

**Application for a Medical Waste Registration**

**Safety-Kleen Systems**

**Clean Harbors Environmental Services**





# Texas Commission on Environmental Quality

## Waste Permits Division Correspondence

### Cover Sheet

Date: 8/27/2024

Facility Name: Safety Kleen Systems

Permit or Registration No.: \_\_\_\_\_

Nature of Correspondence:

Initial/New

☒ Response/Revision to TCEQ Tracking No.:  
**29260760** (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 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 checked="" type="checkbox"/> Other: <b>Medical Waste Transfer</b> NOD Response	

**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 for a Medical Waste Registration**  
**Safety-Kleen Systems**  
**Clean Harbors Environmental Services**  
**Registration**

**Robstown, Nueces County, Texas**

October 31, 2023

Preliminary Review Revision Date: August 27, 2024

Prepared for

Clean Harbors Environmental Services

2203 Tower Road

Robstown, TX 78380

Prepared by

J.W. Caldwell, P.E.

Clean Harbors Environmental Services

42 - Longwater Drive

Norwell, Massachusetts 02061



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## Section 1—General Information

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

Facility Name: Safety-Kleen Systems

Regulated Entity Reference No. (if issued): RN111655866

Physical or Street Address (if available): 2203 Tower STE A

City: Robstown County: Nueces State: TX Zip Code: 78380

(Area Code) Telephone Number: 361-445-8670 Email Address: [REDACTED]

Latitude (Degrees, Minutes, Seconds, or Decimal Degrees): 27.81418

Longitude (Degree, Minutes, Seconds, or Decimal Degrees): -97.648111

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:

North of E. Congressman Soloman Ortiz Blvd West

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

69E N to Bus77 N exit, loop bus77 S to Ortiz Blvd West 44 (right) Tower Rd N (right)

### 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: Safety-Kleen Systems

Contact Person's Name: Scott Vincent Title: General Manager

Customer Reference No. (if issued): CN600128128

Mailing Address: 2203 Tower Road

City: Robstown County: Nueces State: TX Zip Code: 78380

(Area Code) Telephone Number: 361-445-8670 Email Address: [REDACTED]

**Operator of Facility (if not the same as Owner of Facility)**Operator Name: Clean Harbors Environmental ServicesContact Person's Name: Scott Vincent Title: General ManagerCustomer Reference No. (if issued): CN 600322796Mailing Address: 2203 Tower RoadCity: Robstown County: Nueces State: TX Zip Code: 78380(Area Code) Telephone Number: 361-445-8670 Email Address: [REDACTED]**Consultant (if applicable)**Firm Name: Clean Harbors Environmental Services

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

Contact Person's Name: Bill Caldwell Title: VP Process & Tech EngineeringTexas Board of Professional Engineers License Number (if applicable): 794038Mailing Address: 42 - Longwater DriveCity: Norwell County: Plymouth State: MA Zip Code: 02061(Area Code) Telephone Number: 980-233-6724 Email Address: [REDACTED]**1.3 Governmental Entities Information****Texas Department of Transportation**District: Corpus ChristiDistrict Engineer's Name: Valente OlivarezStreet Address or P.O. Box: 1701 S.Padre Island DriveCity: Corpus Christi County: Nueces State: TX Zip Code: 78416(Area Code) Telephone Number: 361-808-2275 Email Address: [REDACTED]**Local Government Authority Responsible for Road Maintenance (if applicable)**Agency Name: Texas Department of TransportationContact Person's Name: David FrancoStreet Address or P.O. Box: 844 NPIDCity: Corpus Christi County: Nueces State: TX Zip Code: 78406(Area Code) Telephone Number: 361-289-1400 Email Address: [REDACTED]

City Mayor

City Name: City of Robstown

City Mayor's Name: David Martinez

Mailing Address: 101 East Main

City: Robstown County: Nueces State: TX Zip Code: 78380

(Area Code) Telephone Number: 361-387-4589

Email Address: [REDACTED]

Council of Governments (COG)

COG Name: Coastal Bend Council of Governments

COG Representative's Name: Veronica Toomey

COG Representative's Title: Interim Executive Director

Street Address or P.O. Box: 2910 Leopard Street

City: Corpus Christi County: Nueces State: TX Zip Code: 78408

(Area Code) Telephone Number: 361-232-5326

Email Address: [REDACTED]

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: Robstown Health

Contact Person's Name: Beatriz Charo

Street Address or P.O. Box: 101 East Main Street

City: Robstown County: Nueces State: TX Zip Code: 78380

(Area Code) Telephone Number: 361-387-4589 x3 Email Address:

[REDACTED]

County Judge Information

County Judge's Name: Judge Connie Scott

Street Address or P.O. Box: 901 Leopard Street

City: Corpus Christie County: Nueces State: TX Zip Code: 78401

(Area Code) Telephone Number: 361-888-0444

Email Address: [REDACTED]

**County Health Authority (if applicable)**Agency Name: Nueces County HealthContact Person's Name: Dr. Fauzia KhanStreet Address or P.O. Box: 1702 Horne RoadCity: Corpus Christie County: Nueces State: TX Zip Code: 78401(Area Code) Telephone Number: 361-826-7200 Email Address: [REDACTED]**State Representative**House District Number: 34Representative's Name: Abel HerreroDistrict Office Address: 101- East Main StreetCity: Robstown County: Nueces State: TX Zip Code: 78380(Area Code) Telephone Number: 361-387-0457 Email Address: [REDACTED]**State Senator**Senate District Number: 20State Senator's Name: Juan HinojosaDistrict Office Address: 602 - N.Staples StreetCity: Corpus Christie County: Nueces State: TX Zip Code: 78401(Area Code) Telephone Number: 361-882-0900 Email Address: [REDACTED]**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:

<https://www.safety-kleen.com/support/technical/regulatory-information>**1.5 Copy of Application for Public Viewing**Name of the Public Place: Nueces County TX Public Library - Keach LibraryPhysical Address: 1000 Terry Shamsie Blvd.City: Robstown County: Nueces State: TX Zip Code: 78380(Area Code) Telephone Number: 361-387-3431

## 1.6 Notice of Opportunity to Request Public Meeting

### Notice Requirement

The owner or operator is required by 30 TAC §326.73 to provide notice of the opportunity to request a public meeting, and to post notice signs.

Indicate the party responsible for publishing notice:

☒ Applicant (Owner or Operator) ☐ Consultant

### Alternative Language Requirement

Use the Alternative Language Checklist on Public Notice Verification form [TCEQ-20244-Waste-NAORPM](#)<sup>1</sup> to determine if an alternative language notice is required.

Is an alternative language notice required for this application?

☒ Yes ☐ No

Indicate the alternative language: Spanish

## 1.7 Application Fee [30 TAC §330.59(h)(2)]

The application fee for a registration is \$150.

Indicate how the application fee was paid. Attach a photocopy of the check or a copy of the electronic payment receipt.

Check ☐ Online ☒

Trace #

If paid online, e-Pay confirmation number:

## 1.8 Facility Supervisor's License [30 TAC §326.71(c)]

Indicate the type of license that the Solid Waste Facility Supervisor (as defined in 30 TAC Chapter 30), will obtain prior to commencing facility operations:

Class A ☐ Class B ☒

<sup>1</sup> <https://www.tceq.texas.gov/downloads/permitting/waste-permits/forms/20244-waste-naorpm.pdf>

## 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): There are no likely impacts from the facility to the surrounding cities, communities, groups of property owners or individuals.

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

North consist of light Industrial and tillable/non-tillable Agriculture Land Use. West consist of tillable/non-tillable Agriculture Land Use. East and South consist of light Industrial, Residential, Commercial Businesses, RV Parks, LP Gas Company, Hotel, Church(s), Small Businesses. The approximate population within 1 mile of the facility is 398.

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

No growth trends to speak of to the West and North. East is mainly tillable land use with mild small businesses no expected growth trends in this area as well. South is Robstown City of and growth trends can be favorable depending on Industrial Commercial expansion. The Robstown population in 2020 was 10,143 and is 10,400 in 2024.

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:

Church .5 miles to the South East, RV Park 1,200 ft to the East, Hotel .5 miles to the North East, Commercial Businesses on Tower Road to the North and South.

Indicate the distance to the nearest residence(s): 1,400 ☒ feet ☐ miles

Provide directions to the nearest residence(s):

South on Tower Road, East on Congressman Soloman Ortiz Blvd approx 1000 ft.

Indicate the distance to the nearest commercial establishment(s): 200 ☒ feet ☐ miles

Provide directions to the nearest commercial establishment(s):

Property directly to the South on Tower Road.

### 2.2 Transportation [30 TAC §326.71(e)]

#### Access Roads

Complete Table 1 regarding the roads that will be used to access the site.



Table 1. Roads That Will be Used to Access the Site.

Name of Road	Surface Type and Number of Lanes
E.Congressman Soloman Ortiz Blvd	Asphalt two Lane
Tower Road	Asphalt two Lane

### Daily Traffic Volume

Complete Table 2 regarding existing and expected volume of vehicular traffic on access roads within one mile of the facility, and the projected volume of traffic expected to be generated by the facility on access roads within one mile of the facility.

Table 2. Traffic Volume.

