



Wade M. Wheatley

Office: (737) 278-6521  
Mobile: (512) 508-1423  
Firm No: F-23820

Megan Henson  
Waste Permits Division  
Municipal Solid Waste Permit Section (MC-124)  
Texas Commission of Environmental Quality  
P.O. Box 13087  
Austin, TX 78711-3087

Re: Registration Transfer of Property Ownership and  
Update of Municipal Solid Waste Registration  
No. 40303  
Grand Prairie, Texas  
CN 603239476 / RN 105331318

April 18, 2025

Dear Ms. Henson:

On behalf of our clients, Oncore Technology, LLC and Sharps Environmental Services, Inc., Liberty Engineering, LLC requests a modification of Municipal Solid Waste (MSW) Registration No. 40303 in accordance with Title 30 of the Texas Administrative Code (30 TAC) §305.70(k)(13). The requested modification involves:

1. Transfer of ownership of MSW Registration No. 40303 to Sharps Environmental Services, Inc. from Oncore Technology, LLC
2. Change in operator of the facility to Sharps Environmental Services, Inc. from Oncore Technology, LLC
3. Change in property owner of the facility

MSW Registration No. 40303 is associated with the Oncore Technology facility located at 2613 Skyway Dr., Grand Prairie, Texas 75052.

Additionally, the transfer of Solid Waste Registration No. (SWR) 96281, which is associated with the facility, is requested.

Sharps Environmental Services, Inc. purchased the above-referenced facility on March 10, 2025, and desires to be authorized to operate the facility at the earliest possible date.

A list of the supporting documentation for this 30 TAC §305.70(k)(13) modification request and SWR 96281 transfer request is listed below and is enclosed in the form of one original and two copies of the following:

- Form TCEQ-20714, Waste Permits Division Correspondence Cover Sheet
- Form TCEQ-20650, Application Form for MSW Permit or Registration Modification or Temporary Authorization
- Attachment A: Land Ownership Map
- Attachment B: Land Ownership List
- Attachment C: Unmarked (revised) Pages and Marked (redlined/strikeout) - Registration Application, Property Legal Description, Property Metes and Bounds Description, On-Site Easements Drawing, Property Owner Affidavit;
- Attachment D: Form TCEQ-10400, Core Data Form – Sharps Environmental Services, Inc. & Form TCEQ-10400, Core Data Form – Oncore Technology

- Attachment E, Copy of Signatory Authority Delegation
- Attachment F, Fee Payment Receipt
- Attachment G, Verification of Legal Status
- TCEQ Form-00002, SWR 96281

Evidence of competency of transferee (30 TAC 330.59(f)) is not applicable and therefore, not included in the enclosure. This application is for a medical waste processing facility. 30 TAC Chapter 326 does not require the submittal of an Evidence of Competency with a medical waste processing facility application.

Should you have any questions or require additional information, please contact me at [REDACTED] or at 512-508-1423.

Sincerely,



Wade M. Wheatley, P.E.

Enclosure





# Texas Commission on Environmental Quality

## Waste Permits Division Correspondence

### Cover Sheet

Date: 04/08/2025

Facility Name: Oncore Technology

Permit or Registration No.: MSW 40303

Nature of Correspondence:

☒ Initial/New

☐ Response/Revision to TCEQ Tracking No.:  
\_\_\_\_\_ (from subject line of TCEQ letter  
regarding initial submission)

Affix this cover sheet to the front of your submission to the Waste Permits Division. Check appropriate box for type of correspondence. Contact WPD at (512) 239-2335 if you have questions regarding this form.

**Table 1 - Municipal Solid Waste Correspondence**

Applications	Reports and Notifications
<input type="checkbox"/> New Notice of Intent	<input type="checkbox"/> Alternative Daily Cover Report
<input type="checkbox"/> Notice of Intent Revision	<input type="checkbox"/> Closure Report
<input type="checkbox"/> New Permit (including Subchapter T)	<input type="checkbox"/> Compost Report
<input type="checkbox"/> New Registration (including Subchapter T)	<input type="checkbox"/> Groundwater Alternate Source Demonstration
<input type="checkbox"/> Major Amendment	<input type="checkbox"/> Groundwater Corrective Action
<input type="checkbox"/> Minor Amendment	<input type="checkbox"/> Groundwater Monitoring Report
<input type="checkbox"/> Limited Scope Major Amendment	<input type="checkbox"/> Groundwater Background Evaluation
<input type="checkbox"/> Notice Modification	<input type="checkbox"/> Landfill Gas Corrective Action
<input type="checkbox"/> Non-Notice Modification	<input type="checkbox"/> Landfill Gas Monitoring
<input checked="" type="checkbox"/> Transfer/Name Change Modification	<input type="checkbox"/> Liner Evaluation Report
<input type="checkbox"/> Temporary Authorization	<input type="checkbox"/> Soil Boring Plan
<input type="checkbox"/> Voluntary Revocation	<input type="checkbox"/> Special Waste Request
<input type="checkbox"/> Subchapter T Disturbance Non-Enclosed Structure	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

**Table 2 - Industrial & Hazardous Waste Correspondence**

Applications	Reports and Responses
<input type="checkbox"/> New	<input type="checkbox"/> Annual/Biennial Site Activity Report
<input type="checkbox"/> Renewal	<input type="checkbox"/> CPT Plan/Result
<input type="checkbox"/> Post-Closure Order	<input type="checkbox"/> Closure Certification/Report
<input type="checkbox"/> Major Amendment	<input type="checkbox"/> Construction Certification/Report
<input type="checkbox"/> Minor Amendment	<input type="checkbox"/> CPT Plan/Result
<input type="checkbox"/> CCR Registration	<input type="checkbox"/> Extension Request
<input type="checkbox"/> CCR Registration Major Amendment	<input type="checkbox"/> Groundwater Monitoring Report
<input type="checkbox"/> CCR Registration Minor Amendment	<input type="checkbox"/> Interim Status Change
<input type="checkbox"/> Class 3 Modification	<input type="checkbox"/> Interim Status Closure Plan
<input type="checkbox"/> Class 2 Modification	<input type="checkbox"/> Soil Core Monitoring Report
<input type="checkbox"/> Class 1 ED Modification	<input type="checkbox"/> Treatability Study
<input type="checkbox"/> Class 1 Modification	<input type="checkbox"/> Trial Burn Plan/Result
<input type="checkbox"/> Endorsement	<input type="checkbox"/> Unsaturated Zone Monitoring Report
<input type="checkbox"/> Temporary Authorization	<input type="checkbox"/> Waste Minimization Report
<input type="checkbox"/> Voluntary Revocation	<input type="checkbox"/> Other:
<input type="checkbox"/> 335.6 Notification	
<input type="checkbox"/> Other:	



# Texas Commission on Environmental Quality

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

### Application Tracking Information

Facility Name: Oncore Technology  
Permittee or Registrant Name: Sharps Environmental Services Inc  
MSW Authorization Number: 40303  
Initial Submission Date: 04/08/2025  
Revision Date: \_\_\_\_\_

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: 582EA000663765

<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: Daniel Durski

Title: Chief Financial Officer

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: Oncore Technology

Contact Name: Daniel Durski Title: Chief Financial Officer

MSW Authorization Number (if existing): 40303

Regulated Entity Reference Number: **RN** 105331318

Physical or Street Address: 2613 Skyway Drive

City: Grand Prairie County: Tarrant State: TX Zip Code: 75052

Phone Number: 713-352-3360

Latitude (Degrees, Minutes, Seconds): 32° 42' 18" N

Longitude (Degrees, Minutes, Seconds): 97° 03' 03"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:

A transfer of facility ownership is requested through 30 TAC 305.70(k)(13). This modification includes the transfer of facility owner, operator, and property owner.

## 11. Facility Contact Information

### Site Operator (Permittee or Registrant)

Name: Sharps Environmental Services Inc  
Customer Reference Number: **CN** 603013210  
Contact Name: Daniel Durski Title: Chief Financial Officer  
Mailing Address: 9220 Kirby Drive Suite 500  
City: Houston County: Harris State: TX Zip Code: 77054  
Phone Number: 713-352-3360  
Email Address: [REDACTED]  
Texas Secretary of State (SOS) Filing Number: 0013287806

### Operator (if different from Site Operator)

Name: See Site Operator  
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: Liberty Engineering, LLC  
Consultant Name: Wade M. Wheatley, P.E.  
Texas Board of Professional Engineers Firm Registration Number: F-23820  
Contact Name: Wade M. Wheatley Title: President  
Mailing Address: PO Box 1534  
City: Georgetown County: Williamson State: TX Zip Code: 78627  
Phone Number: 512 508-1423  
Email Address: [REDACTED]

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

Name: Not applicable  
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: Red Oak Dreams, LLC  
Mailing Address: 119 Red Oak Lane  
City: Flower Mound County: Denton State: TX Zip Code: 75028  
Phone Number: 469-360-3918  
Email Address: [REDACTED]

## 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: Daniel Durski Title: CFO  
Email Address: [REDACTED]  
Signature: [Signature] Date: 04/14/2025

### 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 Wade M. Wheatley 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: Daniel Durski  
Email Address: [REDACTED]  
Signature: [Signature] Date: 04/14/2025

### Notary

SUBSCRIBED AND SWORN to before me by the said [Signature]

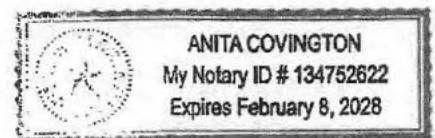
On this 14 day of April, 2025

My commission expires on the 8 day of February, 2028

Anita Covington

Notary Public in and for

Harris County, Texas



Note: Application Must Bear Signature and Seal of Notary Public



## 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: R. Mason Bryant Title: Vice President

Email Address: [REDACTED]

Signature: [Signature] Date: 4/14/2025

### 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 Wade M. Wheatley 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: R. Mason Bryant

Email Address: [REDACTED]

Signature: [Signature] Date: 4/14/2025

### Notary

SUBSCRIBED AND SWORN to before me by the said \_\_\_\_\_

On this 14<sup>th</sup> day of April, 2025

My commission expires on the 31 day of January, 2027

[Signature]

Notary Public in and for

Tarrant County 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)	D
Property Legal Description	C
Property Metes and Bounds Description	C
Metes and Bounds Drawings	C
On-Site Easements Drawing	C
Land Ownership Map	A
Land Ownership List	B
Property Owner Affidavit	C
Verification of Legal Status	G
Evidence of Competency	N/A

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

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input checked="" type="checkbox"/> Signatory Authority Delegation	E
<input checked="" type="checkbox"/> Fee Payment Receipt	F
<input type="checkbox"/> Confidential Documents	
<input checked="" type="checkbox"/> Final Plat Record of Property	C
<input type="checkbox"/> Assumed Name Certificate	

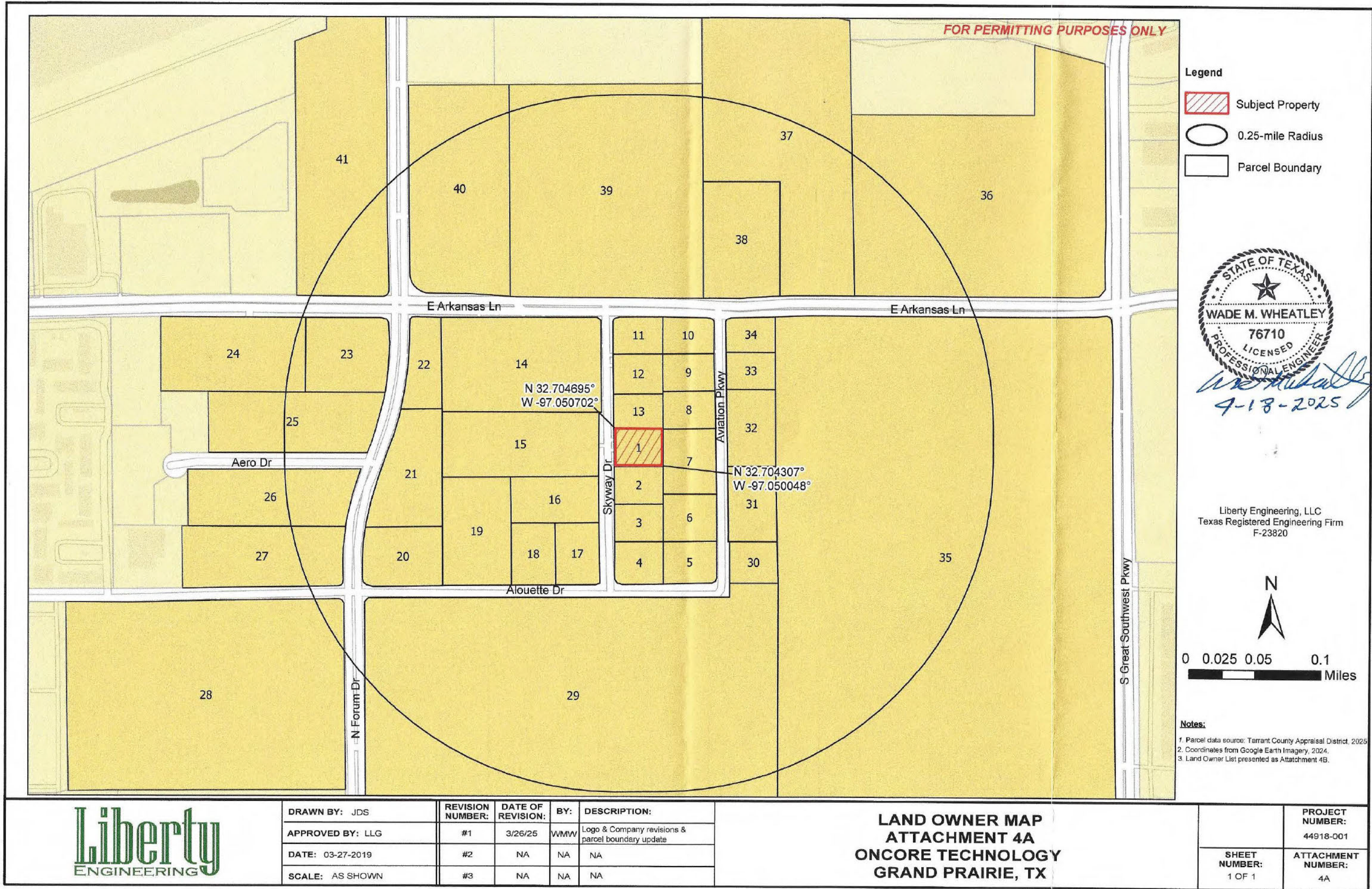
---

**ATTACHMENT A**

**LAND OWNERSHIP MAP**

---







---

**ATTACHMENT B**  
**LAND OWNERSHIP LIST**

---

1. RED OAK DREAMS LLC  
119 RED OAK LN  
FLOWER MOUND, TX 75028
2. 2617/19 SKYWAY LTD  
2619 SKYWAY DR  
GRAND PRAIRIE, TX 75052
3. HA, HIEU V  
2808 MARTSY CT  
ARLINGTON, TX 76014
4. MARTIN, STEPHEN P  
8021 W HIGHLAND RD  
RED OAK, TX 75154
5. SC DOUBLE I LP  
432 W FORK DR  
ARLINGTON, TX 76012
6. SC DOUBLE I LP  
432 W FORK DR  
ARLINGTON, TX 76012
7. AVIATION PARKWAY LTD  
PO BOX 393  
BRANCH, LA 70516
8. BPH LEASING,L.L.C.  
2610 AVIATION PKWY  
GRAND PRAIRIE, TX 75052
9. DRAGGINTAIL LLC  
13425 FM 916  
GRANDVIEW, TX 76050
10. REN GROUP LLC  
4317 GRASSMERE  
DALLAS, TX 75205
11. BARDIN WAY LLC  
2216 HOBBY FALCON TRL  
GRAND PRAIRIE, TX 75052
12. METAL FINISHING ACQUISITION  
204 S 6TH AVE  
MANSFIELD, TX 76063

