

## Carolyn Thomas

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**From:** TVAPPS  
**Sent:** Wednesday, April 2, 2025 4:50 PM  
**To:** Carolyn Thomas  
**Cc:** APIRT  
**Subject:** FW: STEERS/TV 37977 / 4738 - INITIAL - Envases

-----Original Message-----

From: steers@tceq.texas.gov <steers@tceq.texas.gov>  
Sent: Wednesday, April 2, 2025 11:38 AM  
To: RFCAIR9 <RFCAIR9@tceq.texas.gov>; TVAPPS <tvapps@tceq.texas.gov>  
Subject: STEERS Title V Application Submittal (New Application)

The TV-N application has been successfully submitted by Jose Luis Gonzalez Garza. The submittal was received at 04/02/2025 11:37 AM.

The Reference number for this submittal is 762139

The confirmation number for this submittal is 643614.

The Area ID for this submittal is 4738.

The Project ID for this submittal is 37977.

The hash code for this submittal is 7BCB4A57007FBB9D26B33B1C540C907883F447357D15D2C5ED5B8961E16A040B.

You may access the original application submittal and the notice of final action documents from the COR Viewer which is available at <https://ida.tceq.texas.gov/steersstaff/index.cfm?fuseaction=openadmin.submitlog&newsearch=yes>.

If you have any questions, please contact the STEERS Help Line at 512-239-6925 or by e-mail at [steers@tceq.texas.gov](mailto:steers@tceq.texas.gov).

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 1)  
Texas Commission on Environmental Quality**

Please print or type all information. Direct any questions regarding this application form to the Air Permits Division at (512) 239-1250 or to the Texas Commission on Environmental Quality, Office of Air, Air-Permits Division (MC 163), P.O. Box 13087, Austin, Texas 78711-3087.

<b>I. Company Identifying Information</b>
A. Company Name: Envases Commerce LLC
B. Customer Reference Number (CN): CN 605850866
C. Submittal Date (mm/dd/yyyy): 02/27/2025
<b>II. Site Information</b>
A. Site Name: Envases Commerce Waco Can Plant
B. Regulated Entity Reference Number (RN): <b>RN 111173456</b>
C. Indicate affected state(s) required to review permit application: <i>(Check the appropriate box[es].)</i>
<input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> NM <input type="checkbox"/> OK <input checked="" type="checkbox"/> N/A
D. Indicate all pollutants for which the site is a major source based on the site's potential to emit: <i>(Check the appropriate box[es].)</i>
<input checked="" type="checkbox"/> VOC <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> PM <sub>10</sub> <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> HAPS
Other:
E. Is the site a non-major source subject to the Federal Operating Permit Program? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
F. Is the site within a local program area jurisdiction? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
G. Will emissions averaging be used to comply with any Subpart of 40 CFR Part 63? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
H. Indicate the 40 CFR Part 63 Subpart(s) that will use emissions averaging:
<b>III. Permit Type</b>
A. Type of Permit Requested: <i>(Select only one response)</i>
<input checked="" type="checkbox"/> Site Operating Permit (SOP) <input type="checkbox"/> Temporary Operating Permit (TOP) <input type="checkbox"/> General Operating Permit (GOP)

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 2)  
Texas Commission on Environmental Quality**

<b>IV. Initial Application Information</b> <i>(Complete for Initial Issuance Applications Only.)</i>
<b>A.</b> Is this submittal an abbreviated or a full application? <span style="float: right;"><input checked="" type="checkbox"/> Abbreviated <input type="checkbox"/> Full</span>
<b>B.</b> If this is a full application, is the submittal a follow-up to an abbreviated application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>C.</b> If this is an abbreviated application, is this an early submittal for a combined SOP and Acid Rain permit? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>D.</b> Has an electronic copy of this application been submitted (or is being submitted) to EPA? (Refer to the form instructions for additional information.) <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>E.</b> Has the required Public Involvement Plan been included with this application? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>V. Confidential Information</b>
<b>A.</b> Is confidential information submitted in conjunction with this application? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>VI. Responsible Official (RO) Identifying Information</b>
RO Name Prefix: ( <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
RO Full Name: Jose Luis Gonzales Garza
RO Title: Plant Manager
Employer Name: Envases Commerce LLC
Mailing Address: 1901 Wycon Drive
City: Waco
State: Texas
ZIP Code: 76712 - 8996
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (254) 294-8258
Fax No.: (254) 651-1138
Email: shannon.bennett@envases.us