Vehicle Traffic	Volume (vehicles per day)
Existing Vehicle Traffic	787 + 1,604 = 2,391
Expected Vehicle Traffic	2,392
Projected Vehicle Traffic Generated by Facility	1 additional vehicle

Describe the source of or method used to obtain the volumes (attach additional pages to answer this question if necessary):

TX DOT data from the report **shown in Attachment 16** indicated 787 count per day **west of Tower St** and **1,604 count per day east of Tower St** on Congressman Soloman Ortiz Blvd. One additional truck per day which shows the project impact as insignificant.

If traffic volume was determined by counts in the field, indicate the locations where the counts were conducted (attach additional pages to answer this question if necessary):

N/A

## 2.3 Floodplain and Wetlands [30 TAC §326.71(f)]

Will the facility be located within a 100-year floodplain?

Yes ☐

No ☒

Identify the floodplain zone AE

Attach a copy of the Federal Emergency Management Administration administrator (FEMA) flood map for the area.

If the facility will be within a 100-year floodplain, attach documentation demonstrating that the facility is designed and will be operated in a manner to prevent washout of waste during a 100-year storm event, or that the facility has obtained a conditional letter of map amendment from the FEMA.

Will the facility be located in wetlands?

Yes ☐ No ☒

If yes, attach documentation to the extent required under Clean Water Act, §404 or applicable state wetlands laws.

## 2.4 Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)]

Is the buffer zone in any location at the facility less than 25 feet wide?

Yes ☐ No ☒ See Attachments 2 and 7

If yes, describe your alternative buffer zone and how it will allow access for emergency response and maintenance (attach additional pages to answer this question if necessary):

\_\_\_\_\_

## 2.5 Waste Management Unit Designs [30 TAC §326.71(i)]

### Waste Management Unit Details

List each waste management unit in Table 3. Include attachments documenting manufacturer specifications.

*Table 3. Design Details and Manufacturer Specifications for Waste Management Units.*

Unit Type	Minimum Number of Units	Design Details	Approximate Dimensions	Approximate Capacity per Unit
Refrigerated Trailer (see Attachment 2 for typical location)	1	See Attachment 17	52X8 ft	30,000 lbs
Medical Waste Containers (stored on refrigerated trailer)	1 (when in use)	See Attachment 17 for examples	Up to 48"X40"x53" See Attachment 17	1 - 330 Gallons
			for dimensions of the most common	
			containers used for storage	

## Foundations and Supports

Provide a generalized description of construction materials for slab and subsurface supports of all storage and processing components (attach additional pages to answer this question if necessary):

All operations will be in existing buildings and truck to trailer transfers. Construction materials for slab and subsurfaces are concrete footers with reinforced rebar in the slab.

## Contaminated Water Management

Describe how storage and processing areas will be designed to control and contain spills and prevent contaminated water from leaving the facility. For unenclosed containment areas, also account for precipitation from a 25-year, 24-hour storm (attach additional pages to answer this question if necessary):

All medical waste remains in sealed containers that meet all requirements to be leak proof, rodent proof with tight fitting lids and appropriate labels. Containers are not opened, emptied nor consolidated. There is no cleaning nor use of water in this operation. Containers will be stored in the warehouse or on vehicles at all times. Each vehicle and the warehouse have spill kits should the need arise. The transfer station has a spill kit which contains first aid kit, personal protective equipment (gloves, goggles, face mask, shoe covers, disposable gown), absorbent materials, forceps, biohazard bags, disinfectant, dustpan and brush. Additionally, bleach, disinfectant wipes, shovel, broom, extra supplies of biohazardous and sharps waste containers, red biohazard bags and fire extinguisher are located within the facility. An eyewash station is available and easily accessible within the facility. The vehicles are all equipped with a spill kit, same as above.

## 2.6 Treatment Requirements [30 TAC §326.71(j)]

Attach a written procedure for the operation and testing of any equipment used, and for the preparation of any chemicals used in treatment.

No treatment of waste is done at this location

## 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):

The purpose of this project is the to bring medical waste into the facility and send it out to other permitted facilities for treatment and disposal. As such there is no finite life to this operation and no anticipated closure. Should operations cease all incoming waste will be diverted to other Company locations, and any waste at the facility will be transferred to other permitted Company sites. Additionally, the following steps will be taken:

TCEQ will be immediately notified of the intent to close and the anticipated date of final closure. Notification of the closure will be published in appropriate newspapers no later than 90 days prior and all closure activities will be completed within 180 days of notification. Upon notification to TCEQ, the will post a minimum of one sign 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. Suitable barriers will be installed at all gates or access points to adequately prevent the unauthorized dumping of solid waste at the closed facility. Within ten days after completion of final closure activities. the facility will submit to TCEQ by registered mail:

(A) 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 submittal to TCEQ will include all applicable documentation necessary for certification of final facility closure; and

(B) a request for voluntary revocation of the facility registration.

All waste will be removed from the facility and transported to another offsite facility for treatment. All storage areas of the trucks used to transport medical waste will be cleaned and disinfected. The containers are generally received in clean condition; any empty containers will be cleaned, removed and relocated.

Walls and floors in and around the biohazard storage area will be cleaned and disinfected thoroughly, as well as our transport van cargo area.

All signs designating medical waste will be removed.

All surfaces within the designated storage area including walls and floors will be disinfected with an approved hard surface disinfectant solution of enough concentration to "high level" disinfect the area.

If the trucks will continue to operate as medical waste transport vehicles the trucks will be routed to other Clean Harbors facilities as needed.

The records shall be kept for 3 years after closure.

### **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).

Attach documents detailing any additional unit closure costs not itemized. Enter the total of those additional unit closure costs on line 13 of the closure cost worksheet in Table 4.

*Table 4. Closure Cost Estimates Worksheet.*

<b>Item No.</b>	<b>Item Description</b>	<b>Unit of Measurement</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
1	Site Evaluation and Engineering Review	NA	40 hours	\$175	7000
2	Bid Document and Procurement	NA	80 hours	\$75	6000
3	Contract Award and Administration	NA	10 hours	\$125	1250
4	Clean-Up, Removal and Transport of Waste Stored On-Site	lbs	10,000 lbs	\$0.40	4000
5	Disposal of Waste at an Authorized Facility	lbs	5000	\$0.40	2000
6	Waste Treatment	lbs	100,000	\$0.40	40000
7	Process Units Dismantling	NA	0	\$0	0
8	Wash Down and Disinfection of Facility and Processing Units	lbs	10,000 lbs	\$0.40	4000
9	Vector Control	NA	6,250 lbs	\$0.40	2500

<b>Item No.</b>	<b>Item Description</b>	<b>Unit of Measurement</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
10	Site Security	NA	75 hours	\$100	7500
11	Signs, Newspaper Notice and TCEQ Notice	NA	1	\$2500	2500
12	Facility Inspection and Closure Certification by Licensed Engineer	NA	10 hours	\$250	2500
13	Additional Storage and Processing Unit Closure Cost Items (describe in attachments)	NA	NA	NA	0
14	Storage and Processing Unit Closure Costs Subtotal	NA	NA	NA	79250
15	Contingency Cost 15%	NA	NA	NA	11887
16	Total Closure Cost Estimate	NA	NA	NA	91137



## 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):

All new employees receive OSHA 24-hour Hazardous Waste Operator and Emergency Response (HAZWOPER) training containing Bloodborne Pathogen (BBP) training before being allowed to work in the portion of the facility that contains waste. All employees receive annual refresher training that includes but is not limited to the above topics. A training course will be provided to all employees involved in the handling and tracking of medical waste. Training sessions are documented using sign in sheets and the data is stored in the company computer system. Site specific training is also conducted that includes location of emergency equipment, what to do in case of a spill, and storage locations of medical waste at the facility. All Class B licensed supervisors have gone through a TCEQ recognized or approved medical waste specialized training course. As noted above Class B certified supervisors are on site as required.

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):

Procedures for the detection and prevention of the receipt of prohibited wastes include:

(A) random inspections of packaging for incoming loads:

(B) records of all inspections; and

(C) training for appropriate facility personnel responsible for inspecting or observing loads to recognize prohibited waste.

The following measures are in place to prevent and ensure that unauthorized waste is not being stored at the facility. While regulations prohibit opening bags or containers of medical waste the facility will employ random visual inspections of packaging when the transport containers are opened to make sure they are properly labeled, identified as to contents and with the corresponding required paperwork. Records of such random inspections will be maintained by the facility for three (3) years.

The contract with the customer (generator) contains a clause pertaining to unauthorized disposal of waste considered non-conforming or outside the scope of regulated medical waste. The generator must sign this contract. A Waste Acceptance Protocol that outlines the laws and regulations concerning the identification, packaging, transportation, treatment, and disposal of regulated medical waste is provided to each customer (generator). In the event any non-conforming waste is received by the generator Safety-Kleen/Clean Harbors will contact the generator immediately so the unauthorized material can be returned to generator or other approved site on approval of generator for proper disposal.

Ongoing training, along with a review of customer records, is provided to customers on an as needed basis to ensure compliance with all applicable laws and regulations to ensure proper management of medical waste and protect against unauthorized disposal.