13. 2609 SKYWAY LP  
PO BOX 151505  
ARLINGTON, TX 76015
14. LINCOLN DE LP  
14 SYLVAN WAY STE A  
PARSIPPANY, NJ 7054
15. SKYWAY LEGACY LLC  
1510 GINA DR  
ARLINGTON, TX 76013
16. JUDE CAPITAL LLC  
600 S 2ND AVE  
MANSFIELD, TX 76063
17. HONG HOA INVESTMENT LLC  
2702 ALOUETTE DR  
GRAND PRAIRIE, TX 75052
18. JUDE DEVELOPMENT LLC  
600 S 2ND AVE  
MANSFIELD, TX 76063
19. METALABS LLC  
1400 E 9TH ST  
KANSAS CITY, MO 64106
20. DES VENTURES LTD  
PO BOX 40  
ARLINGTON, TX 76004
21. HOLT TEXAS PROPERTIES INC  
PO BOX 207916  
SAN ANTONIO, TX 78220
22. LASELEC INC  
2605 N FORUM DR  
GRAND PRAIRIE, TX 75052
23. CNK-SOLUTIONS LLC  
2702 ALOUETTE DR  
GRAND PRAIRIE, TX 75052
24. GRACEWAY CHURCH IN ARLINGTON  
PO BOX 1854  
ARLINGTON, TX 76004



25. MRI ACL PORTFOLIO INVEST FUND  
1745 S ALMA SCHOOL RD STE 160  
MESA, AZ 85210
26. MRI ACL PORTFOLIO INVEST FUND  
1745 S ALMA SCHOOL RD STE 160  
MESA, AZ 85210
27. RED BALL OXYGEN CO INC  
PO BOX 7316  
SHREVEPORT, LA 71137
28. LNT DENVER (MULTI) LLC  
888 7TH AVE 4TH FLR  
NEW YORK, NY 10019
29. AMERICAN EUROCOPTER LLC  
2701 N FORUM DR  
GRAND PRAIRIE, TX 75052
30. BPH LEASING LLC  
2610 AVIATION PKWY  
GRAND PRAIRIE, TX 75052
31. OPTIMA AERO USA PROPERTY LLC  
2617 AVIATION PKWY  
GRAND PRAIRIE, TX 75052
32. SC DOUBLE I LP  
432 WEST FORK DR  
ARLINGTON, TX 76012
33. SC DOUBLE I LP  
432 W FORK DR  
ARLINGTON, TX 76012
34. SC DOUBLE I LP  
432 W FORK DR  
ARLINGTON, TX 76012
35. GRAND PRAIRIE  
PO BOX 534045  
GRAND PRARIE, TX 75053
36. BLUSV I GSW PARKWAY LLC  
111 E SEGO LILY DR SUITE 400  
SALT LAKE CITY, UT 84070

37. DFW MIDSTREAM SERVICES LLC  
910 LOUISIANA ST STE 4200  
HOUSTON, TX 77002

38. JAMES CAMPBELL COMPANY LLC  
1001 KAMOKILA BLVD  
KAPOLEI, HI 96707

39. 3301 ARKANSAS LLC  
2727 W 7TH ST STE 210  
FORT WORTH, TX 76107

40. JAMES CAMPBELL COMPANY LLC  
1001 KAMOKILA BLVD  
KAPOLEI, HI 96707

41. FORUM DRIVE INDUSTRIAL PROPERT  
100 DUNBAR ST SUITE 100  
SPARTANBURG, SC 29306

---

**ATTACHMENT C**

**UNMARKED (REVISED) PAGES**

---



**Texas Commission on Environmental Quality**  
**Application for a Medical Waste Registration**  
**Oncore Technology**  
**Registration 40303**  
**Grand Prairie, Tarrant County, Texas**

April 18, 2019

Rev. 1: June 5, 2019

Rev. 2: April 8, 2025

Prepared for

Sharps Environmental Services Inc

9220 Kirby Drive, Suite 500 Houston, Texas 77054

Prepared by

Wade M. Wheatley, P.E., President

Liberty Engineering, LLC

Texas-Registered Engineering Firm No. F-2382

P.O. Box 1534

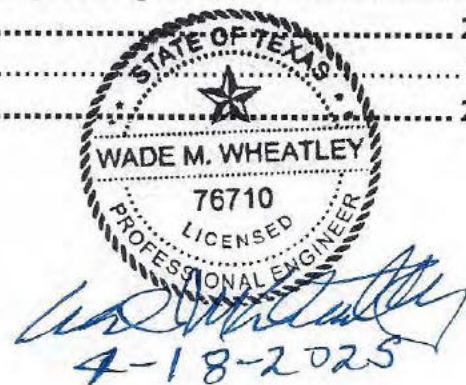
Georgetown, Texas 78627



*Wade M. Wheatley*  
4-18-2025

## Table of Contents

<b>Section 1— General Information .....</b>	<b>3</b>
1.1 Facility Information (must match regulated entity information on Core Data Form) .....	3
1.2 Applicant Information .....	3
1.3 Governmental Entities Information .....	4
1.4 Posting of Application on Website [30 TAC §326.69(e)] .....	6
1.5 Copy of Application for Public Viewing .....	6
1.6 Notice of Opportunity to Request Public Meeting .....	7
1.7 Application Fee .....	7
1.8 Facility Supervisor's License [30 TAC §326.71(c)] .....	7
<b>Section 2— Facility Design Information .....</b>	<b>8</b>
2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)] .....	8
2.2 Transportation [30 TAC §326.71(e)] .....	9
2.3 Floodplain and Wetlands [30 TAC §326.71(f)] .....	10
2.4 Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)] .....	11
2.5 Waste Management Unit Designs [30 TAC §326.71(i)] .....	12
2.6 Treatment Requirements [30 TAC §326.71(j)] .....	13
<b>Section 3— Facility Closure .....</b>	<b>14</b>
3.1 Closure Plan [30 TAC §326.71(k)] .....	14
3.2 Closure Cost Estimate [30 TAC §326.71(m)] .....	14
<b>Section 4— Site Operating Plan .....</b>	<b>17</b>
4.1 General [30 TAC §326.75(a)] .....	17
4.2 Waste Acceptance [30 TAC §326.75(b)] .....	18
4.3 Generated Waste [30 TAC §326.75(c)] .....	19
4.4 Access Control [30 TAC §326.75(g)] .....	20
4.5 Operating Hours [(30 TAC §326.75(i)] .....	20
<b>Section 5— Other Site Operating Plan, Financial Assurance, and Closure Requirements.....</b>	<b>22</b>
<b>Section 6— Applicant Certification and Signature .....</b>	<b>23</b>
Certification by Applicant or Authorized Signatory [30 TAC §305.44] .....	23
Applicant's Delegation of Signature Authority [30 TAC §305.43] .....	23
<b>Section 7— Property Owner Affidavit .....</b>	<b>24</b>
Affidavit [30 TAC §326.71(b)] .....	24
<b>Attachments .....</b>	<b>25</b>





## Section 1—General Information

### 1.1 Facility Information (must match regulated entity information on Core Data Form)

Facility Name: Oncore Technology

Regulated Entity Reference No. (if issued): RN105331318

Physical or Street Address (if available): 2613 Skyway Drive

City: Grand Prairie County: Tarrant State: TX Zip Code: 75052

(Area Code) Telephone Number: 972-786-7061 Email Address: [REDACTED]

Latitude (Degrees, Minutes, Seconds, or Decimal Degrees): 32° 42' 18"

Longitude (Degree, Minutes, Seconds, or Decimal Degrees): 97° 03' 03"

Activities Conducted at the Facility (check all that apply)

☒ Storage ☒ Treatment ☒ Transfer ☐ Other: \_\_\_\_\_

Describe the location of the facility with respect to known or easily identifiable landmarks:

Near Grand Prairie Municipal Airport. Located in Airport Industrial Park, near State Highway 360/Interstate 20.

Detail access routes from the nearest United States or state highway to the facility:

Less than 1 mile from State Highway 360 and less than 3 miles from Interstate 20.

### 1.2 Applicant Information

The owner of a facility is the applicant, to whom the registration would be issued.

**Owner of Facility (must match customer information on Core Data Form)**

Owner Name: Sharps Environmental Services, Inc.

Contact Person's Name: Daniel Durski Title: Chief Financial Officer

Customer Reference No. (if issued): CN603013210

Mailing Address: 9220 Kirby Drive STE 500

City: Houston County: Harris State: TX Zip Code: 77054

(Area Code) Telephone Number: 713-352-3360 Email Address: [REDACTED]



**Operator of Facility (if not the same as Owner of Facility)**

Operator Name: Same as Owner

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Customer Reference No. (if issued): CN \_\_\_\_\_

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

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

(Area Code) Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Consultant (if applicable)**

Firm Name: Liberty Engineering, LLC

Texas Board of Professional Engineers Firm Registration Number: F-23820

Contact Person's Name:  
Wade M. Wheatley, P.E. Title: President

Texas Board of Professional Engineers License Number (if applicable): \_\_\_\_\_

Mailing Address: PO Box 1534

City: Georgetown County: Williamson State: TX Zip Code: 78627

(Area Code) Telephone Number: 512 508-1423 Email Address: \_\_\_\_\_

**1.3 Governmental Entities Information**

**Texas Department of Transportation**

District: Forth Worth District

District Engineer's Name: David Salazar, P.E.

Street Address or P.O. Box: 2501 SW Loop 820

City: Fort Worth County: Tarrant State: TX Zip Code: 76133

(Area Code) Telephone Number: 8173706500 Email Address: \_\_\_\_\_

**Local Government Authority Responsible for Road Maintenance (if applicable)**

Agency Name: City of Grand Prairie

Contact Person's Name: Leland Miller, Street Services Manager

Street Address or P.O. Box: 1821 South Highway 161

City: Grand Prairie County: Tarrant State: TX Zip Code: 75050

(Area Code) Telephone Number: 972-237-8529 Email Address: \_\_\_\_\_

**City Mayor**

City Name: City of Grand Prairie

City Mayor's Name: Ron Jensen

Mailing Address: 317 West College Street

City: Grand Prairie County: Tarrant State: TX Zip Code: 75053

(Area Code) Telephone Number: 972-237-8022 Email Address: \_\_\_\_\_

**Council of Governments (COG)**

COG Name: North Texas Council of Governments

COG Representative's Name: R. Michael Eastland

COG Representative's Title: Director

Street Address or P.O. Box: 616 Six Flags Drive

City: Arlington County: Tarrant State: TX Zip Code: 76005

(Area Code) Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Local Government Jurisdiction**

Is the facility located outside the territorial limits or extraterritorial jurisdiction of a city or town? (30 TAC §326.67(a)) Yes ☐ No ☒

If yes, and county requires a license, you must obtain a license from the county, and the county must send a copy of the license to the appropriate TCEQ regional office.

**City Health Authority (if applicable)**

Agency Name: City of Grand Prairie Environmental Services

Contact Person's Name: \_\_\_\_\_

Street Address or P.O. Box: 2016 West Church Street, 2<sup>nd</sup> Floor

City: Grand Prairie County: Tarrant State: TX Zip Code: 75053

(Area Code) Telephone Number: 972-237-8055 Email Address: \_\_\_\_\_

**County Judge Information**

County Judge's Name: Tim O'Hare

Street Address or P.O. Box: 100 East Weatherford Street

City: Fort Worth County: Tarrant State: TX Zip Code: 76196

(Area Code) Telephone Number: 817-884-1441 Email Address: \_\_\_\_\_



**County Health Authority (if applicable)**

Agency Name: Tarrant County Public Health Department

Contact Person's Name: Brian Byrd, Director

Street Address or P.O. Box: 1101 South Main Street

City: Fort Worth County: Tarrant State: TX Zip Code: 76104

(Area Code) Telephone Number: 817-248-6299 Email Address: \_\_\_\_\_

**State Representative**

House District Number: 101

Representative's Name: Representative Chris Turner

District Office Address: 320 Westway Place, Suite 501

City: Arlington County: Tarrant State: TX Zip Code: 76018

(Area Code) Telephone Number: 817-459-2800 Email Address: \_\_\_\_\_

**State Senator**

Senate District Number: 9

State Senator's Name: Senator Kelly Hancock

District Office Address: 306 West Seventh Street, Suite 508

City: Fort Worth County: Tarrant State: TX Zip Code: 76102

(Area Code) Telephone Number: 817-332-1131 Email Address: \_\_\_\_\_

**1.4 Posting of Application on Website [30 TAC §326.69(e)]**

Provide the web address (URL) of the publicly accessible internet website where the application and all revisions will be posted:

http://www.oncoreus.com/registration

**1.5 Copy of Application for Public Viewing**

Name of the Public Place: Grand Prairie Public Library

Physical Address: 901 Conover Dr.

City: Grand Prairie County: Tarrant State: TX Zip Code: 75051

(Area Code) Telephone Number: 972-237-5700



## Section 2—Facility Design Information

### 2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)]

**This section addresses the facility's impacts on cities, communities, groups of property owners, or individuals (attach additional pages to answer the following questions, if necessary):**

**Describe the character of the surrounding area land uses within one mile of the facility:**

This Type V Medical Waste Processing Facility is an **existing facility** that does not adversely impact human health or the environment.

Information about the character of surrounding land uses are apparent on the Land Use Map, presented as **Attachment 3A**. Land uses immediately adjacent to the Facility are light industrial. The Facility is situated within an industrial park zoned for light industrial use. Uses include, but are not limited to, metal plating companies, automotive repair, warehousing, and heavy manufacturing. Grand Prairie Municipal Airport is approximately 500 feet east of the Facility, as illustrated on the General Location Map presented as **Attachment 1**.

**Identify growth trends within five miles of the facility with directions of major development:**

The City of Grand Prairie as a whole grew at an annual rate of 1.3% during 2016 according to population estimates published by the North Central Texas Council of Governments (NCTOG). Based on information provided by the City of Grand Prairie Planning Department, the majority of growth in the City is occurring south of Interstate 20. The area north of Interstate 20 (including the facility location) has largely been developed, though infilling continues to occur in this area.

**Indicate the approximate number of residences and other uses (e.g. schools, churches, cemeteries, historic structures and commercial sites, etc.) within one mile of the facility:**

Several residences exist within one mile of the Facility as depicted on the Land Use Map, presented as **Attachment 3A**. The nearest residence is a multi-family housing complex located approximately 0.4 miles west of the site. Additionally, a single-family home subdivision is located approximately 0.5 miles northeast of the site. The nearest church and school are located approximately 0.45 miles northeast and 0.7 miles east of the Facility, respectively. A charter school is located approximately 0.9 miles southwest of the Facility. There are approximately 4200 residences and 220 commercial establishments within a 1-mile radius.

**Indicate the distance to the nearest residence(s):** 0.4 ☐ feet ☒ miles

**Provide directions to the nearest residence(s)**



## Section 3—Facility Closure

### 3.1 Closure Plan [30 TAC §326.71(k)]

**The operator must comply with the closure requirements listed in 30 TAC §326.71(k).**

**List other activities that the facility will conduct during closure, if any (attach additional pages to answer this question if necessary):**

This is an existing facility and the previously approved Closure Plan was modified to reference §326.71(k).

Upon closure, all waste, waste residues, and any recovered materials will be removed from the Facility by the owner or operator. Waste processing units will be decontaminated, dismantled and removed from the site. The owner or operator will evacuate all material on-site to an authorized facility and disinfect all processing areas and post-processing areas. The owner or operator will complete closure of the facility within 180 days following the last acceptance of processed or unprocessed materials, unless otherwise directed or approved in writing by the executive director. No later than 90 days prior to the initiation of Facility closure, the owner or operator will, through a public notice in the newspaper(s) of largest circulation in the vicinity of the Facility, provide public notice for final Facility closure. The notice will include the name, address, and physical location of the Facility; the permit, registration, or notification number, as appropriate, and the number of copies of the approved final closure and post-closure plans for public access and review. The owner or operator will also provide written notification to the executive director of the intent to close the Facility and will place this notice of intent in the operating record. In addition to notification of the executive director, a minimum of one sign will be posted at the main entrance and all other frequently used points of access for the Facility, notifying all persons who may utilize the facility of the date of closing for the entire Facility and the prohibition against further receipt of waste materials after the stated date. Further, suitable barriers will be installed at all gates and access points to adequately prevent the unauthorized dumping of waste at the closed Facility. Within ten days of completing final closure activities at the Facility, the owner and operator will submit a certification, signed by an independent licensed professional engineer, verifying that final Facility closure has been completed in accordance with the approved Closure Plan. The owner or operator will submit to the executive director all applicable documentation necessary for certification of final Facility closure. Upon final closure of this Facility, the owner or operator will request a voluntary revocation of the facility registration.

