

SECTION III: Regulated Entity Information

| | | | | | | | | |
|--|----------------------|---------|-------|----|-----|-------|---------|--|
| 21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i> | | | | | | | | |
| <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information | | | | | | | | |
| <i>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).</i> | | | | | | | | |
| 22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i> | | | | | | | | |
| Baytown Medical Waste | | | | | | | | |
| 23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i> | 4200 Cedar Boulevard | | | | | | | |
| | | | | | | | | |
| | City | Baytown | State | TX | ZIP | 77523 | ZIP + 4 | |
| 24. County | | | | | | | | |

If no Street Address is provided, fields 25-28 are required.

| | | | | | | | |
|--|---------|-------------------------------|--------------------------------------|-------------------------------|---------|--|--|
| 25. Description to Physical Location: | | | | | | | |
| 26. Nearest City | | | | State | | Nearest ZIP Code | |
| | | | | | | | |
| <i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i> | | | | | | | |
| 27. Latitude (N) In Decimal: | | | 28. Longitude (W) In Decimal: | | | | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | | |
| | | | | | | | |
| 29. Primary SIC Code | | 30. Secondary SIC Code | | 31. Primary NAICS Code | | 32. Secondary NAICS Code | |
| (4 digits) | | (4 digits) | | (5 or 6 digits) | | (5 or 6 digits) | |
| | | | | | | | |
| 33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i> | | | | | | | |
| | | | | | | | |
| 34. Mailing Address: | | | | | | | |
| | | | | | | | |
| | | City | | State | | ZIP | |
| 35. E-Mail Address: | | | | | | | |
| 36. Telephone Number | | | 37. Extension or Code | | | 38. Fax Number <i>(if applicable)</i> | |
| () - | | | | | | () - | |

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Districts | <input type="checkbox"/> Edwards Aquifer | <input type="checkbox"/> Emissions Inventory Air | <input type="checkbox"/> Industrial Hazardous Waste |
| | | | | |
| <input type="checkbox"/> Municipal Solid Waste | <input type="checkbox"/> New Source Review Air | <input type="checkbox"/> OSSF | <input type="checkbox"/> Petroleum Storage Tank | <input type="checkbox"/> PWS |
| | | | | |
| <input type="checkbox"/> Sludge | <input type="checkbox"/> Storm Water | <input type="checkbox"/> Title V Air | <input type="checkbox"/> Tires | <input type="checkbox"/> Used Oil |
| | | | | |
| <input type="checkbox"/> Voluntary Cleanup | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Wastewater Agriculture | <input type="checkbox"/> Water Rights | <input type="checkbox"/> Other: |
| | | | | |

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@intera.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: | First Berke Portfolio, LP | Job Title: | Manager |
| Name (In Print): | Ron A. Berke | Phone: | (281) 858- 3482 |
| Signature: | <i>Ron A. Berke</i> | Date: | 05/22/2023 |

ATTACHMENT 2
Landowner Information
(application replacement pages)

ADJACENT LANDOWNERS
MSW REGISTRATION NO. 40326

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

ADJACENT LANDOWNERS
MSW REGISTRATION NO. 40326

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

ADJACENT LANDOWNERS
MSW REGISTRATION NO. 40326

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

Note: A thorough search of the on-line records of the Chambers County Appraisal District has been conducted. No information was located regarding any mineral interest ownership at the facility property.



ATTACHMENT 3
Property Owner Affidavit
(new application page)

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: 1st Berke Portfolio - Ron A Berke

Signature: Ron A Berke manager Date: 5-3-2023

Notarization

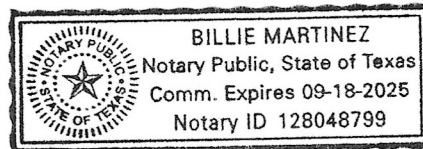
SUBSCRIBED AND SWORN to before me by the said Ron A Berke

On this 3 day of May, 2023

My commission expires on the 18 day of September 2025

Billie Martinez
Notary Public in and for

Harris County, Texas





ATTACHMENT 7
Financial Assurance Documentation
(new attachment)



Letter of Credit and Trade Services
7701 Airport Center DR, Suite 2600
Greensboro, NC 27409
Tel: 866-228-4685 Opt 1
Fax: 336-605-5830
SWIFT: BRBTUS33GBO

IRREVOCABLE STANDBY LETTER OF CREDIT 75000641

AUGUST 9, 2022

APPLICANT:

PARAGON SOUTHWEST MEDICAL WASTE,
LLC
4200 CEDAR BLVD.
BAYTOWN, TX 77511

BENEFICIARY:

