



**Texas Commission on Environmental Quality**  
**Application Form for Municipal Solid Waste**  
**Permit or Registration Modification**  
**or Temporary Authorization**

**Application Tracking Information**

Facility Name: Bio Veitas, LLC

Permittee or Registrant Name: Bio Veitas, LLC

MSW Authorization Number: 40245

Initial Submission Date: 05/10/2010

Revision Date: 09/18/2024

Instructions for completing this form are provided in [form TCEQ-20650-instr<sup>1</sup>](#). If you have questions, contact the Municipal Solid Waste Permits Section by email to [REDACTED] 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**

☐ Modification with Public Notice ☐ Modification without Public Notice  
☐ Temporary Authorization (TA) ☒ 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 [www3.tceq.texas.gov/epay/](http://www3.tceq.texas.gov/epay/)

If paid online, enter ePay Trace Number: [REDACTED]

<sup>1</sup> [www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf](http://www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf)

## 5. Electronic Versions of Application

For modifications that require notice, TCEQ will publish electronic versions of the application online. Applicants must provide a clean copy of the administratively complete application and technically complete application. TCEQ will also publish electronic versions of NOD responses online.

## 6. Party Responsible for Mailing Notice

For modifications that require notice, indicate who will be responsible for mailing notice:

☒ Applicant

☐ Agent in Service

☐ Consultant

Contact Name: Sean Christopher Parks

Title: VP of HSE

Email Address: [REDACTED]

## 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: BioVeritas, LLC

Contact Name: Sean Christopher Parks

Title: VP of HSE

MSW Authorization Number (if existing): 40245

Regulated Entity Reference Number: **RN** 105303564

Physical or Street Address: 6150 Mumford Road

City: Bryan

County: Brazos

State: TX

Zip Code: 77807

Phone Number: 979-366-3250

Latitude (Degrees, Minutes, Seconds): 30.71083 N

Longitude (Degrees, Minutes, Seconds): 96.41674 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:

Name change from Terrabon Research Company, LLC to BioVeritas, LLC

## 11. Facility Contact Information

### Site Operator (Permittee or Registrant)

Name: Sean Christopher Parks

Customer Reference Number: **CN** 606025906

Contact Name: Chris Parks Title: VP of HSE

Mailing Address: 6150 Mumford Road

City: Bryan County: Brazos State: TX Zip Code: 77807

Phone Number: 832-495-9115

Email Address: [REDACTED]

Texas Secretary of State (SOS) Filing Number: \_\_\_\_\_

### Operator (if different from Site Operator)

Name: \_\_\_\_\_

Customer Reference Number: **CN** \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Texas Secretary of State (SOS) Filing Number: \_\_\_\_\_

**Consultant (if applicable)**

Firm Name: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

Texas Board of Professional Engineers Firm Registration Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agent in Service (required for out-of-state applicants)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 facility property?

☐ Yes ☐ No

If "No", provide the following information for other owners.

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_


Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 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: Sean Christopher Parks Title: VP of HSE  
Email Address: [REDACTED]  
Signature:  Date: 9-18-2024

### 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 \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

My commission expires on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_ County, Texas

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
<input type="checkbox"/> TCEQ Core Data Form(s)	
<input type="checkbox"/> Signatory Authority Delegation	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> 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.***

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

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

<b>Additional Attachments as Applicable (select all that apply and add others as needed)</b>	<b>Attachment Number</b>
<input type="checkbox"/> TCEQ Core Data Form(s)	
<input type="checkbox"/> Signatory Authority Delegation	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> 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	
Property Metes and Bounds Description	
Metes and Bounds Drawings	
On-Site Easements Drawing	
Land Ownership Map	
Land Ownership List	
Property Owner Affidavit	
Verification of Legal Status	
Evidence of Competency	

**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 type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Final Plat Record of Property	
<input type="checkbox"/> Assumed Name Certificate	





# 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

<b>1. Reason for Submission</b> (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 checked="" type="checkbox"/> Other <b>Name change on MSW permit 40245</b>
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 606025906		RN 105303564

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		9/18/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input checked="" 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>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
BioVeritas, LLC				Terrabon Research Company LLC	
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
0804378353		32082540868		87-2247858	N/A
<b>11. Type of Customer:</b>		<input checked="" 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 type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input checked="" 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 checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (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					
<b>15. Mailing Address:</b>		6150 Mumford Road			
City		Bryan		State	TX
ZIP		77807		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				[REDACTED]	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

BioVeritas, LLC

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

6150 Mumford Road

(No PO Boxes)

City	Bryan	State	TX	ZIP	77807	ZIP + 4	
------	-------	-------	----	-----	-------	---------	--

**24. County**

Brazos

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)

2869

325199

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

Chemicals manufacturing

**34. Mailing**

6150 Mumford Road

**Address:**

City	Bryan	State	TX	ZIP	77429	ZIP + 4	
------	-------	-------	----	-----	-------	---------	--

**35. E-Mail Address:****36. Telephone Number****37. Extension or Code****38. Fax Number** (if applicable)

( 979 ) 366-3250

( ) -

**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.

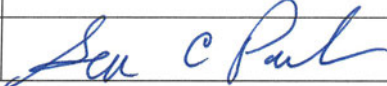
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source 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>	Sean Christopher Parks			<b>41. Title:</b>	Vice President of HSE/ IT
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 832 ) 495-9115		( ) -	[REDACTED]		

## **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>	BioVeritas, LLC	<b>Job Title:</b>	Vice President of HSE
<b>Name (In Print):</b>	Sean Christopher Parks	<b>Phone:</b>	( 832 ) 495- 9115
<b>Signature:</b>		<b>Date:</b>	9/18/2024

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:** 582EA000625917

**Date:** 09/18/2024 02:33 PM

**Payment Method:** CC - Authorization 0000S66902

**ePay Actor:** CHRIS PARKS

**Actor Email:** [REDACTED]

**IP:** 195.252.236.161

**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:** CHRIS PARKS

**Company:** BIOVERITAS LLC

**Address:** 6150 MUMFORD RD, CYPRESS, TX 77807

**Phone:** 832-495-9115

**Cart Items**

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
721842	MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE		\$100.00
721843	30 TAC 305.53B MWP NOTIFICATION FEE		\$50.00
<b>TCEQ Amount:</b>			<b>\$150.00</b>

[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.