### 3.2 Closure Cost Estimate [30 TAC §326.71(m)]

**Provide itemized closure cost estimates in Table 4. The cost estimates must meet the requirements listed in 30 TAC §326.71(m).**

This modification proposes an increase in capacity which requires updating the closure cost estimate. Please see updated closure cost estimates in **Table 4**. The closure cost estimate is in accordance with 30 TAC §326.71(m).



## Section 4—Site Operating Plan

### 4.1 General [30 TAC §326.75(a)]

**Provide the function and minimum qualifications for each category of key personnel to be employed at the facility including supervisory personnel in the chain of command (attach additional pages to answer this question if necessary):**

The facility will employ three categories of key personnel for day-to-day operations. These categories include:

Manager - The Treatment Facility is managed by a Facility Manager; who is directly responsible to the Facility. The Manager oversees the responsibilities for the "day to day" operations of the Facility. The Facility Manager is experienced and trained in the handling and disposal of medical waste, including the actual handling of the medical waste (transfer and storage operations); the medical waste processing and treatment operations; the regulatory documentation of the operation; the physical and environmental safety of the Facility; and safety training of Facility personnel. The Facility Manager will receive at least 16 contact hours (2 days) per year of educational classes relating to regulatory and industry procedures concerning medical waste handling, disposal, and safety issues. The classes are sponsored by waste industry organizations, regulatory agencies, and professional engineering/management societies. The Facility Manager will be required to have at a minimum a Class B License in accordance with 30 TAC §30.213.

The Facility Manager hires all necessary personnel to work at the Facility. The various requirements of the Facility will include personnel involved with the collection, handling, transfer, treatment, processing, and weighting of the medical waste; and office personnel involved with regulatory documentation and general office functions. The number of personnel working at the Facility at any given time will vary with the quantity of waste to be handled.

Waste Handlers - The Waste Handlers function in daily operations is to control facility access and screens incoming waste. The Waste Handler operates the facility in compliance with the TCEQ-approved Site Operating Plan as well as the company's Standard Operating Procedures which do not require a TCEQ authorization. Items under the Waste Handler's purview includes but is not limited to: equipment operation, manages waste flow, container flow and facility housekeeping. The Waste Handler may act as Records Administrator or Manager if the need warrants. The minimum qualification for Waste Handlers is general facility and regulatory knowledge.

Records Administrators -The Records Administrator controls recordkeeping and reporting. Assists with maintaining the facility operating record as described in §326.75(e). The Records Administrator may act as the Waste Handler or Manager if the need warrants. The minimum qualification for Records Administrators is general facility and regulatory knowledge.

**Describe the procedures that the operating personnel will follow for the detection and prevention regarding the receipt of prohibited wastes, including random**



**inspections of packaging of incoming loads, records, and training (attach additional pages to answer this question if necessary):**

Various procedures to detect and control the receipt of prohibited wastes will be implemented at the facility. These procedures include but are not limited to: 1) random inspections of packaging for incoming loads; 2) recording inspections and inspection results; 3) training for appropriate facility personnel responsible for inspecting or observing loads to recognize prohibited waste and informing facility customers of prohibited wastes. Facility personnel may inform waste transportation drivers of facility requirements and screening for prohibited wastes. Information regarding the prohibited wastes may be posted on facility signs or provided as a written list to customers and drivers.

If facility personnel identify prohibited waste or portions of prohibited waste within a collection vehicle, that vehicle or portions of waste within that vehicle will be rejected and immediately sent back to the waste generator.

<b>4.2 Waste Acceptance [30 TAC §326.75(b)]</b>
-------------------------------------------------

**Describe all sources and characteristics of medical wastes to be received for storage and processing or disposal (attach additional pages to answer this question if necessary):**

This is an existing Type V Medical Waste Processing Facility accepts and processes medical waste as defined in §326.3(23), including animal waste, bulk blood, bulk human blood, bulk human body fluids, and sharps or other healthcare-related items that have come into contact with body fluids and/or blood. Regulated hazardous wastes will not be accepted or processed at the Facility. Pathological, pharmaceutical, and chemotherapeutic wastes will not be processed at the Facility but will be accepted for temporary storage and transfer to an appropriately permitted facility for processing. Only properly packaged and labeled pathological, pharmaceutical, and chemotherapeutic wastes will be accepted for transfer to an appropriately registered incineration facility. Untreated waste in storage for <72 hours is refrigerated. Acceptable medical waste will generally originate from health care institutions, hospitals, physician's offices, clinics, labs, and veterinary facilities in Texas. All medical waste will be transported by either the owner or operator or other properly registered haulers per §326.23. Waste received by the Facility will be accompanied by an approved manifest identifying the generator, address of origin, and number of containers.

A radiation detector is used to identify unacceptable radioactive wastes. Trained Facility staff inspects each load of incoming waste to prevent prohibited wastes from being accepted at the facility. If unacceptable wastes are identified (such as radioactive or hazardous) via inspection or detection equipment, they will be refused and returned to their place of origin for proper handling. Since commencing trial operations in late February 2007, the Facility has received no waste requiring refusal.

There are no waste constituents or characteristics that could be a limiting parameter that may impact or influence the design and operation of this Facility, thus no parameter limitations are specified herein.

**Describe the sources and characteristics of recyclable materials, if applicable, to be received for storage and processing (attach additional pages to answer this question if necessary):**



Initial Application Submittal Date 4/18/2019

Rev. 1: 06/05/2019

Rev. 2: 04/08/2025

**Single Use Instruments Collection System:** The Facility will collect, sort, and ship single use instruments for reprocessing at an approved facility. Single use instruments are generally mixed with waste in sharps containers at healthcare facilities. Sharps containers will be collected and transported from healthcare providers (as described above) to the Facility. Sharps containers will be emptied using a mechanical system and sorted through manually to identify and segregate reusable instruments. Reusable instruments will then be properly boxed and shipped to an approved instrument reprocessing company.

**Maximum amount of waste to be received daily:** 18 ☐ pounds/day ☒ tons /day

**Maximum amount of waste to be stored at any point in time:** 18 ☐ pounds ☒ tons

**Maximum length of time waste is to remain at the facility:** 7 ☐ hours ☒ days

**Specify the maximum time that unprocessed and processed wastes will be allowed to remain on-site:**

**Processed:** 7 ☐ hours ☒ days

**Unprocessed:** On average, untreated medical waste is stored on-site less than 24 hours. The maximum allowable period of time that unprocessed medical waste will remain refrigerated at the facility before treatment is 7 days.

7 ☐ hours ☒ days

**Identify the intended disposition of processed and unprocessed waste received at the facility (attach additional pages to answer this question if necessary):**

Treated waste will be sent to a TCEQ approved municipal solid waste landfill for disposal. Untreated medical waste will be managed in accordance with 25 TAC Subchapter K and applicable sections found in 30 TAC Chapter 326.

#### **4.3 Generated Waste [30 TAC §326.75(c)]**

**Describe how all liquids and solid waste resulting from the facility operations will be disposed of in a manner that will not cause surface water and groundwater pollution (attach additional pages to answer this question if necessary):**

All process and wash water will be either placed back into the processing unit or will be pumped into an on-site wastewater storage container until properly disposed at a TCEQ-authorized facility. Management of process water will be in accordance with Local, State, and Federal requirements. All necessary authorizations and approvals will be obtained and retained within the operating record at the site and a copy will be provided to the TCEQ. All solid waste resulting from the operation of the facility will be disposed of in a manner that will not cause surface water or groundwater pollution. All solid waste will be disposed of in accordance with §326.41(c).



#### **4.4 Access Control [30 TAC §326.75(g)]**

**Describe how public access to the facility will be controlled (attach additional pages to answer this question if necessary):**

Access controls have not changed since the previously approved registration modification; approved March 7, 2013.

Access to the facility will be controlled by a minimum six (6) foot tall chain-link fence with entrance gates that will be locked when the facility is not in operation. The building has lockable doors and bay doors, which will be closed and locked when not in use. An attendant shall be on-site during operating hours and when waste is being loaded or unloaded to/ from vehicles. Waste storage units, including refrigeration units and transport units storing waste will be located within the perimeter fencing, but not within the buffer zone or any easements or right-of-way crossing the facility.

**Describe how access roads and parking areas will be maintained to control dust and prevent mud from being track off-site (attach additional pages to answer this question if necessary):**

Access conditions have not changed since the previously approved registration modification; approved March 7, 2013.

Due to all-weather surfaces at the facility, dust from on-site and other access roadways becoming a nuisance to surrounding areas is not anticipated. In the event that there is a problem related to windblown dust, water will be used to control windblown dust. Within the facility, a standard garden hose connected to an on-site water source may be sufficient to apply water.

All on-site and other access roadways will be maintained on a regular basis to minimize depressions, ruts, and potholes, as appropriate. Off-site access roads and their repairs are under the jurisdiction of City of Grand Prairie and/or the Texas Department of Transportation.

**Access to the facility will be controlled by a perimeter fence, with lockable gates. Identify or describe the type of fence that will be installed at the facility:**

☐ A four-foot-high barbed wire fence;

☒ A six-foot-high chain-link fence; or

☐ Other: \_\_\_\_\_

#### **4.5 Operating Hours [(30 TAC §326.75(i))]**

**Provide the operating hours of the facility; include justification for hours outside of 7:00 a.m. to 7:00 p.m., Monday through Friday:**

Waste acceptance and transfer hours for the Facility and commercial waste transportation companies are 24 hours per day, seven days per week. Operating hours for waste processing units is 24 hours per day, seven days per week. The Facility may conduct operations for maintenance and housekeeping, as needed, 24 hours per day, seven days per week. Customer and business needs necessitate the operating hours requested.



Initial Application Submittal Date 4/18/2019

Rev. 1: 06/05/2019

Rev. 2: 04/08/2025

**List the alternative operating hours, if any, of up to five days in a calendar-year period:**

The Facility does not anticipate the need for alternative operating hours for special occasions, special purpose events, holidays, or other special occurrences as this facility is approved for 24 hours per day, seven days per week.

## 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: Red Oak Dreams, LLC

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

Date: 4-14-25

### Notarization

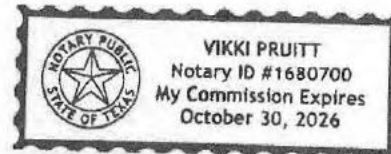
SUBSCRIBED AND SWORN to before me by the said \_\_\_\_\_

On this 14 day of April 2025

My commission expires on the 30 day of October 2026

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

Dallas County, Texas







REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
#1	3/26/25	WMW	Only logos & company revised
#2	NA	N	NA
#3	NA	NA	NA

### Legend

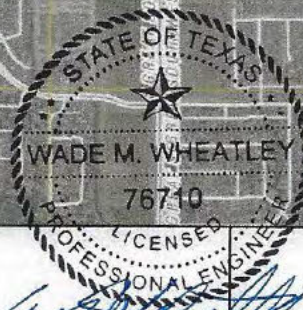
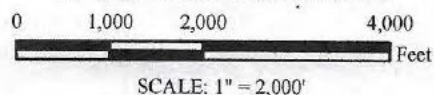
Approximate Site Boundary

### Notes:

1. Coordinates from Google Earth Imagery, 2018

Drawn by: JDS	Reviewed by: LLG
Date: 03-22-2019	
Project No.: 44918-001	

Source: USGS 7.5' Quadrangle  
Topographic Map, Arlington, TX (2010)



### Attachment 1 General Location Map

Oncore Technology  
Grand Prairie, Texas

**Liberty**  
ENGINEERING





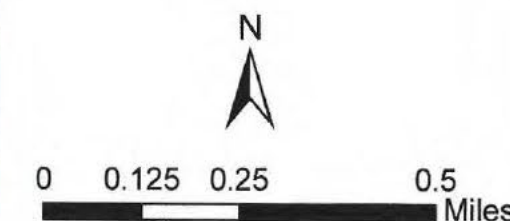




# Legend

- Approximate Site Boundary
-  Church
-  School
-  Day-Care Facility
-  Historical Site
-  Oil or Gas Well
-  1-mile Radius
-  Parcel Boundary
-  Pond or Lake

  
 WADE M. WHEATLEY  
 76710  
 LICENSED PROFESSIONAL ENGINEER  
 Liberty Engineering, LLC  
 Texas Registered Engineering Firm  
 F-23820



## Notes:

1. Land use source: North Central Texas Council of Governments, 2015.
2. Parcel data source: Tarrant County Appraisal District, 2019.
3. Oil and gas data source: Texas Railroad Commission, 2019.
4. School, church, historical site, day-care facility, and surface water data source: Google Maps, 2019.
5. Zoning presented on "Attachment 3B Zoning Map"
6. Coordinates from Google Earth Imagery, 2018.

Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Malaysia), MappyIndia, NGCC, © OpenStreetMap contributors, and the GIS User Community



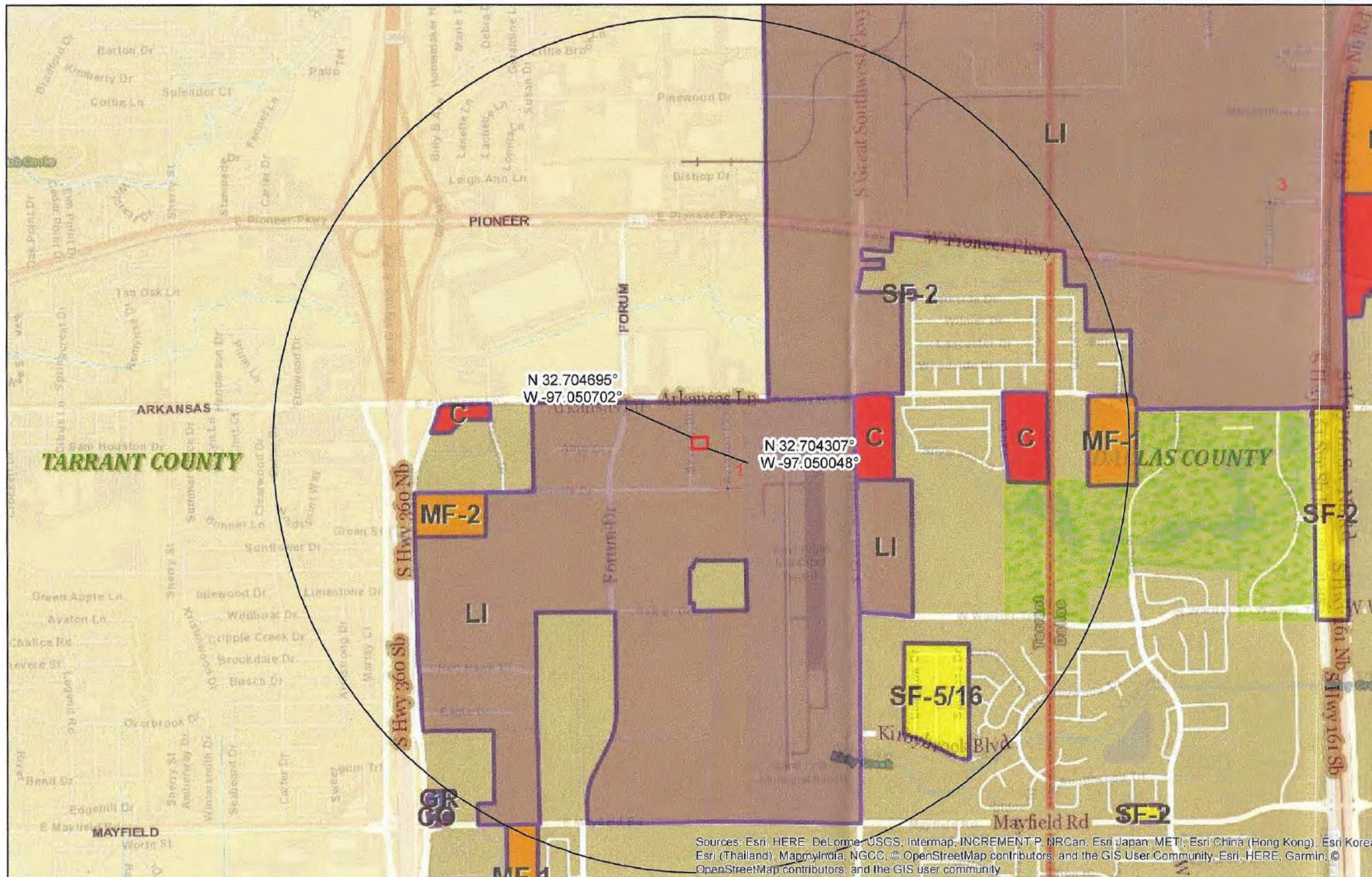
DRAWN BY: JDS	REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
APPROVED BY: LLG	#1	3/26/25	WMW	Only logos & company revised
DATE: 03-27-2019	#2	NA	N	NA
SCALE: AS SHOWN	#3	NA	NA	NA