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 3)  
Texas Commission on Environmental Quality**

<b>VII. Technical Contact Identifying Information</b> <i>(Complete if different from RO.)</i>
Technical Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Technical Contact Full Name: Shannon Bennett
Technical Contact Title: Environmental Engineer
Employer Name: Envases Commerce LLC
Mailing Address: 1901 Wycon Drive
City: Waco
State: Texas
ZIP Code: 76712 - 8996
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (254) 294-8258
Fax No.: (254) 651-1138
Email:
<b>VIII. Reference Only Requirements</b> <i>(For reference only.)</i>
<b>A.</b> State Senator: Brian Birdwell
<b>B.</b> State Representative: Pat Curry
<b>C.</b> Has the applicant paid emissions fees for the most recent agency fiscal year (Sept. 1 - August 31)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
<b>D.</b> Is the site subject to bilingual notice requirements pursuant to 30 TAC § 122.322? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>E.</b> Indicate the alternate language(s) in which public notice is required:

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 4)  
Texas Commission on Environmental Quality**

<b>IX. Off-Site Permit Request</b> <i>(Optional for applicants requesting to hold the FOP and records at an off-site location.)</i>
A. Office/Facility Name: not applicable
B. Physical Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
C. Physical Location:
D. Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Contact Full Name:
E. Telephone No.:
<b>X. Application Area Information</b>
A. Area Name: Envases Commerce Waco Can Plant
B. Physical Address: 1901 Wycon Drive
City: Waco
State: Texas
ZIP Code: 76712 - 8996
C. Physical Location:
D. Nearest City:
E. State:
F. ZIP Code:

**Federal Operating Permit Program  
Site Information Summary  
Form OP-1 (Page 5)  
Texas Commission on Environmental Quality**

<b>X. Application Area Information (continued)</b>
<b>G.</b> Latitude (nearest second): 31:29:28
<b>H.</b> Longitude (nearest second): 97:10:55
<b>I.</b> Are there any emission units that were not in compliance with the applicable requirements identified in the application at the time of application submittal? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>J.</b> Indicate the estimated number of emission units in the application area: 14
<b>K.</b> Are there any emission units in the application area subject to the Acid Rain Program? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
<b>L.</b> Affected Source Plant Code (or ORIS/Facility Code):
<b>XI. Public Notice</b> <i>(Complete this section for SOP Applications and Acid Rain Permit Applications only.)</i>
<b>A.</b> Name of a public place to view application and draft permit: Hewitt, Texas City Hall
<b>B.</b> Physical Address: 200 Patriot Ct.
City: Hewitt, Texas
ZIP Code: 76643
<b>C.</b> Contact Person (Someone who will answer questions from the public during the public notice period):
Contact Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr.):
Contact Person Full Name: Shannon Bennett
Contact Mailing Address: 1901 Wycon Drive
City: Waco
State: Texas
ZIP Code: 76712
Territory:
Country: United States
Foreign Postal Code:
Internal Mail Code:
Telephone No.: (254) 294-8258

**Federal Operating Permit Program  
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<b>XII. Delinquent Fees and Penalties</b>
<b>Notice:</b> This form will not be processed until all delinquent fees and/or penalties owed to TCEQ or the Office of Attorney General on behalf of TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."
<b>Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.</b>
<b>XIII. Designated Representative (DR) Identifying Information</b>
DR Name Prefix: ( <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
DR Full Name: not applicable
DR Title:
Employer Name:
Mailing Address:
City:
State:
ZIP Code:
Territory:
Country:
Foreign Postal Code:
Internal Mail Code:
Telephone No.:
Fax No.:
Email:

**Federal Operating Permit Program  
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**Complete Sections XIII and XIV for Acid Rain Permit and CSAPR applications only. Please include a copy of the Certificate of Representation submitted to EPA.**

**XIV. Alternate Designated Representative (ADR) Identifying Information**

ADR Name Prefix: (☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.)