## **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):

The following medical wastes will be received for storage and transfer at this location:

-"Biohazardous red bags waste" includes disposable items such as dressings, bandages, gauze, PPE and other items that have been saturated with blood or body fluids.  
**"Sharps waste" means a device that has acute rigid corners, edges, or protuberances**  
capable of cutting or piercing, including, but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, acupuncture needles, root canal files, broken glass items used in health care such as Pasteur pipettes and blood vials contaminated with biohazardous waste, and any item capable of cutting or piercing from trauma scene waste. Pathology waste includes both of the following: (A) Human body parts, except for teeth, removed at surgery and surgery specimens or tissues removed at surgery or autopsy that are suspected by the health care professional of being contaminated with infectious agents known to be contagious to humans or having been fixed in formaldehyde or another fixative. (B) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans. All pharmaceutical wastes managed at the facility are non-hazardous.

Although not considered medical waste in Texas, "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)). For purposes of this part, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following: The federal Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.).  
**"Trace chemotherapeutic waste" means waste that is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are empty. These nonmedical waste items may be received from time to time and transferred.**

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):

No recycling operations are employed at this location for regulated medical waste.

Maximum amount of waste received daily: 50000 ☒ pounds/day ☐ tons /day

Maximum amount of waste to be stored at any point in time: 100000 ☒ pounds ☐ tons

Maximum length of time waste is to remain at the facility: 30 ☐ hours ☒ days

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

Processed: NA ☐ hours ☐ days

Unprocessed: 30 ☐ hours ☒ days

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

All waste will be transferred to authorized waste facilities, including other designated Clean Harbors treatment locations in Texas. The intended disposition is Republic Services Blue Ridge Landfill located at 2200 FM 521 Rd, Fresno, TX 77545.

#### **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):

There are no liquids resulting from operations as all waste is in containers which are not opened but transferred to outgoing vehicles for disposal elsewhere.

#### **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):

All gates are locked when not in use. Access is via a secured card key or code system. Only authorized Safety-Kleen and Clean Harbors employees are issued cards or codes. Visitors require sign-in and identification to have access and are escorted at all times. Badges are issued to visitors and contractors. Unescorted contractors undergo safety site training.

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):

All grounds are inspected daily and maintained in a clean and orderly condition. Vehicles are washed and cleaned as needed off-site. The site is paved and or thick rock base to prevent any mud or debris to be tracked off- site.

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:*

Typical facility operating hours are between the hours of 7:00 a.m. and 7:00 p.m., Monday through Friday. However, there are certain situations where the facility may operate outside of this time frame as the facility has the ability to operate 24 hours per day, 7 days a week. Some examples where the operating hours maybe outside of 7:00 a.m. to 7:00 p.m., Monday through Friday are: The facility could have a driver show up at 8:30 p.m. due to last starts for some unforeseen reason. The facility also may need the operational flexibility to run a second shift that may start for an example at 4.a.m.

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

Alternative operating hours may be 24 hours per day, 7 days a week, based on operational needs at the facility.

## **Section 5—Other Site Operating Plan, Financial Assurance, and Closure Requirements**

Attach additional pages describing how the facility will comply with the following requirements.

- 30 TAC §326.75(d), Storage
- 30 TAC §326.75(e), Recordkeeping and Reporting
- 30 TAC §326.75(f), Fire protection Plan
- 30 TAC §326.75(g)(2), Access Roads, Vehicle Parking, and Safety Measures
- 30 TAC §326.75(g), Access Control
- 30 TAC §326.75(h), Unloading of Waste
- 30 TAC §326.75(i)(3), Recording of Applicable Alternative Hours (if used)
- 30 TAC §326.75(j), Signs at Facility Entrances
- 30 TAC §326.75(k), Control of Windblown Material and Litter
- 30 TAC §326.75(l), Facility Access Roads
- 30 TAC §326.75(m), Noise Pollution and Visual Screening
- 30 TAC §326.75(n), Overloading and Breakdown
- 30 TAC §326.75(o), Sanitation
- 30 TAC §326.75(p), Ventilation and Air Pollution Control
- 30 TAC §326.75(q), Health and Safety
- 30 TAC §326.75(r), Disposal of Treated Medical Waste (if applicable)
- 30 TAC §326.71(n); Financial Assurance
- 30 TAC §326.71(l)(1); provide notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.
- 30 TAC §326.71(l)(2); install signs and barriers upon notification of final closure to the executive director.
- 30 TAC §326.71(l)(3); provide certification of closure, and a request for voluntary revocation of facility registration within 10 days after completion of final closure of the facility.

- **30 TAC §326.75(d), Storage**

All regulated medical waste arriving at the facility will be off loaded and placed into the refrigerated trailer as shown on the facility drawings so as not to create a nuisance, and to prevent putrefaction. The trailer may be located anywhere on the facility except buffer zones.

All medical waste will be stored separate from all other waste materials or other processes. This facility has existing protocols to control odors, vectors, and windblown waste. There are comprehensive general housekeeping practices that include daily inspections both inside the buildings and on the grounds, and prompt trash pickup of any debris to maintain a clean environment. Any vector problems will result in exterminator companies dispatched as needed to immediately address the problem. All medical waste containers are located on the vehicle.

All containers coming onto the property are promptly and subsequently transferred to other locations. Medical waste containers will be transferred from truck to truck, removed from trucks and placed in temporary storage (<72 hours) prior to being shipped offsite, and/or being placed in a self-contained refrigerated trailer approximately 52' in length before being shipped offsite for treatment and/or final disposal. The refrigerated trailer is kept at lower than 45°F. See Appendix 5.1 for an example of a refrigeration unit. The containers are handled either manually or mechanically with a forklift, so the integrity of each container is maintained during storage, handling, and transport.

No compactor is used for waste at any time, so there is no risk of public nuisance through material loss or spillage, odor, vector breeding or harborage, or other conditions.

- **30 TAC §326.75(e), Recordkeeping and Reporting**

A copy of the registration, the approved registration application, and any other required plan or other related document shall always be maintained at the medical waste facility. These plans shall be made available for inspection by agency representatives or other interested parties. These documents shall be considered a part of the operating record for the facility. This operating record shall include the following:

1. *All location-restriction demonstrations*
2. *All inspection and training records*
3. *Any closure plans, cost estimates and financial assurance documents*
4. *All correspondence related to the operation of the facility, registration modifications, approvals, technical assistance, documents, manifests, and any other documents as specified or requested*
5. *All documents, manifests and any other document(s) as specified by the approved authorization or by the executive director. Copy of manifests/shipping papers must be maintained for at least three (3) years.*

For signatories to reports, the following conditions apply:

(A) The owner or operator shall sign all reports and other information requested by TCEQ as described in §305.128 (relating to Signatories to Reports) and §305.44(a) (relating to Signatories to Applications) or by a duly authorized representative of the owner or operator. A person is a duly authorized representative only if:



(i) the authorization is made in writing by the owner or operator as described in §305.44(a);

(ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity or for environmental matters for the owner or operator, such as the position of plant manager, environmental manager, or a position of equivalent responsibility. A duly authorized representative may thus be either a named individual or any individual occupying a named position; and

(iii) the authorization is submitted to the TCEQ.

(B) If an authorization is no longer accurate because of a change in individuals or position, a new authorization satisfying the requirements must be submitted to TCEQ prior to, or together with, any reports, information, or applications to be signed by an authorized representative.

(C) Any person signing a report shall make the certification in §305.44(b).

The owner or operator shall retain all information contained within the operating record and the different plans required for the facility for the life of the facility. Any shipping documents that designate this facility as destination will result in one copy of each document being retained for the life of the facility. As no treatment occurs at this location, no statement of treatment applies.

- **30 TAC §326.75(f), Fire protection Plan**

There is a comprehensive Contingency plan and Spill Pollution, Control and Countermeasures (SPCC) Plan at the facility that addresses all the following:

1. *There is always an adequate supply of water for firefighting purposes supplied under normal conditions by the water company.*
2. *Fire extinguishers that comply with all requirements are strategically placed to be readily available as needed.*
3. *All employees are trained in the **Contingency Plan and SPCC Plan** including contact information, training and safety procedures.*
4. *The facility complies with all local fire codes*

- **30 TAC §326.75(g), Access Control**

- **30 TAC §326.75(g)(2), Access Roads, Vehicle Parking, and Safety Measures**

Public access to this facility is restricted. Access is granted via a key card issued to authorized personnel. Visitors and others enter through the office door, and authorized access is granted after signing in and revealing the purpose of the visit.

The facility access is designed for the traffic flow via the two-lane asphalt road. Safe on-site access for all vehicles is provided, including adequate turning radius and does not disrupt normal traffic patterns. Parking is provided for equipment, employees, and visitors. All interior driving and parking surfaces are paved and or thick rock to minimize dust and mud.

A 6-foot perimeter fence topped with 3-stranded barbed wire surrounds the facility and includes lockable and monitored pedestrian and vehicle gates for access. Monitoring is conducted via closed circuit cameras with recording devices. The property is always occupied

during normal business hours. There are no hoppers at the facility and therefore there are no safety bumpers provided at hoppers for vehicles

- **30 TAC §326.75(h), Unloading of Waste**

Waste is unloaded in a specific designated area. From there it is placed either into a refrigerated trailer. These areas are designed to be in as small an area as is practical as shown on the attached diagram. Unloading of waste in an area not otherwise authorized is prohibited. And prohibited wastes received, once identified, are returned to the generator of the waste in a timely manner or rejected to an alternative facility approved to accept such wastes.