## LAND USE MAP ATTACHMENT 3A ONCORE TECHNOLOGY GRAND PRAIRIE, TX

PROJECT NUMBER: 44918-001	ATTACHMENT NUMBER: 3A
SHEET NUMBER: 1 OF 1	



FOR PERMITTING PURPOSES ONLY

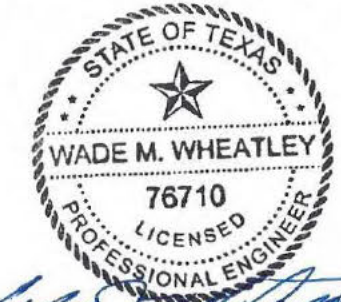


Legend

Approximate Site Boundary

1-mile Radius

C: Commercial District  
LI: Light Industrial District  
MF-1: Multi-Family One, Residential District  
SF-2: Single Family, Two Residential  
SF-5/16: Single Family, 5/16 Residential



Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-23820



0 0.125 0.25 0.5 Miles

Notes:

1. Zoning source: City of Grand Prairie, 2019.
2. Coordinates from Google Earth Imagery, 2018.

Sources: Esri, HERE, DeLorme, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), MapmyIndia, NGCC, © OpenStreetMap contributors, and the GIS User Community, Esri, HERE, Garmin, © OpenStreetMap contributors, and the GIS user community



DRAWN BY: JDS	REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
APPROVED BY: LLG	#1	3/26/25	WMW	Only logos & company revised
DATE: 03-27-2019	#2	NA	NA	NA
SCALE: AS SHOWN	#3	NA	NA	NA

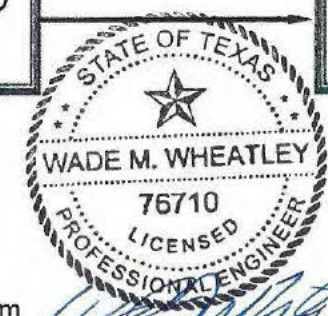
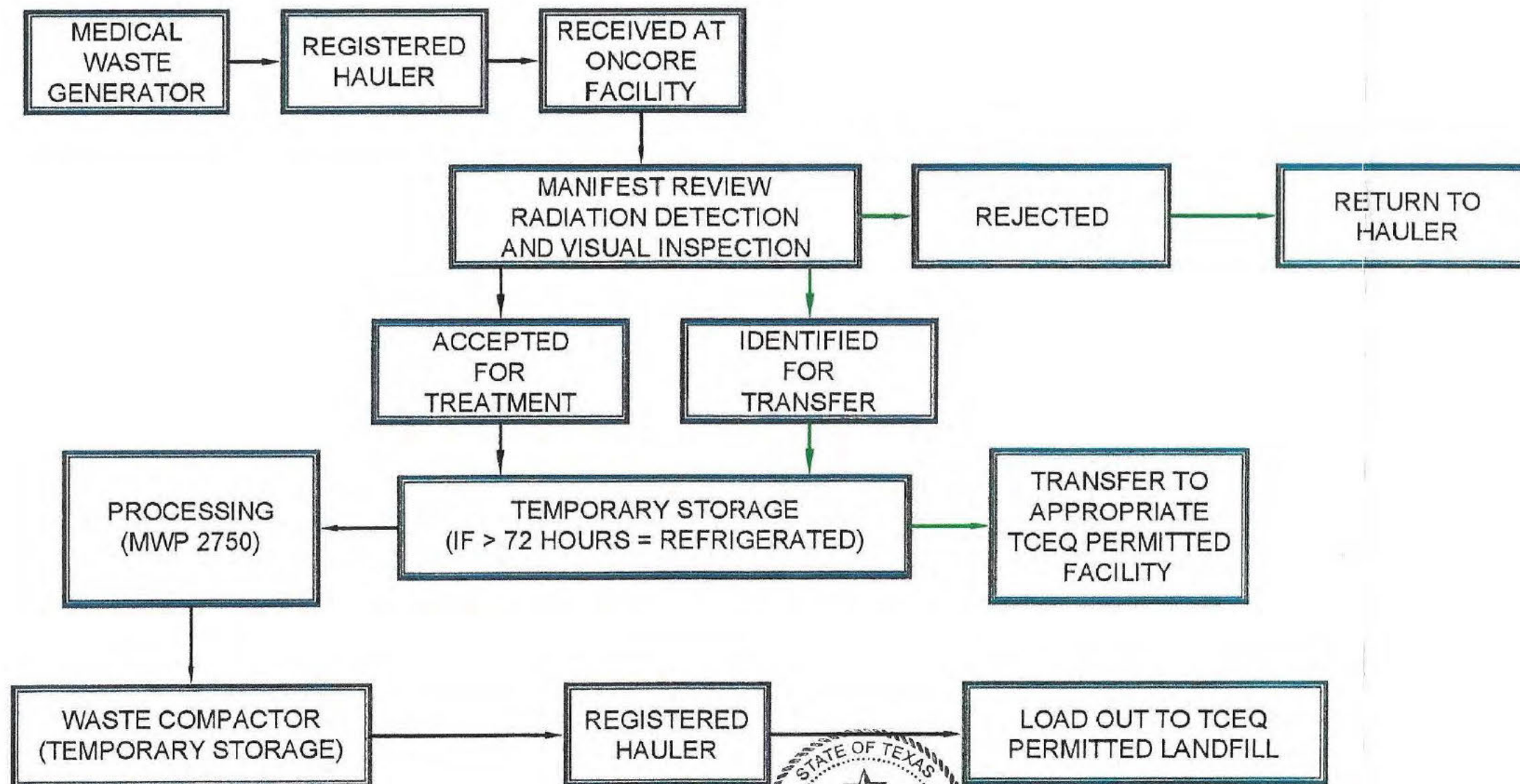
**ZONING MAP  
ATTACHMENT 3B  
ONCORE TECHNOLOGY  
GRAND PRAIRIE, TX**

PROJECT NUMBER:  
44918-001

SHEET NUMBER:  
1 OF 1

ATTACHMENT NUMBER:  
3B





Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-23820

From previously approved registration;  
approved June 24, 2009

REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
#1	3/26/25	WMW	Only logos & company revised
#2	NA	N	NA
#3	NA	NA	NA

Drawing: P:\acad 2003\310.01\FIGURES\FLOW DIAGRAM.dwg  
Date/Time: Nov. 07, 2008-11:46:57  
Copyright © All Rights Reserved, Gordon Environmental, Inc. 2008

### PROCESS FLOW DIAGRAM

ONCORE ONSITE  
GRAND PRAIRIE, TEXAS

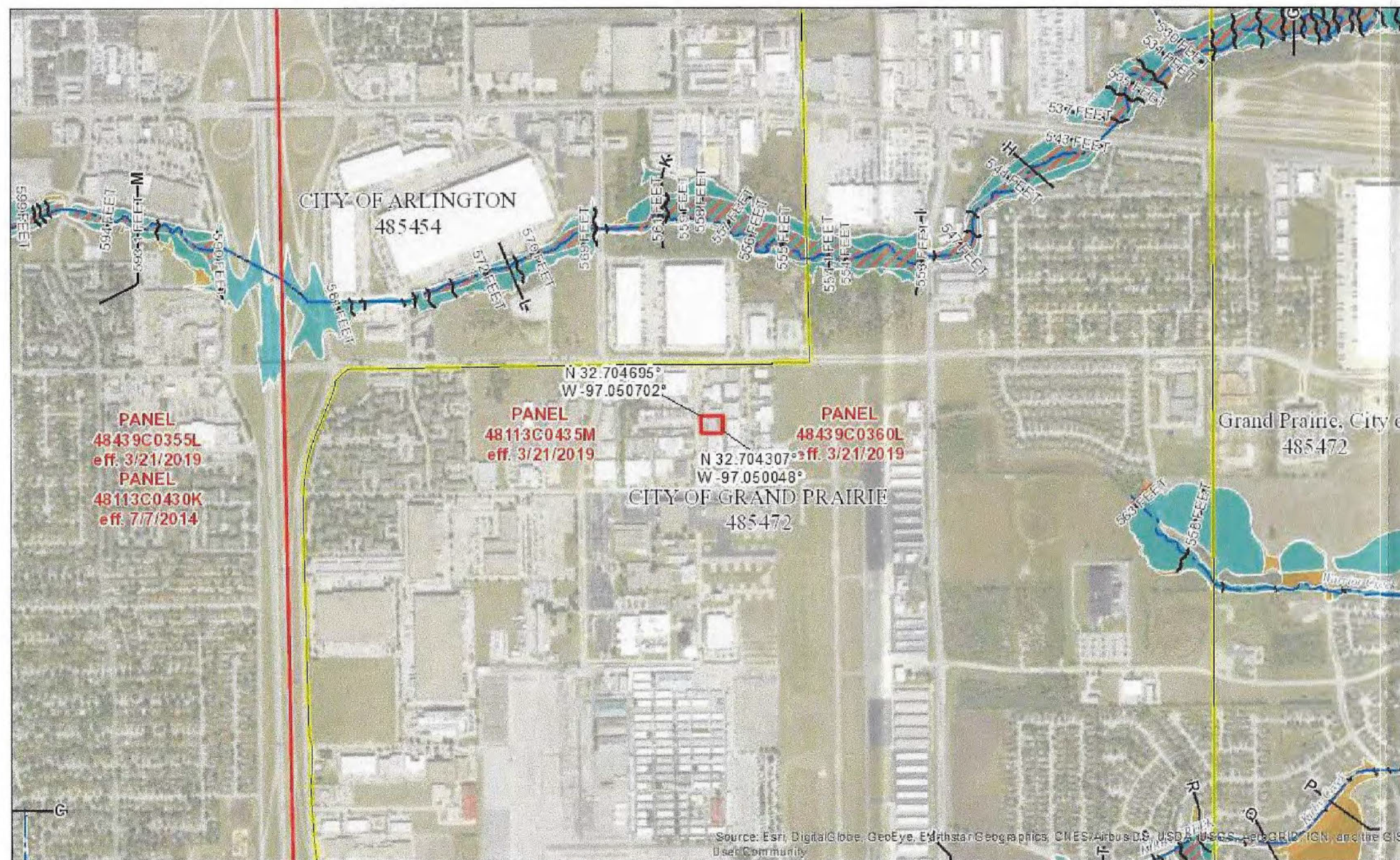
Page III-23

Gordon Environmental, Inc.  
Consulting Engineers

213 S. Camino del Pueblo  
Bernalillo, New Mexico, USA  
Phone: 505-867-6990  
Fax: 505-867-6991

DATE: 09/08/08	CAD: FLOW DIAGRAM.dwg	PROJECT #: 310.01.01
DRAWN BY: MLH	REVIEWED BY: DRT	FIGURE III.1
APPROVED BY: IKG		





# Legend

Approximate Site Boundary

FIRM Panels

Cross-Sections

Base Flood Elevations

Profile Baselines

Political Jurisdictions

## General Structures

### Structure Type

Flood Structure

Bridge

Dam, Weir, Jetty

Other Structure

## Flood Hazard Boundaries

Other Boundaries

### Line Type

Limit Lines

SFHA / Flood Zone Boundary

## Flood Hazard Zones

### Zone Type

1% Annual Chance Flood Hazard

Regulatory Floodway

Special Floodway

Area of Undetermined Flood Hazard

0.2% Annual Chance Flood Hazard

Future Conditions 1% Annual Chance Flood Hazard

Area with Reduced Risk Due to Levee



Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-23820

FOR PERMITTING PURPOSES ONLY

- Notes:**
1. Flood Insurance Rate Map (FIRM) Source: fema.maps.arcgis.com, 2019.
  2. FEMA - Federal Emergency Management Agency
  3. Coordinates from Google Earth Imagery, 2018.

FOR PERMITTING PURPOSES ONLY

**Liberty**  
ENGINEERING

DRAWN BY:	REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
JDS	#1	3/26/25	WMW	Only logos & company revised
APPROVED BY: WMW	#2	NA	NA	NA
DATE: 4-18-2019	#3	NA	NA	NA
SCALE: AS SHOWN				

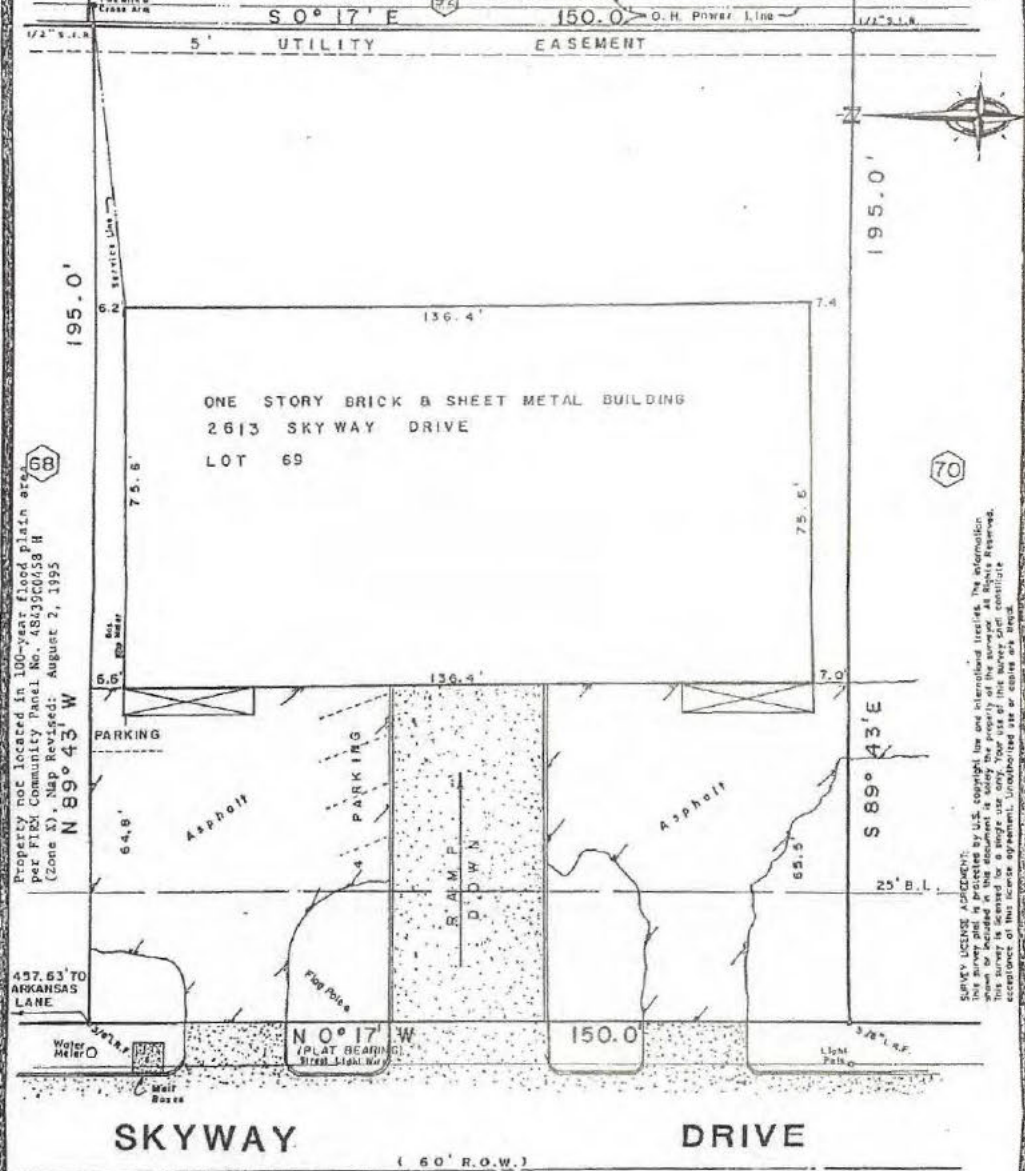
## FEMA FLOOD INSURANCE RATE MAP ATTACHMENT 13 ONCORE TECHNOLOGY GRAND PRAIRIE, TX

PROJECT NUMBER:	ATTACHMENT NUMBER:
44918 001	13
SHEET NUMBER:	
1 OF 1	



# SURVEY PLAT

This is to certify that I have, this date, made a careful and accurate survey on the ground of property located at  
 No. 2613 Skyway Drive in the city of Grand Prairie, Texas,  
 Lot No. 69, Block No. City Block No. of  
 AIRPORT INDUSTRIAL PARK, NO. 3,  
 an addition to the City of Grand Prairie, Tarrant County, Texas, according to the Plat and Dedication  
 recorded in Volume 788-100, at Page 34, Plat Records of Tarrant County, Texas.