ADR Full Name: not applicable

ADR Title:

Employer Name:

Mailing Address:

City:

State:

ZIP Code:

Territory:

Country:

Foreign Postal Code:

Internal Mail Code:

Telephone No.:

Fax No.:

Email:

**PRINT FORM**

**RESET FORM**

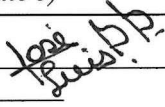


**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

<b>I. Identifying Information</b>	
RN: RN111173456	
CN: CN605850866	
Account No.:	
Permit No.: TBA	
Project No.: TBA	
Area Name: Envases Commerce Waco Can Plant	
Company Name: Envases Commerce LLC	
<b>II. Certification Type</b> <i>(Please mark appropriate box)</i>	
<input checked="checked" type="checkbox"/> Responsible Official Representative	<input type="checkbox"/> Duly Authorized Representative
<b>III. Submittal Type</b> <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>	
<input checked="checked" type="checkbox"/> SOP/TOP Initial Permit Application	<input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application	<input type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other:	

**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

<b>IV. Certification of Truth</b>			
<b>This certification does not extend to information which is designated by TCEQ as information for reference only.</b>			
I, <u>Jose Luis Gonzales Garza</u>		certify that I am the <u>Responsible Official (RO)</u>	
<i>(Certifier Name printed or typed)</i>		<i>(RO or DAR)</i>	
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete:			
<i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>			
Time Period: From _____ to _____			
<i>(Start Date)</i>		<i>(End Date)</i>	
Specific Dates: <u>02/24/2025</u>			
<i>(Date 1)</i>		<i>(Date 2)</i>	
<i>(Date 3)</i>		<i>(Date 4)</i>	
<i>(Date 5)</i>		<i>(Date 6)</i>	
Signature: <u></u>		Signature Date: <u>02/17/2025</u>	
Title: <u>Plant Manager</u>			

**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

All initial issuance, revision, and renewal permit application submittals requiring certification must be accompanied by this form. Updates to acid rain or CSAPR (other than public notice verification materials) must be certified prior to authorization of public notice for the draft permit.

<b>I. Identifying Information</b>	
RN: not applicable	
CN:	
Account No.:	
Permit No.:	
Project No.:	
Area Name:	
Company Name:	
<b>II. Certification Type</b> <i>(Please mark appropriate box)</i>	
<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Alternated Designated Representative
<b>III. Requirement and Submittal Type</b> <i>(Please mark the appropriate boxes for each row)</i>	
Requirement: <input type="checkbox"/> Acid Rain Permit	<input type="checkbox"/> Cross-State Air Pollution Rule (CSAPR)
Submittal Type: <input type="checkbox"/> Initial Permit Application	<input type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Permit Revision or Renewal	<input type="checkbox"/> Other:

**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**  
**Texas Commission on Environmental Quality**

**IV. Certification of Truth**

I, not applicable certify that I am the \_\_\_\_\_  
*(Certifier Name printed or typed)* *(RO or DAR)*

am authorized to make this submission on behalf of the owners and operators of the source or units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment. The above certification is for the statements and information dated during the time period or on the specific date(s) below:  
*Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).*

Time Period: From \_\_\_\_\_ to \_\_\_\_\_  
*(Start Date)* *(End Date)*

Specific Dates: \_\_\_\_\_  
*(Date 1)* *(Date 2)* *(Date 3)* *(Date 4)*  
\_\_\_\_\_  
*(Date 5)* *(Date 6)*

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Title: \_\_\_\_\_



# 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 checked="" 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 605850866		RN 11173456

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		2/1/2024	
<input type="checkbox"/> New Customer <input checked="" 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)					
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).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i>					
ENVASES COMMERCE LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
0803762484		32075921232		85-3315355	
10. DUNS Number (if applicable)		81181505224			
11. Type of Customer:		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
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		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
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 checked="" type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" 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 checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:					
ENVASES COMMERCE WACO CAN PLANT					
1901WYCON DR					
City		WACO		State	
TX		ZIP		76712	
ZIP + 4		8996			
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)		
			shannon.bennett@envases.us		
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

**SECTION III: Regulated Entity Information****21. General Regulated Entity Information** (If "New Regulated Entity" is selected, a new permit application is also 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** (Enter name of the site where the regulated action is taking place.)