- **30 TAC §326.75(i)(3), Recording of Applicable Alternative Hours (if used)**

Operating hours are 24 hours per day 7 days a week to accommodate the needs of customers for after hours and weekend service. Additionally, waste may be unloaded or transferred to other locations at any time. Administrative office hours are Monday through Friday 8 am to 5 pm.

- **30 TAC §326.75(j), Signs at Facility Entrances**

Signs measuring four feet by four feet with letters at least 3" high will be prominently displayed at the vehicle entrance locations. The signs will include the following information: facility name, type of facility, days and hours of operation, authorization number of the facility, and access rules.

- **30 TAC §326.75(k), Control of Windblown Material and Litter**

The entire location is maintained in a clean, healthy, and safe manner, through in part controlling windblown material and litter being promptly collected and disposed of.

- **30 TAC §326.75(l), Facility Access Roads**

As indicated previously, primary and secondary roads are asphalt base to prevent the tracking of mud and debris onto public roadways and for safety during wet weather. Since most of the entire property is paved and thick rock base, no specialized mobile equipment for dust control is necessary. Vehicle and personnel safety are of primary concern, so all interior roads are maintained to minimize depressions, ruts, and potholes. If maintenance to the access roads is required, county officials or TxDOT will be notified.

- **30 TAC §326.75(m), Noise Pollution and Visual Screening**

The only noise arising from the operation is that of vehicles entering or exiting the property. There is no equipment except for perhaps a forklift used in connection with this activity. Visual screening is maintained due to the location of the operation which is around behind the buildings or within them.

- **30 TAC §326.75(n), Overloading and Breakdown**

Adding medical waste to the existing operation does not pose a risk to exceeding operational capability nor design capacity. As a transfer station all waste is promptly routed to other locations, so there is no risk of quantities remaining on the property. Clean Harbors has multiple other facilities to which waste can be shipped for processing, so there are primary and secondary options should the need arise.

Any work stoppage will result in diverting incoming waste to other permitted facilities. Having multiple options allows the facility to ensure that waste will not accumulate nor will waste be received without the operational ability to handle it. If work stoppage is anticipated to last long enough, existing affected regulated medical waste inventories will be immediately removed and shipped from the facility to an approved backup processing or disposal facility.

- **30 TAC §326.75(o), Sanitation**

Sanitary facilities and potable water are available at all times for employees and visitors.

Waste is always in sealed containers and not removed. This facility is for the storage and transfer of regulated medical waste only (i.e., not a processing facility). Therefore, any working surfaces are cleaned as part of routine maintenance typically consisting of sweeping floors (i.e., the only working surfaces) to provide a safe and clean environment. Spill kits are maintained on premises and in the vehicles in the event waste is spilled and requires collection, containment and decontamination.

- **30 TAC §326.75(p), Ventilation**

As a transfer station there are no permitted air pollution abatement devices associated with this operation. The area is always well ventilated.

- **30 TAC 326.75(r), Disposal of Treated Medical Waste (if applicable)**

As a transfer station this section is not applicable.

- **30 TAC §326.71(n); Financial Assurance**

Financial Assurance is provided by insurance procured by the applicant. Financial assurance will be provided 60 days prior to the initial date of accepting waste.

- **30 TAC §326.71(l)(1); provide notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.**

The authorized facility will provide TCEQ notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.

- **30 TAC §326.71(l)(3); provide certification of closure, and a request for voluntary revocation of facility registration within 10 days after completion of final closure of the facility.**

Within 10 days after completion of final closure of the facility, the authorized facility will provide certification of closure, and a request for voluntary revocation of facility registration. Certification of final closure will be signed by an independent, Texas-licensed PE.

# Appendix 5-1

## Operation Plan and Spill Containment

Medical waste is typically picked up in local delivery trucks and delivered to the Facility. At the Facility, the containers will be offloaded into parked trailer. It will be stored until such time that a full truckload is sent to the destination facility or another permitted Transfer Station, or until such time that the waste can no longer be stored at the Facility to maintain compliance within the storage timeline limitations.

The waste will be delivered to the treatment facility within 7 days of being received by the generator in accordance with the Medical Waste Management Act requirements.

Although typically waste will be stored at the Robstown facility for 24 to 72 hours prior to being sent to the appropriate location for treatment. Typically, waste is shipped out for treatment twice weekly. In the event any non-conforming waste is received by the generator Safety-Kleen/Clean Harbors will contact the generator immediately so the unauthorized material can be returned to generator or other approved site on approval of generator for proper disposal.

Should a spill occur at this facility or elsewhere, our personnel are well-equipped and specifically trained to handle the containment and cleanup. Each company vehicle, as well as our facility, is fully stocked with first aid supplies, personal protective equipment (gloves, face shield, respiratory protective equipment, Tychem/Tyvek coveralls, boot covers (banana boots), etc.), absorbent materials, biohazard bags, disinfectant, dust pans, brushes, shovels, broom, etc. All spills or discharges shall be reported to CDPH Medical Waste Management Program Promptly.

In the event of a spill the following measures will be taken:

1. *Identification of the spill to determine appropriate response, including Emergency Notification Requirements, PPE, and Cleanup Equipment*
2. *If cleanup is indicated, alert proper parties, don appropriate PPE, stop the spill from spreading, cover the spill with absorbent if needed, spray the spill with a bleach solution or other EPA approved disinfectant, allow sufficient contact time for the disinfectant, clean up the material and repackage for appropriate shipment. Follow up with a report to supervisors and place the report in an incident log for viewing by CDPH personnel as needed.*



# Appendix 5-2

## Health and Safety Plan 30 TAC §326.75(q)

Applicable safety equipment includes the following:

Respirators available are 3M half-mask and full-face organic vapor respirators.

Each sales representative and facility employee who may involve in response to an emergency is issued a 1/2-face respirator. Numerous full-face respirators are also stored at the facility.

There are full-face shields available for all employees and safety glasses available for each employee at the facility. This equipment is stored in the emergency Response Kit in the warehouse.

A pair of steel-toed boots is assigned to each employee. Two pair of neoprene/steel-toed boots are available for employee use.

Coveralls made of Tyvek Neoprene aprons are also used as needed.

A pair of neoprene gloves is assigned to each employee and are replaced as necessary.

Electronic copies of all SDSs are kept on a database. Hard copy of Safety-Kleen products that are used daily by Customer Service Representatives (CSRs) are kept at the CSR room.

Other equipment available includes: mops, buckets, shovels, soap, portable pumps, wet/dry vacuum, telephones, eye wash stations, first aid station, fire extinguisher, and safety showers.

## Section 6—Applicant Certification and Signature

*The applicant is the person or entity who would be the owner of the facility and in whose name the registration would be issued. If the application is signed by an authorized representative for the applicant, the applicant must complete the delegation of signature authority.*

### Certification by Applicant or Authorized Signatory [30 TAC §305.44]

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 of applicant, or other person authorized to sign: Ricardo Saucedo

Title of person signing: Sr. Environmental Compliance Manager

Signature: [Signature] Date: 08/28/2024

### Notarization

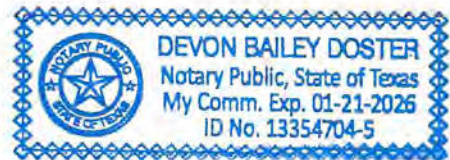
SUBSCRIBED AND SWORN to before me by the said Ricardo Saucedo

On this 28<sup>th</sup> day of August, 2024.

My commission expires on the 21<sup>st</sup> day of January, 2026.

Notary Public in and for

Bexar County, Texas



### Applicant's Delegation of Signature Authority [30 TAC §305.43]

I hereby delegate the person named below as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and appear for me at any hearing or before the Commission 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.

Name of applicant's representative: N/A

Name of person who is the applicant, or officer or official representing corporation or public agency that is the applicant: N/A

Signature: N/A Date: N/A

### Notarization

SUBSCRIBED AND SWORN to before me by the said N/A

On this N/A day of N/A, N/A.

My commission expires on the N/A day of N/A, N/A.

N/A

Notary Public in and for

N/A County, Texas

## 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: RICARDO SAUCEDO  
Signature: [Signature] Date: 08/28/2024

### Notarization

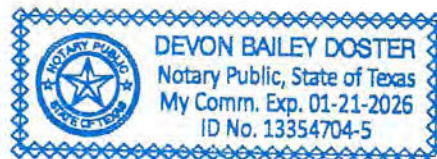
SUBSCRIBED AND SWORN to before me by the said Ricardo Trevino Saucedo  
On this 28<sup>th</sup> day of August, 2024.

My commission expires on the 21<sup>st</sup> day of January, 2026

Notary Public in and for

Bexar

County, Texas



## Attachments

Table Att-1. Required Attachments

Attachments	Attachment No.
General Location Map	1
Facility Access Map	2
Facility Layout Map	2
Land Use Map	3
Land Ownership Map	4
Land Ownership List	5
Land Ownership Hard Copy and Electronic Mailing List or Mailing Labels	6
Metes and Bounds Drawing and Description	7
Copy of Authorization to Discharge Wastewater to a Treatment Facility	NA
Process Flow Diagrams and Narrative	8
Procedures for Operation and Testing of Treatment Equipment, if applicable	NA
Procedures for Preparation of any Chemical used in Treatment, if applicable	NA
Verification of Legal Status	9
Texas Department of Transportation Coordination Letters	16
Entity Exercising Maintenance Responsibility of Public Roadway, if applicable	NA
<b>FIRM Flood Insurance Rate Map (Source: FEMA)</b>	10
<input type="checkbox"/> Facility Design Demonstration for Flood Management, or <input type="checkbox"/> Conditional Letter of Map Amendment from FEMA, if applicable	NA
Wetland Documentation, if applicable	NA
Council of Governments Review Request Coordination Letters	11

Table Att-2. Additional Attachments; check all that apply.