Property not located in 100-year flood plain area  
 per FEMA Community Panel No. 48439C0058 H  
 (Zone X), Map Revised: August 2, 1995

**SURVEY LICENSE ADVICE:**  
 This survey plat is protected by U.S. copyright law and international treaties. The information  
 shown or included in this document is solely the property of the surveyor. All Rights Reserved.  
 No part of this document may be reproduced or transmitted in any form or by any means  
 except as may be in writing by the surveyor.

**SKYWAY DRIVE**  
 ( 60' R.O.W. )

This survey was performed in connection with the transaction described in LP No. 01661323 of  
**North American**  
 This Company. ONE OF THIS SURVEY FOR ANY OTHER PURPOSE OR BY OTHER PARTIES SHALL BE AT THEIR RISK  
 AND UNDERSTOOD TO NOT BE RESPONSIBLE TO OTHERS FOR ANY LOSS RESULTING THEREFROM. And the plat herein is a true, correct, and accurate representation of the  
 property as determined by survey, subject to any and all easements, encroachments and restrictions that may be of record, the lines and dimensions of said  
 property being as indicated by the plat; the size, location, and type of buildings and improvements are as shown, all improvements being within the boundaries  
 of the property, not back from property lines the distance indicated and that the distance from the nearest intersection street, or road, to 20' shown on said  
 plat. EXCEPT AS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS OR PROJECTIONS APPARENT ON THE GROUND.

Scale: 1" = 20'  
 Date: 11/8/01  
 Job: 011535  
 Drawn by: \_\_\_\_\_



**SURVEYING ASSOCIATES**  
 David J. Hoyer, Surveyor, No. 2520  
 Phone: (214) 948-7324  
 Fax: (214) 948-7340

LEGAL DESCRIPTION

BEING ALL OF LOT 69, AIRPORT INDUSTRIAL PARK NO. 3, AN ADDITION TO THE CITY OF GRAND PRAIRIE, TARRANT COUNTY, TEXAS ACCORDING TO THE PLAT RECORDED IN VOLUME 388-100, PAGE 34, M.R.T.C.T. SAID PROPERTY BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING AT A 5/8 INCH IRON ROD FOUND FOR THE NORTHWEST CORNER OF SAID LOT 69, SAID POINT BEING SOUTH 00 DEGREES 17 MINUTES EAST A DISTANCE OF 457.83 FEET FROM THE SOUTHEAST CORNER OF THE INTERSECTION OF THE SOUTH RIGHT-OF-WAY LINE OF ARKANSAS LANE (100' R.O.W.) AND SKYWAY DRIVE (60' R.O.W.);

THENCE SOUTH 89 DEGREES 43 MINUTES EAST, ALONG THE NORTH LINE OF SAID LOT 69 A DISTANCE OF 195.00 FEET TO THE NORTHEAST CORNER OF SAID LOT 69;

THENCE SOUTH 00 DEGREES 17 MINUTES EAST, ALONG THE EAST LINE OF SAID LOT 69, A DISTANCE OF 150.00 FEET TO THE SOUTH EAST CORNER OF SAID LOT 69;

THENCE NORTH 89 DEGREES 43 MINUTES WEST, ALONG THE SOUTH LINE OF SAID LOT 69, A DISTANCE OF 195.00 FEET TO THE SOUTHWEST CORNER OF SAID LOT 69, SAID POINT BEING IN THE EAST R.O.W. LINE OF SAID SKYWAY DRIVE;

THENCE NORTH 00 DEGREES 17 MINUTES WEST A DISTANCE OF 150.00 FEET TO THE POINT OF BEGINNING AND CONTAINING 29,250.23 SQUARE FEET OR 0.6714 ACRES OF LAND.



---

**MARKED (REDLINE/STRIKEOUT) PAGES**

---

**Texas Commission on Environmental Quality**  
**Application for a Medical Waste Registration**  
**Oncore Technology**  
**Registration 40303**  
**Grand Prairie, Tarrant County, Texas**

April 18, 2019

Rev. 1: June 5, 2019;

Rev. 2: April 8, 2025

Prepared for

Sharps Environmental Services Inc~~ncore Technologies, LLC~~

9220 Kirby Drive, Suite 500 ~~2613 Skyway Drive~~

Houston~~Grand Prairie~~, Texas 77054~~75052-7610~~

Prepared by

Wade M. Wheatley, P.E., Managing Partner~~President~~

GDS Associates, Inc.~~Liberty Engineering, LLC~~



Initial Application Submittal Date 4/18/2019

Rev. 1: 06/05/2019

Rev. 2: 04/08/2025

Texas-Registered Engineering Firm No. F-~~4089~~23820

~~919 Congress Avenue, Suite 1110~~P.O. Box 1534

~~Austin~~Georgetown, Texas ~~78701~~78627

## Table of Contents

<b>Section 1— General Information .....</b>	<b>3</b>
1.1 Facility Information (must match regulated entity information on Core Data Form) .....	3
1.2 Applicant Information .....	3
1.3 Governmental Entities Information .....	4
1.4 Posting of Application on Website [30 TAC §326.69(e)] .....	6
1.5 Copy of Application for Public Viewing .....	6
1.6 Notice of Opportunity to Request Public Meeting .....	7
1.7 Application Fee .....	7
1.8 Facility Supervisor's License [30 TAC §326.71(c)] .....	7
<b>Section 2— Facility Design Information .....</b>	<b>8</b>
2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)] .....	8
2.2 Transportation [30 TAC §326.71(e)] .....	9
2.3 Floodplain and Wetlands [30 TAC §326.71(f)] .....	10
2.4 Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)] .....	11
2.5 Waste Management Unit Designs [30 TAC §326.71(i)] .....	12
2.6 Treatment Requirements [30 TAC §326.71(j)] .....	13
<b>Section 3— Facility Closure .....</b>	<b>14</b>
3.1 Closure Plan [30 TAC §326.71(k)] .....	14
3.2 Closure Cost Estimate [30 TAC §326.71(m)] .....	14
<b>Section 4— Site Operating Plan .....</b>	<b>17</b>
4.1 General [30 TAC §326.75(a)] .....	17
4.2 Waste Acceptance [30 TAC §326.75(b)] .....	18
4.3 Generated Waste [30 TAC §326.75(c)] .....	19
4.4 Access Control [30 TAC §326.75(g)] .....	20
4.5 Operating Hours [(30 TAC §326.75(i)] .....	20
<b>Section 5— Other Site Operating Plan, Financial Assurance, and Closure Requirements .....</b>	<b>23</b>
<b>Section 6— Applicant Certification and Signature .....</b>	<b>23</b>
Certification by Applicant or Authorized Signatory [30 TAC §305.44] .....	23
Applicant's Delegation of Signature Authority [30 TAC §305.43] .....	23
<b>Section 7— Property Owner Affidavit .....</b>	<b>24</b>
Affidavit [30 TAC §326.71(b)] .....	24
<b>Attachments .....</b>	<b>25</b>
<b>Section 1— General Information .....</b>	<b>3</b>
1.1 Facility Information (must match regulated entity information on Core Data Form) .....	3
1.2 Applicant Information .....	3
1.3 Governmental Entities Information .....	4
1.4 Posting of Application on Website [30 TAC §326.69(e)] .....	6
1.5 Copy of Application for Public Viewing .....	6
1.6 Notice of Opportunity to Request Public Meeting .....	7



1.7	Application Fee .....	7
1.8	Facility Supervisor's License [30 TAC §326.71(e)] .....	7
<b>Section 2</b>	<b>Facility Design Information .....</b>	<b>0</b>
2.1	Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)] .....	0
2.2	Transportation [30 TAC §326.71(e)] .....	1
2.3	Floodplain and Wetlands [30 TAC §326.71(f)] .....	2
2.4	Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)] .....	3
2.5	Waste Management Unit Designs [30 TAC §326.71(i)] .....	4
2.6	Treatment Requirements [30 TAC §326.71(j)] .....	5
<b>Section 3</b>	<b>Facility Closure .....</b>	<b>6</b>
3.1	Closure Plan [30 TAC §326.71(k)] .....	6
3.2	Closure Cost Estimate [30 TAC §326.71(m)] .....	6
<b>Section 4</b>	<b>Site Operating Plan .....</b>	<b>49</b>
4.1	General [30 TAC §326.75(a)] .....	49
4.2	Waste Acceptance [30 TAC §326.75(b)] .....	510
4.3	Generated Waste [30 TAC §326.75(c)] .....	611
4.4	Access Control [30 TAC §326.75(g)] .....	712
4.5	Operating Hours [(30 TAC §326.75(i)] .....	712
<b>Section 5</b>	<b>Other Site Operating Plan, Financial Assurance, and Closure Requirements .....</b>	<b>914</b>
<b>Section 6</b>	<b>Applicant Certification and Signature .....</b>	<b>215</b>
	Certification by Applicant or Authorized Signatory [30 TAC §305.44] .....	215
	Applicant's Delegation of Signature Authority [30 TAC §305.43] .....	215
<b>Section 7</b>	<b>Property Owner Affidavit .....</b>	<b>216</b>
	Affidavit [30 TAC §326.71(b)] .....	216
<b>Attachments</b>	<b>.....</b>	<b>317</b>

## Section 1—General Information

### 1.1 Facility Information (must match regulated entity information on Core Data Form)

Facility Name: Oncore Technology, LLC Oncore Technology

Regulated Entity Reference No. (if issued): RN105331318

Physical or Street Address (if available): 2613 Skyway Drive

City: Grand Prairie County: Tarrant State: TX Zip Code: 75052

(Area Code) Telephone Number: 972-786-7061 Email Address: [REDACTED]

Latitude (Degrees, Minutes, Seconds, or Decimal Degrees): 32° 42' 18"

Longitude (Degree, Minutes, Seconds, or Decimal Degrees): 97° 03' 03"

Activities Conducted at the Facility (check all that apply)

☒ Storage ☒ Treatment ☒ Transfer ☐ Other: \_\_\_\_\_

Describe the location of the facility with respect to known or easily identifiable landmarks:

Near Grand Prairie Municipal Airport. Located in Airport Industrial Park, near State Highway 360/Interstate 20.

Detail access routes from the nearest United States or state highway to the facility:

Less than 1 mile from State Highway 360 and less than 3 miles from Interstate 20.

### 1.2 Applicant Information

The owner of a facility is the applicant, to whom the registration would be issued.

#### Owner of Facility (must match customer information on Core Data Form)

Owner Name: Oncore Technology, LLC Sharps Environmental Services, Inc.

Contact Person's Name: Mason Bryant Daniel Durski Title: Chief Financial Officer Vice President

Customer Reference No. (if issued): CN603013210603239476

Mailing Address: 9220 Kirby Drive STE 500 2613 Skyway Drive

City: Grand Prairie Houston County: Tarrant Harris State: TX Zip Code: 75052 77054

(Area Code) Telephone Number: 713-352-3360 972-786-7060 Email Address: [REDACTED]



**Operator of Facility (if not the same as Owner of Facility)**

Operator Name: Same as Owner

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Customer Reference No. (if issued): CN \_\_\_\_\_

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

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

(Area Code) Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Consultant (if applicable)**

Firm Name: Liberty Engineering, LLC GDS Associates, Inc.

Texas Board of Professional Engineers Firm Registration Number: F-23820F-4089

Contact Person's Name: Wade M. Wheatley, P.E. Title: President/Managing Director

Texas Board of Professional Engineers License Number (if applicable): \_\_\_\_\_

Mailing Address: PO Box 1534919 Congress Ave. Suite 1110

City: Georgetown Austin County: Williamson Travis State: TX Zip Code: 7862778701

(Area Code) Telephone Number: 512 508-1423512 494 0369 Email Address: \_\_\_\_\_

**1.3 Governmental Entities Information**

**Texas Department of Transportation**

District: Forth Worth District

District Engineer's Name: David Salazar, P.E. Brian R. Barth, P.E.

Street Address or P.O. Box: 2501 SW Loop 820

City: Fort Worth County: Tarrant State: TX Zip Code: 76133

(Area Code) Telephone Number: 8173706500 Email Address: \_\_\_\_\_

**Local Government Authority Responsible for Road Maintenance (if applicable)**

Agency Name: City of Grand Prairie

Contact Person's Name: Dane Stovall, Street Services Manager Leland Miller, Street Services Manager

Street Address or P.O. Box: 1821 South Highway 161

City: Grand Prairie County: Tarrant State: TX Zip Code: 75050

(Area Code) Telephone Number: 972-2378526972-237-8529 Email Address: \_\_\_\_\_

### City Mayor

City Name: City of Grand Prairie

City Mayor's Name: Ron Jensen

Mailing Address: 317 West College Street

City: Grand Prairie County: Tarrant State: TX Zip Code: 75053

(Area Code) Telephone Number: 972-237-8022 Email Address: \_\_\_\_\_

### Council of Governments (COG)

COG Name: North Texas Council of Governments

COG Representative's Name: R. Michael Eastland

COG Representative's Title: Director

Street Address or P.O. Box: 616 Six Flags Drive

City: Arlington County: Tarrant State: TX Zip Code: 76005

(Area Code) Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Local Government Jurisdiction

Is the facility located outside the territorial limits or extraterritorial jurisdiction of a city or town? (30 TAC §326.67(a)) Yes ☐ No ☒

If yes, and county requires a license, you must obtain a license from the county, and the county must send a copy of the license to the appropriate TCEQ regional office.

### City Health Authority (if applicable)

Agency Name: City of Grand Prairie Environmental Services

Contact Person's Name: \_\_\_\_\_

Street Address or P.O. Box: 2016 West Church Street, 2<sup>nd</sup> Floor

City: Grand Prairie County: Tarrant State: TX Zip Code: 75053

(Area Code) Telephone Number: 972-237-8055 Email Address: \_\_\_\_\_

### County Judge Information

County Judge's Name: B. Glen Whitley Tim O'Hare

Street Address or P.O. Box: ~~100 east Weatherford Street~~ 100 East Weatherford Street

City: Fort Worth County: Tarrant State: TX Zip Code: 76196



(Area Code) Telephone Number: 817-884-1441 Email Address: \_\_\_\_\_

**County Health Authority (if applicable)**

Agency Name: Tarrant County Public Health Department

Contact Person's Name: ~~Vinny Taneja, Director~~ Brian Byrd, Director

Street Address or P.O. Box: 1101 South Main Street

City: Fort Worth County: Tarrant State: TX Zip Code: 76104

(Area Code) Telephone Number: ~~817-321-5300~~ 817-248-6299 Email Address: \_\_\_\_\_

**State Representative**

House District Number: 101

Representative's Name: Representative Chris Turner

District Office Address: 320 Westway Place, Suite 501

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

~~7618276018~~

(Area Code) Telephone Number: 817-459-2800 Email Address: \_\_\_\_\_

**State Senator**

Senate District Number: 9

State Senator's Name: Senator Kelly Hancock

District Office Address: ~~8121 Belshire Drive, Suite 200~~ 306 West Seventh Street, Suite 508

City: ~~North Richland Hills~~ Fort Worth County: Tarrant State: TX

Zip Code: ~~76182~~ 76102

(Area Code) Telephone Number: ~~817-514-3804~~ 817-332-1131 Email Address: \_\_\_\_\_

**1.4 Posting of Application on Website [30 TAC §326.69(e)]**

Provide the web address (URL) of the publicly accessible internet website where the application and all revisions will be posted:

http://www.oncoreus.com/registration

**1.5 Copy of Application for Public Viewing**

Name of the Public Place: Grand Prairie Public Library

Physical Address: 901 Conover Dr.

## Section 2—Facility Design Information

### 2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)]

**This section addresses the facility's impacts on cities, communities, groups of property owners, or individuals (attach additional pages to answer the following questions, if necessary):**

**Describe the character of the surrounding area land uses within one mile of the facility:**

~~Oncore's~~ This Type V Medical Waste Processing Facility is an **existing facility** that does not adversely impact human health or the environment.