ENVASES COMMERCE WACO CAN PLANT

**23. Street Address of the Regulated Entity:**

1901 WYCON DR

(No PO Boxes)

City	WACO	State	TX	ZIP	76712	ZIP + 4	8996

**24. County**

MCLENNAN

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

**25. Description to Physical Location:****26. Nearest City**

State

Nearest ZIP Code

*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).*

**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)

3411

332431

**33. What is the Primary Business of this entity?** (Do not repeat the SIC or NAICS description.)

ALUMINUM BEVERAGE CAN MANUFACTURING

**34. Mailing Address:**

ENVASES COMMERCE WACO CAN PLANT

1901 WYCON DR

City	WACO	State	TX	ZIP	76712	ZIP + 4	8996

**35. E-Mail Address:**

shannon.bennett@envases.us

**36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 254 ) 294-8258

( 254 ) 651-1138

**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.



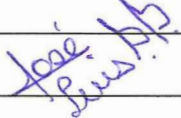
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input checked="" type="checkbox"/> Industrial Hazardous Waste
				98436 (SWR)
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
	164841			
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
	TXR05GH87			
<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>	DEAN PUSCH	<b>41. Title:</b>	SR ENVIRONMENTAL SCIENTIST
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 314 ) 753-1733		(   ) -	dean.pusch@gmail.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>	ENVASES COMMERCE LLC	<b>Job Title:</b>	PLANT MANAGER
<b>Name (In Print):</b>	JOSE LUIS GONZALEZ GARZA	<b>Phone:</b>	( 254 ) 633- 1794
<b>Signature:</b>		<b>Date:</b>	1/18/2024

## Texas Commission on Environmental Quality

### Title V New

#### Site Information (Regulated Entity)

What is the name of the permit area to be authorized?	ENVASES COMMERCE WACO CAN PLANT
Does the site have a physical address?	Yes
Physical Address	
Number and Street	1901 WYCON DR
City	WACO
State	TX
ZIP	76712
County	MCLENNAN
Latitude (N) (##.#####)	31.491388
Longitude (W) (-###.#####)	-97.185555
Primary SIC Code	3411
Secondary SIC Code	
Primary NAICS Code	332431
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN111173456
What is the name of the Regulated Entity (RE)?	ENVASES COMMERCE WACO CAN PLANT
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	1901 WYCON DR
City	WACO
State	TX
ZIP	76712
County	MCLENNAN
Latitude (N) (##.#####)	31.491388
Longitude (W) (-###.#####)	-97.185555
Facility NAICS Code	332431
What is the primary business of this entity?	MANUFACTURE ALUMINUM BEVERAGE CANS

#### Customer (Applicant) Information

How is this applicant associated with this site?	Owner Operator
What is the applicant's Customer Number (CN)?	CN605850866
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Envases Commerce, LLC
Texas SOS Filing Number	803762484
Federal Tax ID	
State Franchise Tax ID	32075921232
State Sales Tax ID	



Local Tax ID	
DUNS Number	
Number of Employees	101-250
Independently Owned and Operated?	Yes

## Responsible Official Contact

Person TCEQ should contact for questions about this application:

Organization Name	Envases Commerce LLC
Prefix	MR
First	Jose Luis
Middle	
Last	Gonzalez Garza
Suffix	
Credentials	
Title	Plant Manager
Enter new address or copy one from list:	Site Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1901 WYCON DR
Routing (such as Mail Code, Dept., or Attn:)	
City	WACO
State	TX
ZIP	76712
Phone (###-###-####)	2546631794
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	2546511138
E-mail	shannon.bennett@envases.us

## Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?	
Organization Name	Envases Commerce LLC
Prefix	MS
First	Shannon
Middle	
Last	Bennett
Suffix	
Credentials	
Title	Environmental Engineer
Enter new address or copy one from list:	RE Physical Address
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	1901 WYCON DR
Routing (such as Mail Code, Dept., or Attn:)	