<b>Attachments</b>	<b>Attachment No.</b>
<input type="checkbox"/> TCEQ Core Data Form(s)	12
<input type="checkbox"/> Fee Receipt or copy of check	13
<input type="checkbox"/> Published Zoning Map	14
<input type="checkbox"/> Delegation of Signatory Authority	15
<input type="checkbox"/> Manufacturer Specifications for Waste Management Units	17
<input type="checkbox"/> Additional Storage and Processing Unit Closure Cost Items	NA
<input type="checkbox"/> Public Involvement Plan (PIP)	18
§326.71(f)(1)-(5) Certification Statement	19
Fire Prevention Plan	20

# Attachment 1



## General Location Map



## SAFETY-KLEEN SITE

Produced by the United States Geological Survey

This map is not a legal document. Boundaries may be generalized for this map scale. Private lands within government boundaries may not be shown. Obtain permission before entering private lands.

Imaging	MSP, October 2016 - December 2016	
Region	U.S.	Canada, Europe
Health		Gen, 2013-2021
Primary topic	Medical, Hydrology, Transport, 2001-2019	
Genre	Science, Education, Culture, 2019	
Boundaries	Multiple sources	Open, verifiable file, 2019-2021

Website	FWS	National	Wildlands	Inventory	Red	Available
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**LIVE GUNS AND 2016 BROWNE NORTH**  
 2016 BROWNE NORTH

U.S. Patent No. 5,411,411

VOLUME 10 NUMBER 6

2

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1980.

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THE AMERICAN VERTICAL GAT

Map was produced for the  
Spatial Program US Topo 1

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Revised 6-2-

Page 34 of 34

Revised 8-27-2024  
Page 34 of 108

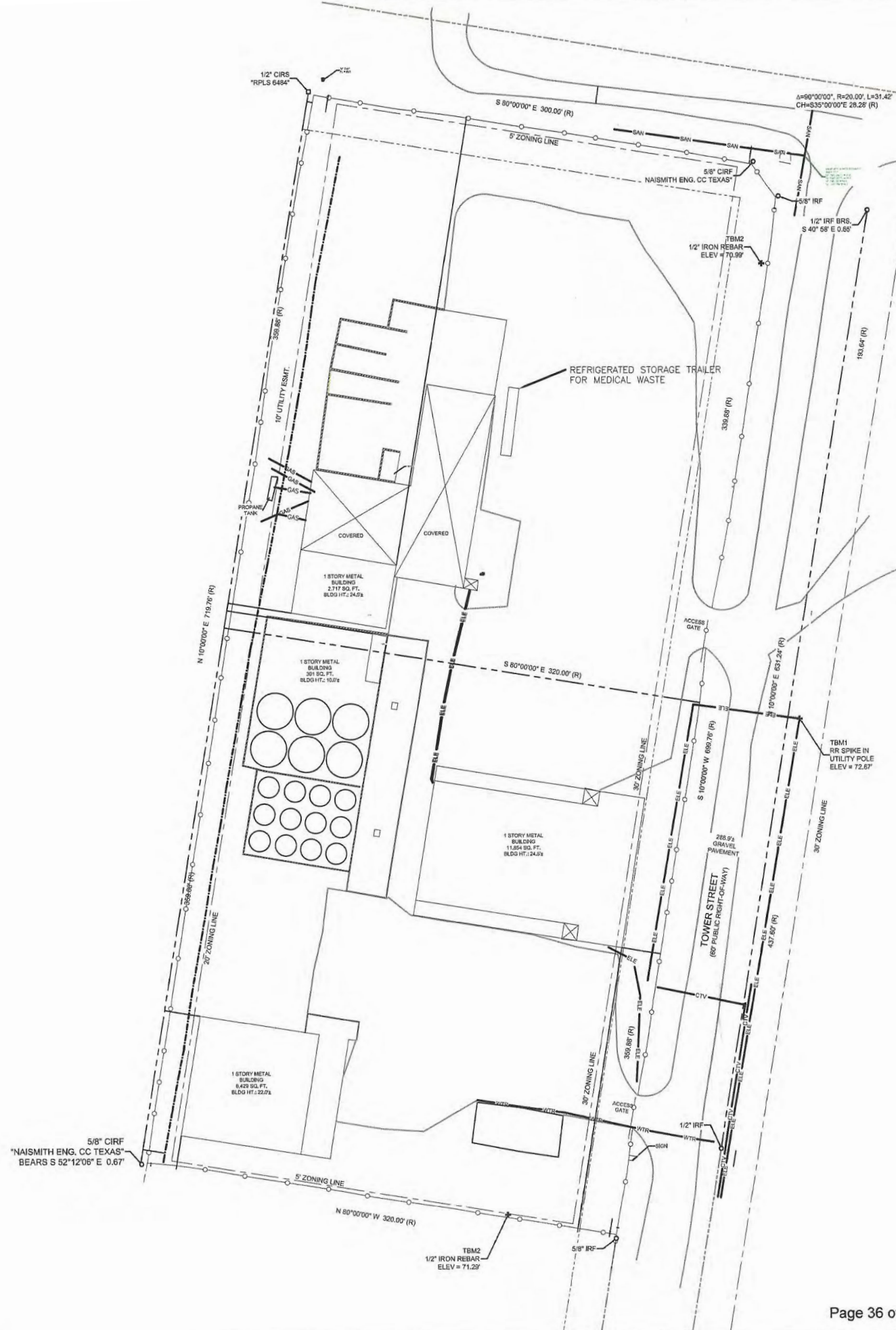
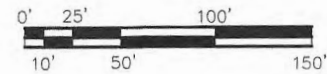
ROBSTOWN, TX  
2022

2022



# Attachment 2

N



LEGEND

- ZONING LINE
- BUILDING SETBACK
- UTILITY EASMENT
- PROPERTY LINE
- FENCELINE
- ELECTRIC LINES
- WATER LINES
- SANITARY SEWER
- NATURAL GAS LINES
- CABLE TV
- IRON ROD FOUND
- CAPPED IRON ROD FOUND
- TIDAL BENCH MARK

PROPRIETARY STATEMENT

THIS DRAWING IS THE EXCLUSIVE PROPERTY OF SAFETY-KLEEN SYSTEMS, INC. AND IS PROPRIETARY AND CONFIDENTIAL INFORMATION. THIS DRAWING AND THE INFORMATION CONTAINED THEREIN MUST NOT BE DUPLICATED, USED, DIVULGED, REPRODUCED, COPIED, DISCLOSED OR APPROPRIATED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN AS EXPRESSLY AUTHORIZED BY SAFETY-KLEEN SYSTEMS, INC. THIS DRAWING MUST BE RETURNED PROMPTLY UPON REQUEST.