Information about the character of surrounding land uses are apparent on the Land Use Map, presented as **Attachment 3A**. Land uses immediately adjacent to the Facility are light industrial. The Facility is situated within an industrial park zoned for light industrial use. Uses include, but are not limited to, metal plating companies, automotive repair, warehousing, and heavy manufacturing. Grand Prairie Municipal Airport is approximately 500 feet east of the Facility, as illustrated on the General Location Map presented as **Attachment 1**.

**Identify growth trends within five miles of the facility with directions of major development:**

The City of Grand Prairie as a whole grew at an annual rate of 1.3% during 2016 according to population estimates published by the North Central Texas Council of Governments (NCTOG). Based on information provided by the City of Grand Prairie Planning Department, the majority of growth in the City is occurring south of Interstate 20. The area north of Interstate 20 (including the facility location) has largely been developed, though infilling continues to occur in this area.

**Indicate the approximate number of residences and other uses (e.g. schools, churches, cemeteries, historic structures and commercial sites, etc.) within one mile of the facility:**

Several residences exist within one mile of the Facility as depicted on the Land Use Map, presented as **Attachment 3A**. The nearest residence is a multi-family housing complex located approximately 0.4 miles west of the site. Additionally, a single-family home subdivision is located approximately 0.5 miles northeast of the site. The nearest church and school are located approximately 0.45 miles northeast and 0.7 miles east of the Facility, respectively. A charter school is located approximately 0.9 miles southwest of the Facility. There are approximately 4200 residences and 220 commercial establishments within a 1-mile radius.

**Indicate the distance to the nearest residence(s):** 0.4 ☐ feet ☒ miles

**Provide directions to the nearest residence(s)**



## Section 3—Facility Closure

### 3.1 Closure Plan [30 TAC §326.71(k)]

**The operator must comply with the closure requirements listed in 30 TAC §326.71(k).**

**List other activities that the facility will conduct during closure, if any (attach additional pages to answer this question if necessary):**

~~Oncore Technology, LLC~~This is an existing facility and the previously approved Closure Plan was modified to reference §326.71(k).

Upon closure, all waste, waste residues, and any recovered materials will be removed from the Facility by the owner or operator. Waste processing units will be decontaminated, dismantled and removed from the site. The owner or operator will evacuate all material on-site to an authorized facility and disinfect all processing areas and post-processing areas. ~~Oncore~~The owner or operator will complete closure of the facility within 180 days following the last acceptance of processed or unprocessed materials, unless otherwise directed or approved in writing by the executive director. No later than 90 days prior to the initiation of Facility closure, the owner or operator will, through a public notice in the newspaper(s) of largest circulation in the vicinity of the Facility, provide public notice for final Facility closure. The notice will include the name, address, and physical location of the Facility; the permit, registration, or notification number, as appropriate, and the number of copies of the approved final closure and post-closure plans for public access and review. The owner or operator will also provide written notification to the executive director of the intent to close the Facility and will place this notice of intent in the operating record. In addition to notification of the executive director, a minimum of one sign will be posted at the main entrance and all other frequently used points of access for the Facility, notifying all persons who may utilize the facility of the date of closing for the entire Facility and the prohibition against further receipt of waste materials after the stated date. Further, suitable barriers will be installed at all gates and access points to adequately prevent the unauthorized dumping of waste at the closed Facility. Within ten days of completing final closure activities at the Facility, the owner and operator will submit a certification, signed by an independent licensed professional engineer, verifying that final Facility closure has been completed in accordance with the approved Closure Plan. ~~The owner or operator~~Oncore will submit to the executive director all applicable documentation necessary for certification of final Facility closure. Upon final closure of this Facility, ~~Oncore~~The owner or operator will request a voluntary revocation of the facility registration.

### 3.2 Closure Cost Estimate [30 TAC §326.71(m)]

**Provide itemized closure cost estimates in Table 4. The cost estimates must meet the requirements listed in 30 TAC §326.71(m).**

This modification proposes an increase in capacity which requires updating the closure cost estimate. Please see updated closure cost estimates in **Table 4**. The closure cost estimate is in accordance with 30 TAC §326.71(m).



## Section 4—Site Operating Plan

### 4.1 General [30 TAC §326.75(a)]

**Provide the function and minimum qualifications for each category of key personnel to be employed at the facility including supervisory personnel in the chain of command (attach additional pages to answer this question if necessary):**

The facility will employ three categories of key personnel for day-to-day operations. These categories include:

Manager - The Treatment Facility is managed by a Facility Manager; who is directly responsible to the ~~Oncore Technology Facility~~. ~~Mason Bryant is Vice President and The Manager~~ oversees the responsibilities for the "day to day" operations of the Facility. The Facility Manager is experienced and trained in the handling and disposal of medical waste, including the actual handling of the medical waste (transfer and storage operations); the medical waste processing and treatment operations; the regulatory documentation of the operation; the physical and environmental safety of the Facility; and safety training of Facility personnel. The Facility Manager will receive at least 16 contact hours (2 days) per year of educational classes relating to regulatory and industry procedures concerning medical waste handling, disposal, and safety issues. The classes are sponsored by waste industry organizations, regulatory agencies, and professional engineering/management societies. The Facility Manager will be required to have at a minimum a Class B License in accordance with 30 TAC §30.213.

The Facility Manager hires all necessary personnel to work at the Facility. The various requirements of the Facility will include personnel involved with the collection, handling, transfer, treatment, processing, and weighting of the medical waste; and office personnel involved with regulatory documentation and general office functions. The number of personnel working at the Facility at any given time will vary with the quantity of waste to be handled.

Waste Handlers - The Waste Handlers function in daily operations is to control facility access and screens incoming waste. The Waste Handler operates the facility in compliance with the TCEQ-approved Site Operating Plan as well as the company's Standard Operating Procedures which do not require a TCEQ authorization. Items under the Waste Handler's purview includes but is not limited to: equipment operation, manages waste flow, container flow and facility housekeeping. The Waste Handler may act as Records Administrator or Manager if the need warrants. The minimum qualification for Waste Handlers is general facility and regulatory knowledge.

Records Administrators -The Records Administrator controls recordkeeping and reporting. Assists with maintaining the facility operating record as described in §326.75(e). The Records Administrator may act as the Waste Handler or Manager if the need warrants. The minimum qualification for Records Administrators is general facility and regulatory knowledge.

**Describe the procedures that the operating personnel will follow for the detection and prevention regarding the receipt of prohibited wastes, including random**



**inspections of packaging of incoming loads, records, and training (attach additional pages to answer this question if necessary):**

Various procedures to detect and control the receipt of prohibited wastes will be implemented at the facility. These procedures include but are not limited to: 1) random inspections of packaging for incoming loads; 2) recording inspections and inspection results; 3) training for appropriate facility personnel responsible for inspecting or observing loads to recognize prohibited waste and informing facility customers of prohibited wastes. Facility personnel may inform waste transportation drivers of facility requirements and screening for prohibited wastes. Information regarding the prohibited wastes may be posted on facility signs or provided as a written list to customers and drivers.

If facility personnel identify prohibited waste or portions of prohibited waste within a collection vehicle, that vehicle or portions of waste within that vehicle will be rejected and immediately sent back to the waste generator.

**4.2 Waste Acceptance [30 TAC §326.75(b)]**

**Describe all sources and characteristics of medical wastes to be received for storage and processing or disposal (attach additional pages to answer this question if necessary):**

This is an existing Type V Medical Waste Processing Facility accepts and processes medical waste as defined in §326.3(23), including animal waste, bulk blood, bulk human blood, bulk human body fluids, and sharps or other healthcare-related items that have come into contact with body fluids and/or blood. Regulated hazardous wastes will not be accepted or processed at the Facility. Pathological, pharmaceutical, and chemotherapeutic wastes will not be processed at the Facility but will be accepted for temporary storage and transfer to an appropriately permitted facility for processing. Only properly packaged and labeled pathological, pharmaceutical, and chemotherapeutic wastes will be accepted for transfer to an appropriately registered incineration facility. Untreated waste in storage for <72 hours is refrigerated. Acceptable medical waste will generally originate from health care institutions, hospitals, physician's offices, clinics, labs, and veterinary facilities in Texas. All medical waste will be transported by either ~~Oncore the owner or operator~~ or other properly registered haulers per §326.23. Waste received by ~~Oncore the Facility~~ will be accompanied by an approved manifest identifying the generator, address of origin, and number of containers.

A radiation detector is used to identify unacceptable radioactive wastes. Trained ~~Oncore Facility~~ staff inspects each load of incoming waste to prevent prohibited wastes from being accepted at the facility. If unacceptable wastes are identified (such as radioactive or hazardous) via inspection or detection equipment, they will be refused and returned to their place of origin for proper handling. Since commencing trial operations in late February 2007, ~~the Facility Oncore~~ has received no waste requiring refusal.

There are no waste constituents or characteristics that could be a limiting parameter that may impact or influence the design and operation of this Facility, thus no parameter limitations are specified herein.

**Describe the sources and characteristics of recyclable materials, if applicable, to be received for storage and processing (attach additional pages to answer this question if necessary):**



Single Use Instruments Collection System: ~~Oncore~~The Facility will collect, sort, and ship single use instruments for reprocessing at an approved facility. Single use instruments are generally mixed with waste in sharps containers at healthcare facilities. Sharps containers will be collected and transported from healthcare providers (as described above) to the ~~Oncore~~ Facility. Sharps containers will be emptied using a mechanical system and sorted through manually to identify and segregate reusable instruments. Reusable instruments will then be properly boxed and shipped to an approved instrument reprocessing company.

**Maximum amount of waste to be received daily:** 18 ☐ pounds/day ☒ tons /day

**Maximum amount of waste to be stored at any point in time:** 18 ☐ pounds ☒ tons

**Maximum length of time waste is to remain at the facility:** 7 ☐ hours ☒ days

**Specify the maximum time that unprocessed and processed wastes will be allowed to remain on-site:**

**Processed:** 7 ☐ hours ☒ days

**Unprocessed:** On average, untreated medical waste is stored on-site less than 24 hours. The maximum allowable period of time that unprocessed medical waste will remain refrigerated at the facility before treatment is 7 days.

7 ☐ hours ☒ days

**Identify the intended disposition of processed and unprocessed waste received at the facility (attach additional pages to answer this question if necessary):**

Treated waste will be sent to a TCEQ approved municipal solid waste landfill for disposal. Untreated medical waste will be managed in accordance with 25 TAC Subchapter K and applicable sections found in 30 TAC Chapter 326.

#### **4.3 Generated Waste [30 TAC §326.75(c)]**

**Describe how all liquids and solid waste resulting from the facility operations will be disposed of in a manner that will not cause surface water and groundwater pollution (attach additional pages to answer this question if necessary):**

All process and wash water will be either placed back into the processing unit or will be pumped into an on-site wastewater storage container until properly disposed at a TCEQ-authorized facility. Management of process water will be in accordance with Local, State, and Federal requirements. All necessary authorizations and approvals will be obtained and retained within the operating record at the site and a copy will be provided to the TCEQ. All solid waste resulting from the operation of the facility will be disposed of in a manner that will not cause surface water or groundwater pollution. All solid waste will be disposed of in accordance with §326.41(c).



#### 4.4 Access Control [30 TAC §326.75(g)]

**Describe how public access to the facility will be controlled (attach additional pages to answer this question if necessary):**

Access controls have not changed since the previously approved registration modification; approved March 7, 2013.

Access to the facility will be controlled by a minimum six (6) foot tall chain-link fence with entrance gates that will be locked when the facility is not in operation. The building has lockable doors and bay doors, which will be closed and locked when not in use. An attendant shall be on-site during operating hours and when waste is being loaded or unloaded to/ from vehicles. Waste storage units, including refrigeration units and transport units storing waste will be located within the perimeter fencing, but not within the buffer zone or any easements or right-of-way crossing the facility.

**Describe how access roads and parking areas will be maintained to control dust and prevent mud from being track off-site (attach additional pages to answer this question if necessary):**

Access conditions have not changed since the previously approved registration modification; approved March 7, 2013.

Due to all-weather surfaces at the facility, dust from on-site and other access roadways becoming a nuisance to surrounding areas is not anticipated. In the event that there is a problem related to windblown dust, water will be used to control windblown dust. Within the facility, a standard garden hose connected to an on-site water source may be sufficient to apply water.

All on-site and other access roadways will be maintained on a regular basis to minimize depressions, ruts, and potholes, as appropriate. Off-site access roads and their repairs are under the jurisdiction of City of Grand Prairie and/or the Texas Department of Transportation.

**Access to the facility will be controlled by a perimeter fence, with lockable gates. Identify or describe the type of fence that will be installed at the facility:**

☐ A four-foot-high barbed wire fence;

☒ A six-foot-high chain-link fence; or

☐ Other: \_\_\_\_\_

#### 4.5 Operating Hours [(30 TAC §326.75(i)]

**Provide the operating hours of the facility; include justification for hours outside of 7:00 a.m. to 7:00 p.m., Monday through Friday:**

Waste acceptance and transfer hours for ~~Oncore Technology, LLC~~the Facility and commercial waste transportation companies are 24 hours per day, seven days per week. Operating hours for waste processing units is 24 hours per day, seven days per week. ~~The Facility -Oncore Technology, LLC~~ may conduct operations for maintenance and housekeeping, as needed, 24 hours per day, seven days per week. Customer and business needs necessitate the operating hours requested.

Initial Application Submittal Date 4/18/2019

Rev. 1: 06/05/2019

Rev. 2: 04/08/2025

**List the alternative operating hours, if any, of up to five days in a calendar-year period:**

~~Oncore Technology, LLC~~ The Facility does not anticipate the need for alternative operating hours for special occasions, special purpose events, holidays, or other special occurrences as this facility is approved for 24 hours per day, seven days per week.



## 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: Otley Smith, III

Signature: [Signature] Date: 5-14-19

### Notarization

SUBSCRIBED AND SWORN to before me by the said Otley Smith

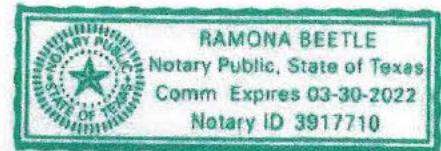
On this 14<sup>th</sup> day of May, 2019.

My commission expires on the 30<sup>th</sup> day of March, 2022.