EXECUTIVE DIRECTOR
TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY
ATTN: FINANCIAL ASSURANCE UNIT,
MC-184
JOHN MARTINEZ, FINANCIAL ANALYST
12100 PARK 35 CIRCLE
AUSTIN, TX 78753

FOR: USD 202,751.00 (US DOLLARS TWO HUNDRED TWO THOUSAND SEVEN HUNDRED FIFTY ONE)

DATE OF EXPIRATION: 12/31/2023 (SEE EVERGREEN CLAUSE BELOW)

PLACE OF EXPIRATION: OUR COUNTERS

DEAR SIR OR MADAM:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 75000641 IN YOUR FAVOR, AT THE REQUEST AND FOR THE ACCOUNT OF PARAGON SOUTHWEST MEDICAL WASTE, LLC, 4200 CEDAR BLVD., BAYTOWN, TEXAS 77511 UP TO THE AGGREGATE AMOUNT OF TWO HUNDRED TWO THOUSAND SEVEN HUNDRED FIFTY ONE AND 00/100 U.S. DOLLARS (\$202,751.00), AVAILABLE UPON PRESENTATION OF:

1. YOUR SIGHT DRAFT, BEARING REFERENCE TO THIS LETTER OF CREDIT NO. 75000641, AND

2. YOUR SIGNED STATEMENT READING AS FOLLOWS: "I CERTIFY THAT THE AMOUNT OF THE DRAFT IS PAYABLE PURSUANT TO REGULATIONS ISSUED UNDER AUTHORITY OF 30 TEXAS ADMINISTRATIVE CODE CHAPTER 37."

THIS LETTER OF CREDIT IS EFFECTIVE AS OF AUGUST 9, 2022 AND SHALL EXPIRE ON DECEMBER 31, 2023, BUT SUCH EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED FOR A PERIOD OF TWO YEARS ON DECEMBER 31, 2023 AND ON EACH SUCCESSIVE EXPIRATION DATE, UNLESS AT LEAST 120 DAYS BEFORE THE CURRENT EXPIRATION DATE, WE NOTIFY BOTH YOU AND PARAGON SOUTHWEST MEDICAL WASTE, LLC BY CERTIFIED MAIL OR COURIER SERVICES THAT WE HAVE



Letter of Credit and Trade Services
7701 Airport Center DR, Suite 2600
Greensboro, NC 27409
Tel: 866-228-4685 Opt 1
Fax: 336-605-5830
SWIFT: BRBTUS33GBO

DECIDED NOT TO EXTEND THIS LETTER OF CREDIT BEYOND THE CURRENT EXPIRATION DATE. IN THE EVENT YOU ARE SO NOTIFIED, ANY UNUSED PORTION OF THE CREDIT SHALL BE AVAILABLE UPON PRESENTATION OF YOUR SIGHT DRAFT FOR 120 DAYS AFTER THE DATE OF RECEIPT BY BOTH YOU AND PARAGON SOUTHWEST MEDICAL WASTE, LLC, AS SHOWN ON THE SIGNED RETURN RECEIPTS OR UNTIL THE EXPIRATION DATE OF THIS LETTER OF CREDIT WHICHEVER IS EARLIER.

WHENEVER THIS LETTER OF CREDIT IS DRAWN ON UNDER AND IN COMPLIANCE WITH THE TERMS OF THIS CREDIT, WE SHALL DULY HONOR SUCH DRAFT UPON PRESENTATION TO US.

WE CERTIFY THAT THE WORDING OF THIS LETTER OF CREDIT IS IDENTICAL TO THE WORDING SPECIFIED IN 30 TEXAS ADMINISTRATIVE CODE 37.331, AS SUCH REGULATION WERE CONSTITUTED ON THE DATE SHOWN IMMEDIATELY ABOVE.

THIS LETTER OF CREDIT IS SUBJECT TO INTERNATIONAL STANDBY PRACTICE, ISP98, AS PUBLISHED BY THE INSTITUTE OF INTERNATIONAL BANKING LAW AND PRACTICES, BEARING INTERNATIONAL CHAMBER OF COMMERCE (ICC) PUBLICATION NO. 590.

ALL DOCUMENTS ARE TO BE REMITTED TO:
TRUIST BANK
7701 AIRPORT CENTER DRIVE, SUITE 2600
GREENSBORO, NC 27409
ATTN: LETTER OF CREDIT AND TRADE SERVICES

SINCERELY,
TRUIST BANK


AUTHORIZED SIGNATURE

Aimee Maier
Assistant Vice President