TITLE  
**FACILITY LAYOUT MAP  
2203 TOWER RD.  
ROBSTOWN, TX.**

**SAFETY-KLEEN SYSTEMS, INC.**  
42 LONGWATER DR. NORWELL, MA. 02061  
PHONE 800-669-5740

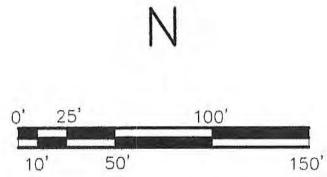
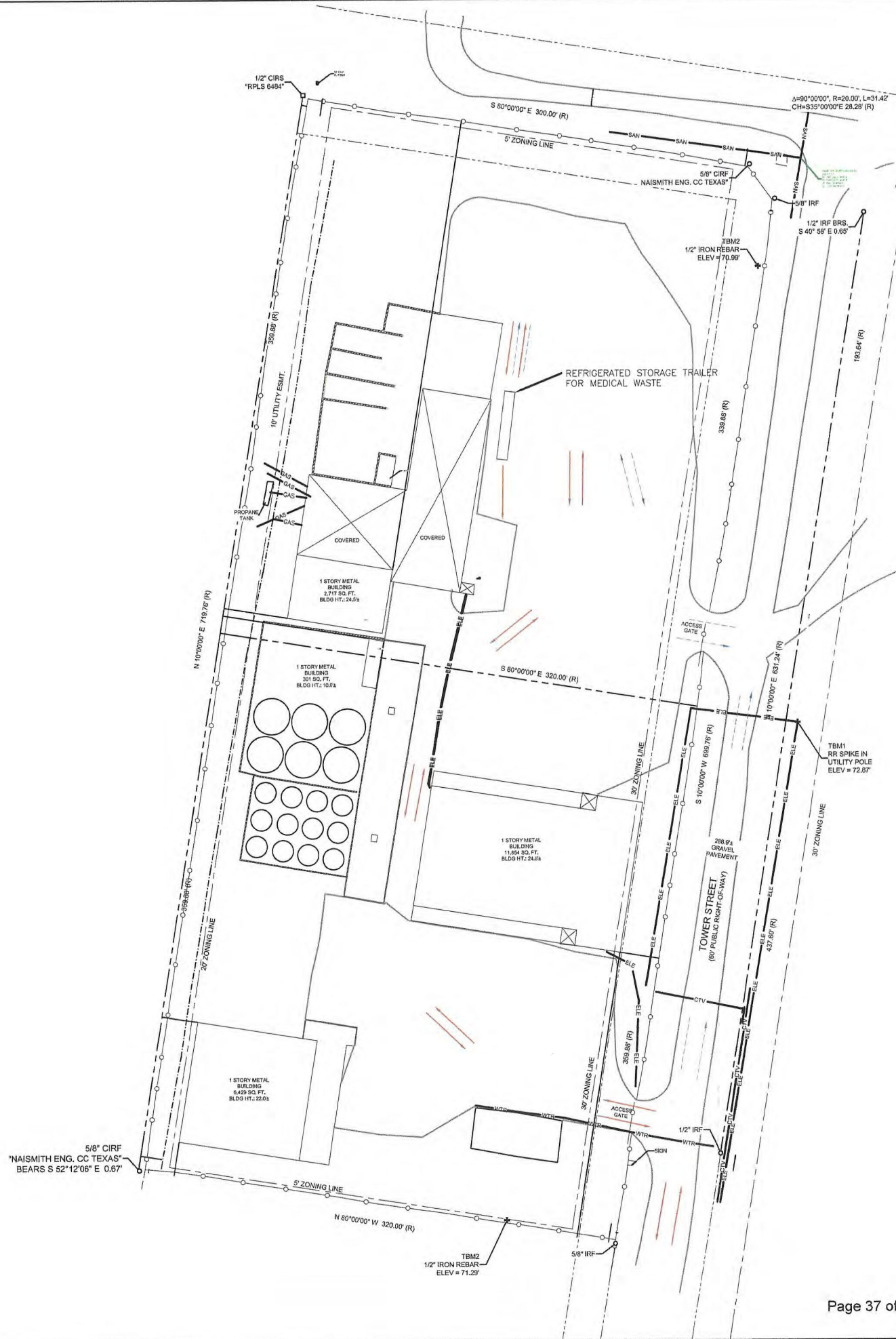
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Revised 8-27-2024

Page 37 of 108



LEGEND


- ZONING LINE
- BUILDING SETBACK
- UTILITY EASMENT
- PROPERTY LINE
- FENCELINE
- ELECTRIC LINES
- WATER LINES
- SANITARY SEWER
- NATURAL GAS LINES
- CONNECTED TV
- IRON ROD FOUND
- CAPPED IRON ROD FOUND
- TIDAL BENCH MARK
- PRIMARY ACCESS ROUTE
- SECONDARY ACCESS ROUTE

PROPRIETARY STATEMENT

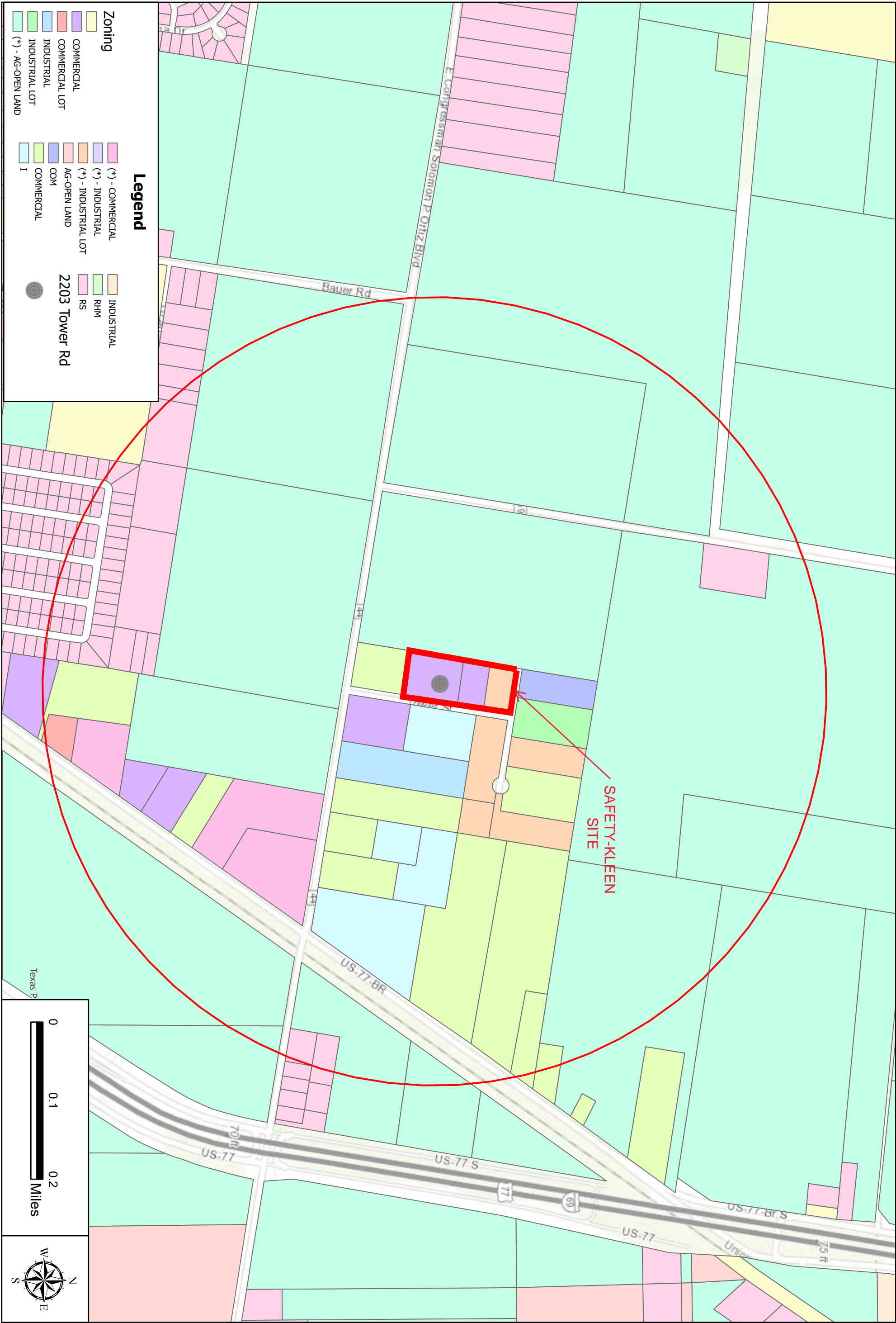
THIS DRAWING IS THE EXCLUSIVE PROPERTY OF SAFETY-KLEEN SYSTEMS, INC. AND IS PROPRIETARY AND CONFIDENTIAL INFORMATION. THIS DRAWING AND THE INFORMATION CONTAINED THEREIN MUST NOT BE DUPLICATED, USED, DIVULGED, REPRODUCED, COPIED, DISCLOSED OR APPROPRIATED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN AS EXPRESSLY AUTHORIZED BY SAFETY-KLEEN SYSTEMS, INC. THIS DRAWING MUST BE RETURNED PROMPTLY UPON REQUEST.

TITLE  
FACILITY ACCESS MAP  
2203 TOWER RD.  
ROBSTOWN, TX.

**SAFETY-KLEEN SYSTEMS, INC.**  
42 LONGWATER DR. NORWELL, MA. 02061  
PHONE 800-669-5740

						TITLE FACILITY ACCESS MAP 2203 TOWER RD. ROBSTOWN, TX.						
						 SAFETY-KLEEN SYSTEMS, INC. 42 LONGWATER DR. NORWELL, MA. 02061 PHONE 800-669-5740						
A	NEW ISSUE FOR REVIEW		JEK	JZ	JZ	022824	SCALE 1"=50'-0"	BY JEK	CHKD JZ	APPROVED JZ	OPERATIONS	DATE 2/28/2
NO.	DESCRIPTION		BY	CHK	APPR	DATE	SERVICE CENTER LOCATION ROBSTOWN, TX.			SC-DWG NUMBER 77CCT-SP00-003		REV. NO. A
REVISIONS												

# Attachment 3



00.10.2Miles

W

N

E

S

# Attachment 4






# **EXPLANATION**

Parcel Boundary lines

Property Ownership Designation




	FIGURE		
	ADJACENT LANDOWNERS MAP 1/4 Mile		
	SAFETY-KLEEN SYSTEMS, INC ROBSTOWN, TEXAS		
	Date: 12/010/2023	Checked by: Bill Caldwell	Scale: 1" = 560' File: 156_RCRA_LAND