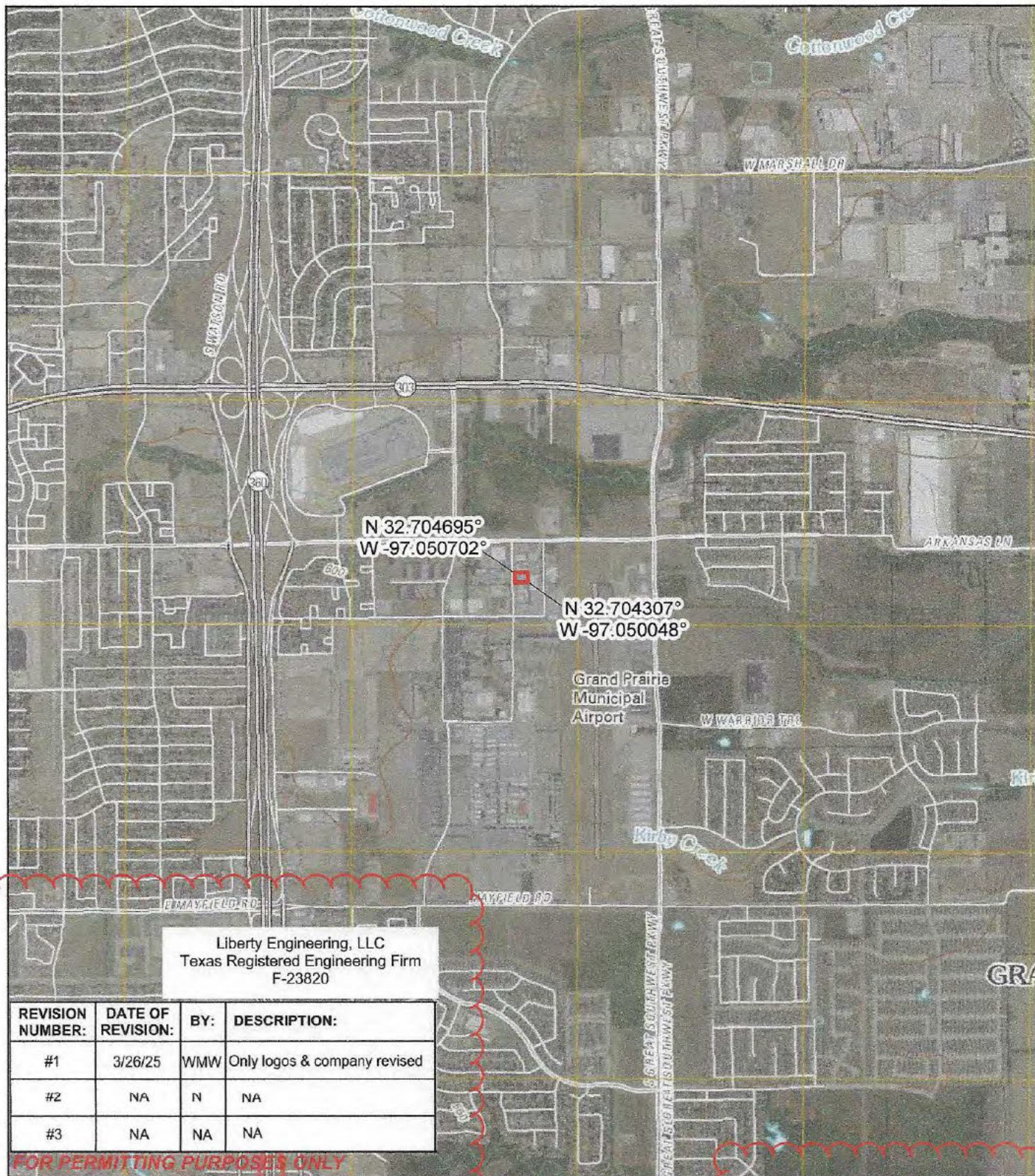
Ramona Beetle  
Notary Public in and for

Dallas

County, Texas







Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-23820

REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
#1	3/26/25	WMW	Only logos & company revised
#2	NA	N	NA
#3	NA	NA	NA

FOR PERMITTING PURPOSES ONLY

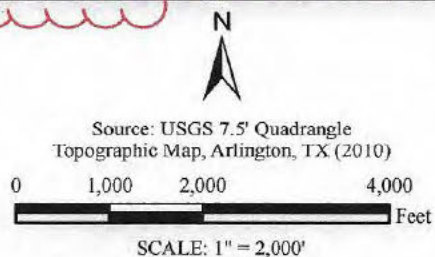
#### Legend

Approximate Site Boundary

#### Notes:

1. Coordinates from Google Earth Imagery, 2018

Drawn by: JDS	Reviewed by: LLG
Date: 03-22-2019	
Project No.: 44918-001	

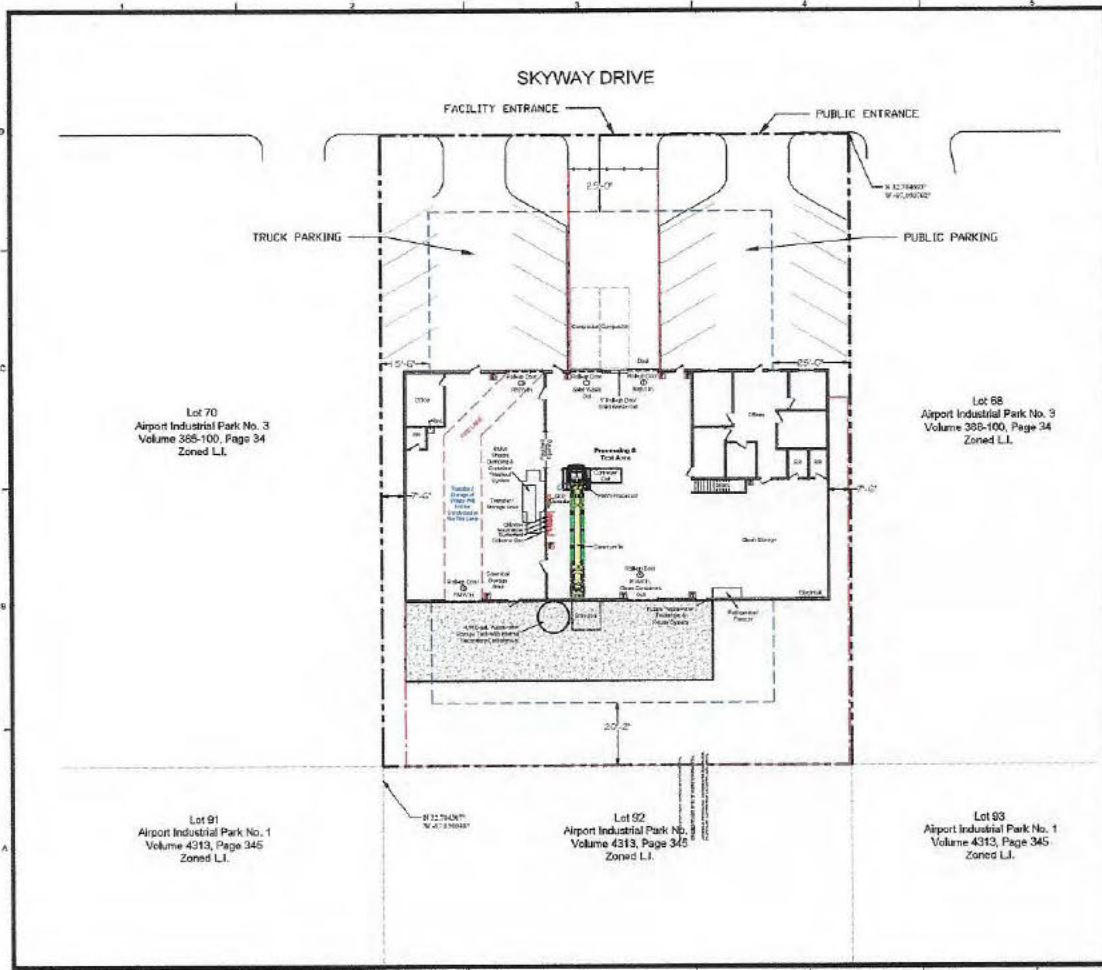


#### Attachment 1 General Location Map

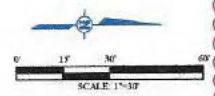
Oncore Technology  
Grand Prairie, Texas

**Liberty**  
ENGINEERING





- LEGEND**
- Fire Extinguisher
  - Facility Boundary
  - Fire Lane
  - Buffer Zone
  - Rest Room
  - Concrete Pad
  - 6-Foot Chain Link No-Climb Fence
  - 6-Foot Chain Link No-Climb Gate
  - Loading Dock Overhead Door



- NOTES:**
1. RMW - REGULATED MEDICAL WASTE
  2. EQUIPMENT DIMENSIONS AND PLACEMENT ARE APPROXIMATE. EQUIPMENT MAY BE MOVED TO ACCOMMODATE FACILITY NEEDS.
  3. THE "PROCESSOR TEST AREA" IS USED FOR TESTING RMW UNITS PRIOR TO SHIPMENT AND INSTALLATION AT HOSPITALS. THIS IS NOT A PERMANENT INSTALLATION.
  4. COORDINATES FROM GOOGLE EARTH IMAGERY 2018

**Liberty**  
ENGINEERING

---

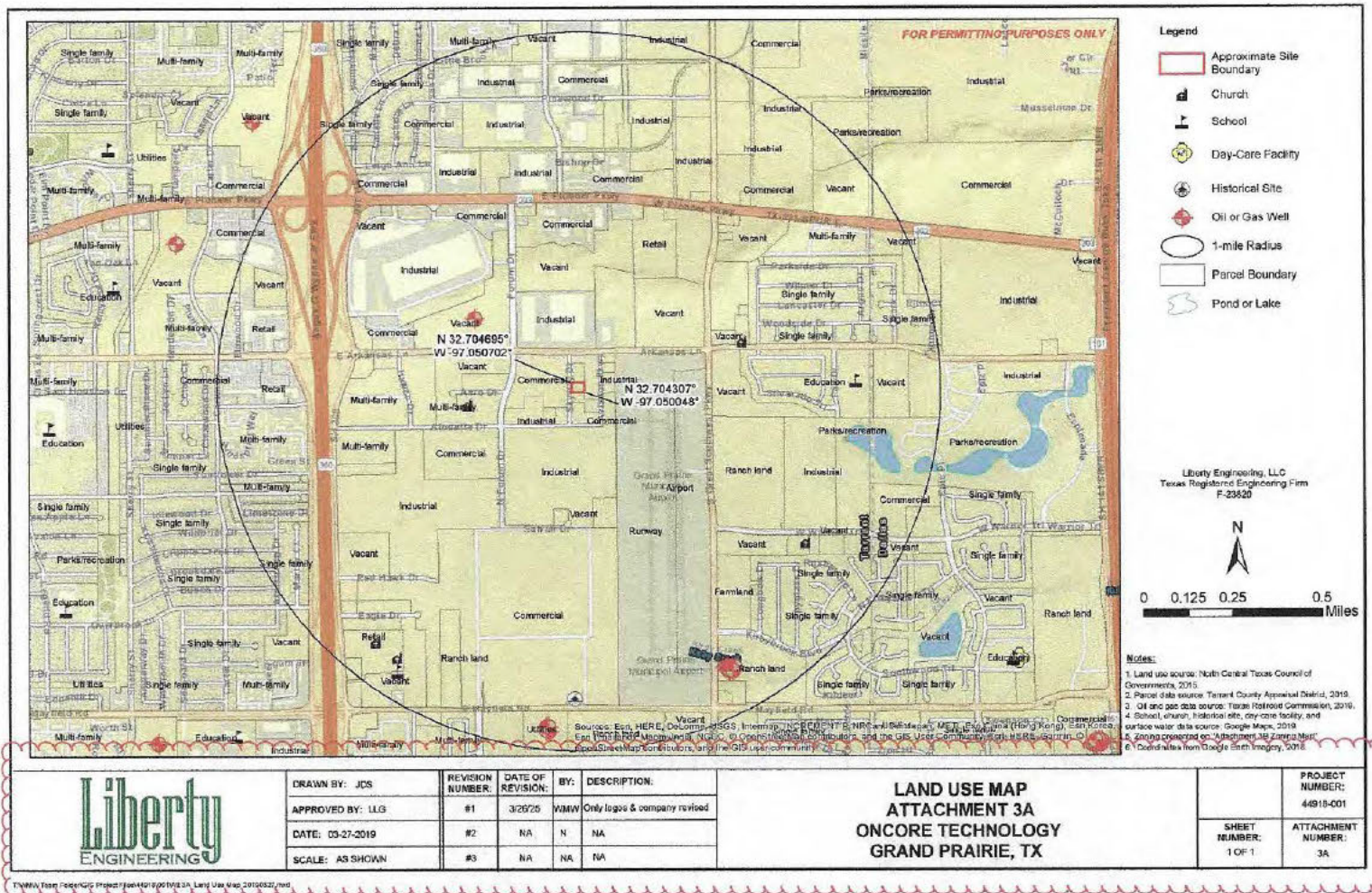
FACILITY ACCESS AND LAYOUT MAP  
ATTACHMENT 2  
ONCORE TECHNOLOGY  
OMEGA PHARM, TEXAS

---

NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMITTING	03/11/2020
2	ISSUED FOR PERMITTING	03/11/2020
3	ISSUED FOR PERMITTING	03/11/2020
4	ISSUED FOR PERMITTING	03/11/2020

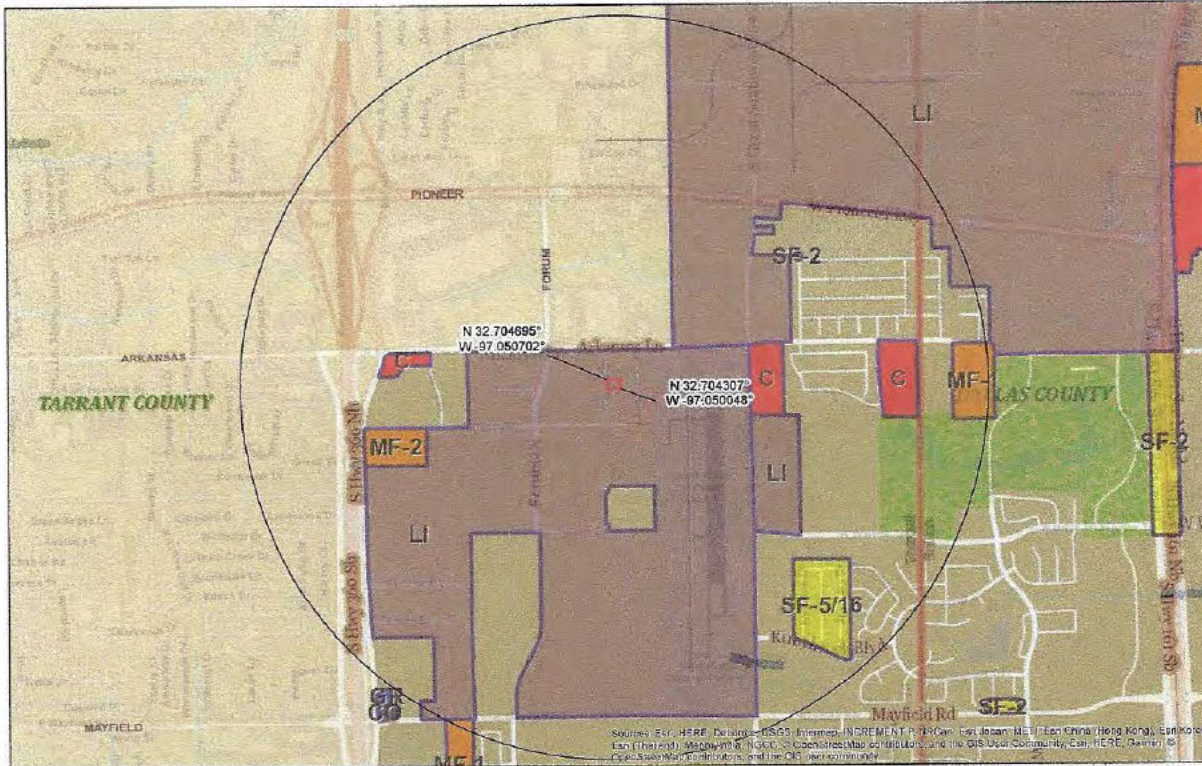
---

DATE:	03-20-2020
DESIGNED BY:	JOS
CHECKED BY:	JOS
APPROVED BY:	LIB
DRAWN BY:	AS 03-20-20





FOR PERMITTING PURPOSES ONLY



- Legend**
- Approximate Site Boundary
  - 1-mile Radius
  - C: Commercial District
  - LI: Light Industrial District
  - MF-1: Multi-Family One, Residential District
  - SF-2: Single Family, Two Residential
  - SF-5/16: Single Family, 5/16 Residential

Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-25820



0 0.125 0.25 0.5  
Miles

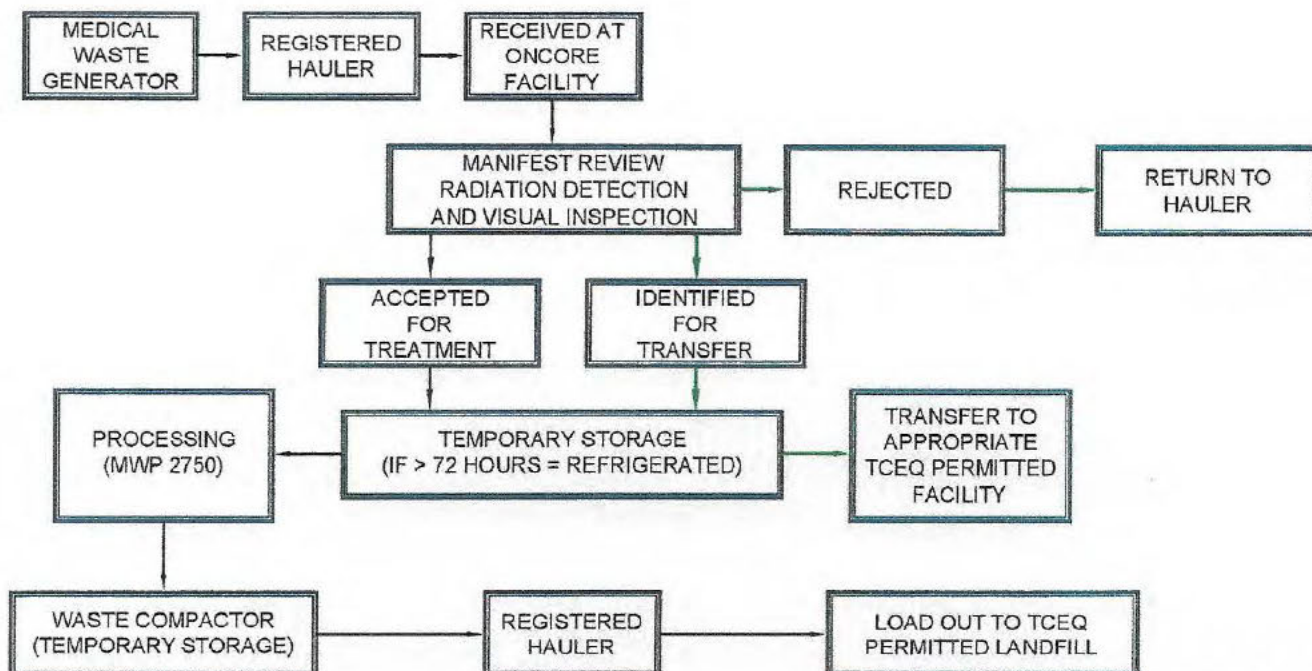
- Notes:**
1. Zoning source: City of Grand Prairie, 2019.
  2. Coordinates from Google Earth Imagery, 2018.