City	WACO
State	TX
ZIP	76712
Phone (###-###-####)	2542948258
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	2546511138
E-mail	shannon.bennett@envases.us

## Title V General Information - New

1) Permit Latitude Coordinate:	31 Deg 29 Min 29 Sec
2) Permit Longitude Coordinate:	97 Deg 11 Min 8 Sec
3) Is this submittal a new application or an update to an existing application?	New Application
3.1. What type of Federal Operating Permit are you applying for?	SOP
3.2. Is this submittal an abbreviated or a full application?	Abbreviated
3.3. Is this application for a portable facility?	No
3.4. Is the site a non-major source subject to the Federal Operating Permit Program?	No
3.5. Are there any permits that should be voided upon issuance of this permit application through permit conversion?	No
3.6. Are there any permits that should be voided upon issuance of this permit application through permit consolidation?	No
4) Does this application include Acid Rain Program or Cross-State Air Pollution Rule requirements?	No

## Title V Attachments New

Attach OP-1 (Site Information Summary)	
[File Properties]	
File Name	<a href=/ePermitsExternal/faces/file?fileId=247142>OP_1_3-12-2025 Form OP-1.pdf</a>
Hash	78839C8B7EDDF244D36DEA7488481C1E7B7D32FA8A4EB86C98A1FF70F41F6957
MIME-Type	application/pdf
Attach OP-ACPS (Application Compliance Plan and Schedule)	
Attach OP-REQ1 (Application Area-Wide Applicability Determinations and General Information)	
Attach OP-REQ2 (Negative Applicable Requirement Determinations)	
Attach OP-REQ3 (Applicable Requirements Summary)	
Attach OP-PBRSUP (Permits by Rule Supplemental Table)	
Attach OP-SUM (Individual Unit Summary)	

Attach OP-MON (Monitoring Requirements)

Attach OP-UA (Unit Attribute) Forms

Attach OP-CRO2 (Change of Responsible Official Information)

Attach OP-DEL (Delegation of Responsible Official)

Attach any other necessary information needed to complete the permit.

[File Properties]

File Name	<a href=/ePermitsExternal/faces/file?fileId=246071>Envases Commerce Core Data Form.pdf</a>
Hash	51C08F2957987F3EE9C6BC58339CFA8966EC3F25792198D4930F38C3E8C57403
MIME-Type	application/pdf
[File Properties]	
File Name	<a href=/ePermitsExternal/faces/file?fileId=246067>Rev Signature - FORM OP-CR01_031725.pdf</a>
Hash	51F4F8C88BD3750CD460FCFAE1C9189B39D79840959F42CCE75C979F0175FD4E
MIME-Type	application/pdf

An additional space to attach any other necessary information needed to complete the permit.

## Expedite Title V

1) Per Texas Health and Safety Code, Section 382.05155, does the applicant want to expedite the processing of this application?	No
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## Certification

I certify that I am the Responsible Official for this application and that, based on information and belief formed after reasonable inquiry, the statements and information on this form are true, accurate, and complete.

1. I am Jose Luis Gonzalez Garza SR, the owner of the STEERS account ER077515.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Title V New.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEC

OWNER OPERATOR Signature: Jose Luis Gonzalez Garza SR OWNER OPERATOR

Account Number:	ER077515
Signature IP Address:	199.200.76.98
Signature Date:	2025-04-02
Signature Hash:	7D863A5F2D7DBAA629FD0A7147AF4C3386E8DB9E4A783DB8B9C0198971E6CB6A
Form Hash Code at time of Signature:	7BCB4A57007FBB9D26B33B1C540C907883F447357D15D2C5ED5B8961E16A040B

## Submission

Reference Number:	The application reference number is 762139
Submitted by:	The application was submitted by ER077515/Jose Luis Gonzalez Garza SR
Submitted Timestamp:	The application was submitted on 2025-04-02 at 11:37:22 CDT
Submitted From:	The application was submitted from IP address 199.200.76.98
Confirmation Number:	The confirmation number is 643614
Steers Version:	The STEERS version is 6.89

## Additional Information

Application Creator: This account was created by Dean Pusch