# Attachment 5



LETTER	LANDOWNER NAME	ADDRESS	LAND USE
A	Fox Tree & Landscape Nursery	5949 La Costa, Corpus Christi, TX 78414	AG - OPEN
B	Jorge Chen Lau	7795 SW 129 <sup>th</sup> , Miami, FL 33156	AG - OPEN
C	Safety-Kleen Systems	2203 Tower Road, Robstown, TX 78380	COM
D	Amerigas – Kenneth Gajdos	12805 Rush Creek Ln, Austin, TX 78732	COM
E	Andy McMullen	PO Box 706, Hamilton, TX 76531	COM
F	Too Tall Heavy Haul LLC	13834 Exchequer Dr, Corpus Christi, TX 78410	IND
G	National Oilwell DHT	7909 Parkwood Circle Dr, Houston, TX 77036	COM
H	Lucy Haynes	3360 San Antonio St, Corpus Christi, TX 78411	AG – OPEN
I	TJ&SLP	1000 Fresco Dr, Alice, TX 78332	AG – OPEN
J	4746 Lepard LLC	4730 Lepard St, Corpus Christi, TX 78406	COM
K	Four Seasons Bus Park	5825 Sam Houston Pkwy, Houston, TX 77041	COM
L	John & Glenda Reed	3703 Perry Ln, Corpus Christi, TX 78410	COM
M	Crown Communication	4017 Washington Rd, McMurray, PA 15317	COM
N	Castle Tower Group	4017 Washington Rd, McMurray, PA 15217	COM
O	Alamo Concrete Product	PO Box 34807, San Antonio, TX 78265	IND
P	Headwaters Group	PO Box 549, George West, TX 78022	COM
Q	Triangle Waste Properties	PO Box 940820, Houston, TX 77094	COM
R	GFL Texas Real Properties	PO Box 80615, Indianapolis, IN 46280	COM
S	Javier Ornelas	3722 Fort Worth St, Corpus Christi, TX 78411	COM
T	Mark Lowke	2165 N US Hwy 77, Robstown, TX 78380	COM
U	Mary Gavin Blanche	PO Box 363, Bozeman, MT 59771	AG – OPEN
V	Miguel Gonzales	1534 Baur Rd, Robstown, TX 78380	AG - OPEN

	FIGURE		
	ADJACENT LANDOWNERS ADDRESSES ¼ Mile		
	SAFETY-KLEEN SYSTEMS, INC ROBSTOWN, TEXAS		
Date: 12/10/2023	Checked by: Bill Caldwell	Scale: NONE	File: 156_RCRA_LAND

# Attachment 6

FOX TREE AND LANDSCAPE NURSERY  
5949 LA COSTA DR  
CORPUS CHRISTI, TX 78414

JORGE CHEN LAU  
7795 SW 129<sup>TH</sup> ST  
MIAMI, FL 33156

AMERIGAS  
KENNETH GAJDOS  
12805 RUSH CREEK LN  
AUSTIN, TX 78732

ANDY MCMULLEN  
PO BOX 706  
HAMILTON, TX 76531

TOO TALL HEAVY HAUL LLC  
13834 EXCHEQUER DR  
CORPUS CHRISTI, TX 78410

NATIONAL OILWELL DHT  
7909 PARKWOOD CIRCLE DR  
HOUSTON, TX 77036

LUCY HAYNES  
3360 SAN ANTONI ST  
CORPUS CHRISTI, TX 78411

TJ AND SLP  
100 FRESCO DR  
ALICE, TX 78332

4746 LEOPARD LLC  
4730 LEOPARD ST  
CORPUS CHRISTI, TX 78406

FOUR SEASONS BUS PARK  
5825 SAM HOUSTON PKWY  
HOUSTON, TX 77041

JOHN AND GLENDA REED  
3703 PERRY LN  
CORPUS CHRISTI, TX 78406

CROWN COMMUNICATION  
4017 WASHINGTON RD  
MCMURRAY, PA, 15317

CASTLE TOWER GROUP  
4017 WASHINGTON RD  
MCMURRAY, PA, 15317

ALAMO CONCRETE PRODUCT  
PO BOX 34807  
SAN ANTONIO, TX 78265

HEADWATERS GROUP  
PO BOX 549  
GEORGE WEST, TX 78022

TRAINGLE WASTE PROPERTIES  
PO BOX 940820  
HOUSTON, TX 77094

GFL TEXAS REAL PROPERTIES  
PO BOX 80615  
INDIANPOLIS, IN 46280

JAVIER ORNELAS  
3722 FORT WORTH ST  
CORPUS CHRISTI, TX 78411

MARK LOWKE  
2165 N US HWY 77  
ROBSTOWN, TX 78380

MARY GAVIN BLANCHE  
PO BOX 363  
BOZEMAN, MT 59771

MIGUEL GONZALEZ  
1534 BAUR RD  
ROBSTOWN, TX 78380

# Attachment 7

## 1 TITLE DESCRIPTION

## TRACT 1

Lots Four (4) and Five (5), in Block One (1), of WILKINS ACREAGE TRACTS, a subdivision in the City of Robstown, Nueces County, Texas, according to the map or plat thereof recorded in Volume 44, Pages 48-49, of the Map Records of Nueces County, Texas.

## TRACT 2

Lots Two (2) and Three (3), in Block Two (2), of WILKINS ACREAGE TRACTS, a subdivision in the City of Robstown, Nueces County, Texas, according to the map or plat thereof recorded in Volume 44, Pages 48-49, of the Map Records of Nueces County, Texas.

THE LAND SHOWN IN THIS SURVEY IS THE SAME AS THAT DESCRIBED IN TITLE REPORT PREPARED BY TITLE RESOURCES GUARANTY COMPANY, G.F. NO.: CLC2293440, EFFECTIVE DATE AUGUST 3, 2022, ISSUE DATE AUGUST 10, 2022.

## 2 TITLE INFORMATION

THE TITLE DESCRIPTION AND THE SCHEDULE B ITEMS HEREON ARE FROM A TITLE REPORT PREPARED BY TITLE RESOURCES GUARANTY COMPANY, G.F. NO.: CLC2293440, EFFECTIVE DATE AUGUST 3, 2022, ISSUE DATE AUGUST 10, 2022.

## 5 FLOOD INFORMATION

SUBJECT PARCEL IS WITHIN AN UNMAPPED AREA. GENERALLY THE REASON THE PANEL IS UNMAPPED IS BECAUSE THE ENTIRE AREA IS IN A NON-SPECIAL FLOOD HAZARD AREA SUCH AS ZONE "X".

## 6 CEMETERY

THERE WAS NO VISIBLE EVIDENCE OF CEMETERIES OR BURIAL GROUNDS OBSERVED AT THE TIME THIS SURVEY WAS PERFORMED.

## 7 POSSIBLE ENCROACHMENTS

- SIGN IN RIGHT-OF-WAY 2.8' TO 5.5'  
— FENCE IS IN SUBJECT PROPERTY UP TO 0.6'  
— FENCE IS IN RIGHT-OF-WAY UP TO 0.7'

## 8 ZONING INFORMATION

ZONING INFORMATION NOT PROVIDED

## 3 SCHEDULE "B" ITEMS

## NOTES CORRESPONDING TO SCHEDULE "B" SECTION TWO EXCEPTIONS:

1. The following restrictive covenants of record itemized below (We must either insert specific recording data or delete this exception):  
**Volume 44, Pages 48 and 49**, of the Map Records of Nueces County, Texas, but omitting any covenant, condition or restriction, if any, based on race, color, religion, sex, handicap, familial status or national origin unless and to the extent that the covenant, condition or restriction (a) is exempt under Title 42 of the United StatesCode, or (b) relates to handicap, but does not discriminate against handicapped persons.  
**NON-SURVEY RELATED ITEM**
102. Pipeline easement granted by James H. EwLing to Southern Pipe Line Corporation by instrument dated May 24, 1940, recorded in **Volume 268, Page 85**, of the Deed Records of Nueces County, Texas. (Blanket)  
**BLANKET IN NATURE, NOT SHOWN**
103. Pipeline easement granted by James H. Ewing and wife, Ethel M. Ewing to Southern Pipe Line Corporation by instrument dated October 10, 1939, recorded in **Volume 266, Page 506**, of the Deed Records of Nueces County, Texas. (Blanket)  
**BLANKET IN NATURE, NOT SHOWN**
104. Right-of-Way easement granted by Guaranty National Bank & Trust of Corpus Christi, Trustee, to South Texas Electric Cooperative Inc., by instrument dated August 25, 1962, recorded in **File No. 624634, Volume 1000, Page 436**, of the Deed Records of Nueces County, Texas. (Blanket)  
**BLANKET IN NATURE, NOT SHOWN**
105. An easement 10 foot wide easement along the rear of the subject property for the use of public utilities, as shown by plat recorded in **Volume 44, Pages 48-49**, Map Records of Nueces County, Texas. (Covers Lot 4, Blk. 1, Lot Lot 2, Blk. 2, and Lot 3, Blk. 2)  
**DOES AFFECT, PLOTTED AS SHOWN**
106. A stated 25 foot building setback line across the front line of Lot 4, Blk. 1, adjacent to Tower Street, as shown on plat recorded in **Volume 44, Pages 48-49** of the Map Records of Nueces County, Texas.  
**DOES AFFECT, PLOTTED AS SHOWN**
107. A stated 25 foot building setback line on the West Line of Lot 5, Blk. 1, adjacent to Tower Street, and the North line of subject Lot, adjacent to Derrick Street, as shown on plat recorded in **Volume 44, Pages 48-49**, of the Map Records of Nueces County, Texas. **DOES AFFECT, PLOTTED AS SHOWN**
108. A stated 25 foot building setback line across the front line of Lot 2, Blk. 2, adjacent to Tower Street, as shown on plat recorded in **Volume 44, Pages 48-49** of the Map Records of Nueces County, Texas.  
**DOES AFFECT, PLOTTED AS SHOWN**
109. A stated 25 foot building setback line across the front line of Lot 3, Blk. 2, adjacent to Tower Street, and the North line of subject Lot, adjacent to Derrick Street, as shown on plat recorded in **Volume 44, Pages 48-49**, of the Map Records of Nueces County, Texas.  
**DOES AFFECT, PLOTTED AS SHOWN**
110. Terms, conditions, and stipulations of that certain Agreement and Quitclaim of Water Rights dated May 29, 1962, from Guaranty Trust Company to Nueces County Water Control and Improvement District No. 3, recorded under **File No. 623261, Volume 998, Page 163**, of the Deed Records of Nueces County, Texas.  
**NON-SURVEY RELATED ITEM**
111. Terms, conditions, and stipulations of that certain Ageement and Quitclaim of Water Rights dated May 4, 1977, by Virgil Wilkins and wife Louise J. Wilkins, to Nueces County Water Control and Improvement District #3, recorded under **File No. 64357, Volume 1624, Page 383**, of the Deed Records of Nueces County, Texas.  
**NON-SURVEY RELATED ITEM**
112. Terms, conditions, and stipulations of those certain Rights of the Nueces County Water Control and Improvement District No. 3 to levy taxes and issue bonds as set out in the Information Form filed by the District under **Clerk's File No. 936288, Volume 1485, Page 523**, of the Deed Records of Nueces County Texas.  
**NON-SURVEY RELATED ITEM**
113. Terms, conditions, and stipulations of that certain User and Easement Agreement dated April 16, 1979, by and between Curtis Jensen, Individually, and as Owner of C & M Ambulance and Wrecker Service, David Wheeler, Individually and d/b/a David Wheeler Photo Service, Inc., and Glenn Black, Individually and d/b/a Black's Radio Service, recorded under **File No. 132726, Volume 576, Page 121**, of the Deed Records of Nueces County, Texas.  
**DOES AFFECT, CONTAINS PROVISIONS FOR INSTALLATION OF A RADIO TOWER ON LOT 4, BLOCK 1, NO LOCATION OF AN EASEMENT NOTED IN DOCUMENT, NOT SHOWN**