**Liberty**  
ENGINEERING

DRAWN BY: JDS	REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
APPROVED BY: LLG	#1	3/26/25	WWV	Only logos & company revised
DATE: 09-27-2019	#2	NA	NA	NA
SCALE: AS SHOWN	#3	NA	NA	NA

**ZONING MAP  
ATTACHMENT 3B  
ONCORE TECHNOLOGY  
GRAND PRAIRIE, TX**

PROJECT NUMBER: 44018-001
SHEET NUMBER: 1 OF 1
ATTACHMENT NUMBER: 3B



REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
#1	3/26/25	WMW	Only logos & company revised
#2	NA	N	NA
#3	NA	NA	NA

Drawing Placed 2003/10/01 01:01 FIGURES/FLOW DIAGRAM.dwg  
 PLOTTER: HP-GL/2, 2004-11-10-07  
 Copyright © All Rights Reserved, Gordon Environmental, Inc. 2008

Liberty Engineering, LLC  
 Texas Registered Engineering Firm  
 F-23820

From previously approved registration;  
 approved June 24, 2009

## PROCESS FLOW DIAGRAM

ONCORE ONSITE  
 GRAND PRAIRIE, TEXAS

Page III-23

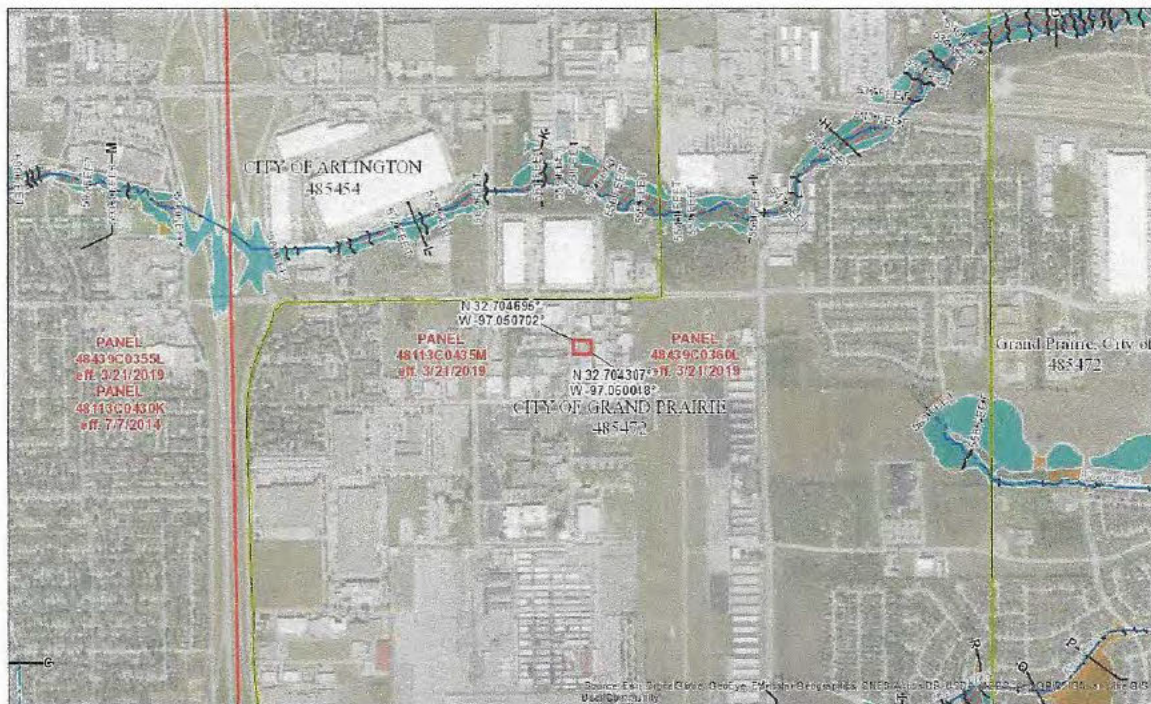


Gordon Environmental, Inc.  
 Consulting Engineers

213 S. Camino del Pueblo  
 Bernalillo, New Mexico, USA  
 Phone: 505-867-6960  
 Fax: 505-867-0991

DATE: 05/08/08	CAD: FLOW DIAGRAM.dwg	PROJECT #: 310.01.01
DRAWN BY: MMT	REVIEWED BY: GRT	FIGURE III.1
APPROVED BY: IKG	ge@gordonenvironmental.com	





# Legend

- Approximate Site Boundary
- FIRM Panels
- Cross-Sections
- Base Flood Elevations
- Profile Baselines
- Political Jurisdictions
- General Structures
- Structure Type
  - Flood Structure
  - Bridge
  - Dam, Weir, Jetty
  - Other Structure
- Flood Hazard Boundaries
  - Other Boundaries
- Line Type
  - Limit Lines
  - SFHA/Flood Zone Boundary
- Flood Hazard Zones
- Zone Type
  - 1% Annual Chance Flood Hazard
  - Regulatory Floodway
  - Special Floodway
  - Area of Undetermined Flood Hazard
  - 0.2% Annual Chance Flood Hazard
  - Future Conditions 1% Annual Chance Flood Hazard
  - Area with Reduced Risk Due to Levee



Liberty Engineering, LLC  
Texas Registered Engineering Firm  
F-23820

FOR PERMITTING PURPOSES ONLY

Notes: 1. Flood Insurance Rate Map (FIRM) Source: fema.maps.arcgis.com, 2019.  
2. FEMA - Federal Emergency Management Agency  
3. Coordinates from Google Earth Image, 2019.

FOR PERMITTING PURPOSES ONLY

**Liberty**  
ENGINEERING

DRAWN BY:	REVISION NUMBER:	DATE OF REVISION:	BY:	DESCRIPTION:
JDS	#1	3/25/25	WMW	Only logos & company revised
APPROVED BY: WMW	#2	NA	NA	NA
DATE: 4-15-2019	#3	NA	NA	NA
SCALE: AS SHOWN				

## FEMA FLOOD INSURANCE RATE MAP ATTACHMENT 13 ONCORE TECHNOLOGY GRAND PRAIRIE, TX

SHEET NUMBER:	PROJECT NUMBER:
1 OF 1	44916-001
ATTACHMENT NUMBER:	
13	

---

**ATTACHMENT D**  
**TCEQ CORE DATA FORM(S)**

---





# 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 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
<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 603239476		RN 105331318

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		
<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)				
<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>				
Oncore Technology, 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)	
0800516022	32017763189	900493128	607928590	
<b>11. Type of Customer:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Owner & Operator <input checked="" type="checkbox"/> Other: Previous Owner & Operator				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	2613 Skyway Dr			
<b>City</b>	Grand Prairie	<b>State</b>	TX	<b>ZIP</b> 75052 <b>ZIP + 4</b>
<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.)

Oncore Technology

**23. Street Address of the Regulated Entity:**(No PO Boxes)

2613 Skyway Drive

City

Grand Prairie

State

TX

ZIP

75052

ZIP + 4

**24. County**

Tarrant

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)

4953

56221

484110

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

medical waste management

**34. Mailing**

Address:

2613 Skyway Dr

City

Grand Prairie

State

TX

ZIP

75052

ZIP + 4

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

( 972 ) 786-7060

( 214 ) 988-1808

**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.



**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
				96281
<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
40303				
<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>	Jack Simmons	<b>41. Title:</b>	Project Manager
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 520 ) 405-7910		( ) -	

#### **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>	Oncore Technology, LLC	<b>Job Title:</b>	Vice president
<b>Name (in Print):</b>	R. Mason Bryant	<b>Phone:</b>	( 972 ) 786-7060
<b>Signature:</b>		<b>Date:</b>	3/18/2025



# 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 603013210		RN 105331318

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<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)		If new Customer, enter previous Customer below:	
Sharps Environmental Services, Inc.			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
0013287806	16114301050		
11. Type of Customer:	<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:	
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 checked="" 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:	9220 Kirby Drive Ste 500		
City	Houston	State	TX
ZIP	77054	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** (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.)

Oncore Technology

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

2613 Skyway Drive

(No PO Boxes)

City

Grand Prairie

State

TX

ZIP

75052

ZIP + 4

**24. County**

Tarrant

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)

4953

56221

484110

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

medical waste management

**34. Mailing Address:**

9220 Kirby Drive Ste 500

City

Houston

State

TX

ZIP

77054

ZIP + 4

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

( 713 ) 352-3360

( ) -

**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.

**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.

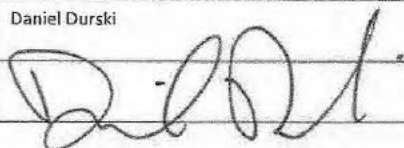
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input checked="" type="checkbox"/> Industrial Hazardous Waste
				96281
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
40303				
<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>	Marisela Arias			<b>41. Title:</b>	engineer in training
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 480 ) 721-0262		( ) -	[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>	Sharps Environmental Services, Inc		<b>Job Title:</b>	Chief financial officer	
<b>Name (In Print):</b>	Daniel Durski			<b>Phone:</b>	( 713 ) 352- 3360
<b>Signature:</b>				<b>Date:</b>	3/17/25



---

**ATTACHMENT E**

**SIGNATORY AUTHORITY DELEGATION**

---

## 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: Daniel Durski Title: CFO  
Email Address: [REDACTED]  
Signature: [Signature] Date: 04/14/2025

### 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 Wade M. Wheatley 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: Daniel Durski  
Email Address: [REDACTED]  
Signature: [Signature] Date: 04/14/2025

### Notary

SUBSCRIBED AND SWORN to before me by the said [Signature]

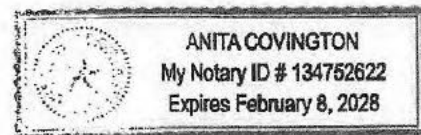
On this 14 day of April, 2025

My commission expires on the 8 day of February, 2028

Anita Covington

Notary Public in and for

Harris County, Texas



Note: Application Must Bear Signature and Seal of Notary Public



## 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: R. Mason Bryant Title: Vice President

Email Address: [REDACTED]

Signature: [Signature] Date: 4/14/2025

### 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 Wade M. Wheatley 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: R. Mason Bryant

Email Address: [REDACTED]

Signature: [Signature] Date: 4/14/2025

### Notary

SUBSCRIBED AND SWORN to before me by the said \_\_\_\_\_

On this 14<sup>th</sup> day of April, 2025

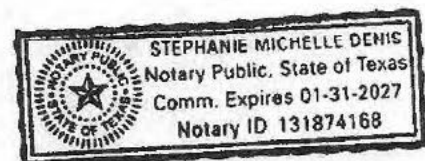
My commission expires on the 31 day of January, 2027

[Signature]

Notary Public in and for

Tarrant County County, Texas

Note: Application Must Bear Signature and Seal of Notary Public



---

**ATTACHMENT F**

**FEE PAYMENT RECEIPT**

---



## Jack Simmons

---

**From:** [REDACTED]  
**Sent:** Monday, April 14, 2025 2:47 PM  
**To:** Jack Simmons  
**Subject:** TCEQ ePay Receipt for 582EA000663765

[You don't often get email from [REDACTED] Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification> ]

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000663765

Date: 04/14/2025 04:46 PM

Payment Method: CC - Authorization 000009610D 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.

Actor: JACK SIMMONS

Email: [REDACTED]

Payment Contact: JACK SIMMONS

Phone: 520-405-7910

Company: BURGESS & NIPLE

Address: 1500 N PRIEST DRIVE STE 102, TEMPE, TX 85288

### Fees Paid:

Fee Description	AR Number	Amount
-----------------	-----------	--------

NONHAZARDOUS WASTE PERMIT - MODIFICATIONS		\$100.00
-------------------------------------------	--	----------

30 TAC 305.53B HWP NOTIFICATION FEE		\$50.00
-------------------------------------	--	---------

TCEQ Amount: \$150.00

=====

[REDACTED]

Date: 04/14/2025 04:46 PM

Payment Method: CC - [REDACTED] Voucher Amount: \$100.00 Fee Paid: NONHAZARDOUS WASTE PERMIT - MODIFICATIONS RN Number: RN105331318 Site Name: ONCORE TECHNOLOGY Site Address: 2613 SKYWAY DR, GRAND PRAIRIE, TX 75025 7610 Site Location: 2613 SKYWAY DR GRAND PRAIRIE TX 75052 7610 CN Number: CN603013210 Customer Name: SHARPS ENVIRONMENTAL SERVICES INC Customer Address: 9220 KIRBY DRIVE SUITE 500, HOUSTON, TX 77054 Billing Name: JACK SIMMONS Billing Address: 1500 N PRIEST DRIVE STE 102, TEMPE, TX 85288

=====

[REDACTED]

Date: 04/14/2025 04:46 PM

Payment Method: CC - [REDACTED] Voucher Amount: \$50.00 Fee Paid: 30 TAC 305.53B HWP NOTIFICATION FEE

=====

To print out a copy of the receipt and vouchers for this transaction either click on or copy and paste the following url into your browser:

[https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww3.tceq.texas.gov%2Fepay%2Findex.cfm%3Ffuseaction%3Dcor.search%26trace\\_num\\_txt%3D582EA000663765&data=05%7C02%7Cjack.simmons%40burgessniple.com%7Ca47c7a4e8c9e49192fed08dd7b9de0ce%7Caeef8720649c849c39a8d08f2d49912ee%7C0%7C0%7C638802640205863203%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoITWFpbClslldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xBx1FNb4J8Eka1iuDzzcTnXUnZ14lelewalrkBG4rhc%3D&reserved=0](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww3.tceq.texas.gov%2Fepay%2Findex.cfm%3Ffuseaction%3Dcor.search%26trace_num_txt%3D582EA000663765&data=05%7C02%7Cjack.simmons%40burgessniple.com%7Ca47c7a4e8c9e49192fed08dd7b9de0ce%7Caeef8720649c849c39a8d08f2d49912ee%7C0%7C0%7C638802640205863203%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoITWFpbClslldUljoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xBx1FNb4J8Eka1iuDzzcTnXUnZ14lelewalrkBG4rhc%3D&reserved=0).

This e-mail transmission and any attachments are believed to have been sent free of any virus or other defect that might affect any computer system into which it is received and opened. It is, however, the recipient's responsibility to ensure that the e-mail transmission and any attachments are virus free, and the sender accepts no responsibility for any damage that may in any way arise from their use.



---

**ATTACHMENT G**

**VERIFICATION OF LEGAL STATUS**

---



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application For Certificate Of Authority for SHARPS ENVIRONMENTAL SERVICES, INC., authorized under the name SHARPS ENVIRONMENTAL SERVICES OF TEXAS, INC. (file number 13287806), a DELAWARE, USA, Foreign For-Profit Corporation, was filed in this office on June 06, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 11, 2025.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State