



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

26 May 20

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. A response to that email was transmitted to you via email on May 24, 2023, with the original hand delivered to the Waste Permits Division on May 25, 2023.

In the response to item 2 of the NOD, the May 24<sup>th</sup> and May 25<sup>th</sup> submittals indicated that we had an electronic signature on the property owner's Core Data Form (CDF), and in discussions with you and Mr. Burgess Stengle, we noted the difficulty we have had getting an original signature on that form. We have just received the property owner's CDF with an original signature and have prepared this submittal to transmit this CDF to the agency.

We appreciate your prompt review of the information submitted in response to the TNOD. If you have any questions, please call me at 512-425-2057 or email me at [kmcgee@intera.com](mailto:kmcgee@intera.com).

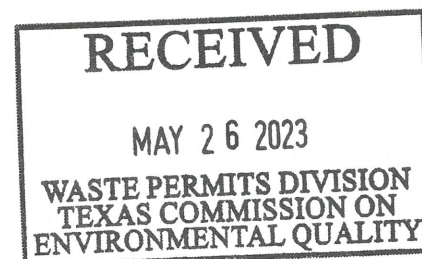
Sincerely,

INTERA Incorporated

Kathy L. McGee, P.E.  
Principal Engineer

Enclosures

cc: Mark Wayne, Baytown Medical Waste LLC  
TCEQ Region 12





**ENCLOSURE A**  
**Application Signature Page and Property Owner's Core Data Form**

## 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: 5/23/2023

### 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 23rd day of MAY, 2023

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

Oregon

Notary Public in and for

Washington County, OREGON

Note: Application Must Bear Signature and Seal of Notary Public




<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**

<b>40. Name:</b>	Kathy McGee			<b>41. Title:</b>	Principal Engineer
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 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.

<b>Company:</b>	First Berke Portfolio, LP	<b>Job Title:</b>	Manager
<b>Name (In Print):</b>	Ron A. Berke	<b>Phone:</b>	<del>(281) 858-3482</del> 702-343-6348
<b>Signature:</b>		<b>Date:</b>	5-25-2023