## 8 ZONING INFORMATION

ACCORDING TO GENIE, WITH THE CITY OF ROBSTOWN, PLANNING AND ZONING (PHONE: 361-387-4589 ), THE SUBJECT PROPERTY IS ZONED AS FOLLOWS WITH THE CORRESPONDING STANDARDS:

ZONE "R1" (FIRST ONE-FAMILY RESIDENTIAL ZONE)  
MIN. FRONT SETBACK = 30 FEET  
MIN. SIDE SETBACK = 5 FEET  
MIN. REAR SETBACK = 20 FEET  
MAX. HEIGHT = 1 TO 2 STORIES  
FLOOR SPACE AREA RATIO =  
MIN. LOT AREA = 7,500 SQ. FT.  
MIN. LOT DEPTH = N/A  
MIN. LOT WIDTH = 60 FEET AVERAGE  
MAX. COVERAGE AREA = N/A  
PARKING = N/A

ALL SETBACK LINES PER THE ABOVE ZONING STANDARDS GRAPHICALLY DEPICTED HEREON ARE ORIENTED WITH THE ASSUMPTION THAT THE FRONT OF THE PROPERTY FACES THE ROAD THAT THE CORRESPONDS WITH THE SUBJECT PROPERTY STREET ADDRESS. ALL ZONING INFORMATION SHOULD BE VERIFIED WITH THE CITY OF ROBSTOWN BEFORE USE.

ZONING INFORMATION PROVIDED BY  
COMMERCIAL DUE DILIGENCE SERVICES  
3550 W. ROBINSON STREET, THIRD FLOOR  
NORMAN, OK 73072  
PH: 405-253-2444  
JOB NO: 22-05-0067  
DATE: AUGUST 9, 2022

## 11 SURVEYOR'S NOTES

- This survey is based on information shown on a title report prepared by Title Resources Guaranty Company, G.F. No. CLC2293440, effective date August 3, 2022, issue date August 10, 2022 and all Schedule B exceptions in said title report have been addressed. The surveyor did not abstract this property and has relied on said title report for all matters of record.
- Subject tract has direct driveway access to Tower Street and Derrick Street.
- There is no observable evidence of earth moving work, or building construction.
- No observable evidence of any changes in street right-of-ways or recent street or sidewalk construction or repair.
- All statements within the certification, and other references located elsewhere hereon, related to utilities, improvements, structures, buildings, party walls, easements, servitudes, foundations and encroachments are based solely on above ground, visible evidence, unless another source of information is specifically referenced hereon.
- All iron rebar set are 1/2" with a plastic cap stamped "RPLS 6484".
- This survey does not provide a determination or opinion concerning the location or existence of wetlands, faultlines, toxic or hazardous waste areas, subsidence, subsurface and environmental conditions or geological issues. No statement is made concerning the suitability of the subject tract for any intended use, purpose or development.
- The point of height measurement is identified on the survey and was taken from the nearest adjacent grade at said point. This point represents the height of the structure as observed from ground level.
- The dimensions and area of the building shown are based on the building's exterior footprint at ground level.
- The surveyor did not observe any equipment or action associated with the process of drilling for oil, gas or any other hydrocarbons on this survey.
- No underground utilities have been located and/or shown on this survey. Only visible and apparent above ground utility appurtenances are shown.
- All Reciprocal Easement Agreements ("REAs") that have been reported by the title report provided have been denoted on the survey and are shown hereon. The limits of any offsite appurtenant easements that have been reported by the title report provided have been denoted on the survey and are shown hereon.
- Unless shown otherwise the surveyed boundary shown hereon are contiguous with adjoining properties and/or rights of way without any gaps, gores or overlaps.
- Unless shown otherwise, no visible evidence of substantial areas of refuse were observed at the time the fieldwork was performed.
- This topographic map and the survey upon which it is based have been prepared and performed in accordance with the United States National Map Accuracy Standards for vertical accuracy.
- The underground utilities shown have been located from field survey information and existing drawings. The surveyor makes no guarantee that the underground utilities shown comprise all such utilities in the area, either in service or abandoned. The surveyor further does not warrant that the underground utilities shown are in the exact location indicated although he does certify that they are located as accurately as possible from the information available. This surveyor has not physically located the underground utilities. All underground utilities should be field verified by the contractor prior to commencing any onsite work.
- Information for the underground utilities was provided by GPRS.

## 12 PARKING INFORMATION

- 0 STANDARD PARKING SPACES  
0 HANDICAP PARKING SPACES  
0 TOTAL PARKING SPACES

## 14 BUILDING AREA

BLDG 1 6,429 SQUARE FEET  
BLDG 2 11,854 SQUARE FEET  
BLDG 3 301 SQUARE FEET  
BLDG 4 2,717 SQUARE FEET

(SEE NOTE 9)

## 13 LAND AREA

TRACT 1  
6.054 ACRES  
263,730 SQUARE FEET  
  
TRACT 2  
5.286 ACRES  
230,237 SQUARE FEET  
  
TOTAL AREA  
11.340 ACRES  
493,967 SQUARE FEET

## 15 BUILDING HEIGHT

BLDG 1 22.0 FEET ±  
BLDG 2 24.5 FEET ±  
BLDG 3 10.0 FEET ±  
BLDG 4 24.5 FEET ±

(SEE NOTE 8)

## 4 SURVEYOR CERTIFICATION

To: Thermo Fluids, Inc., a Delaware coporation an/sor Assigns: Valcor Texas Real Estate Holdings, LLC, a Delaware limited liability company; Texan Title Insurance Company, and Commercial Due Diligence Services, Inc.

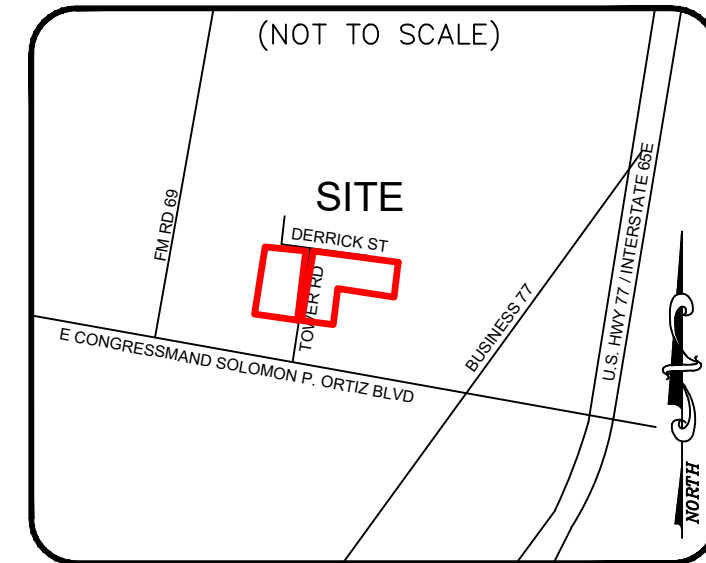
This is to certify that this map or plat and the survey on which it is based were made in accordance with the 2021 Minimum Standard Detail Requirements for ALTA/NSPS Land Title Surveys, jointly established and adopted by ALTA and NSPS, and includes Items 1, 2, 3, 4, 5, 6(a), 6(b), 7(a), 7(b)(1), 7(c), 8, 9, 11(b), 13, 14, 16, 17, 20 and 21(a) (Graphically depict in relation to the subject tract or property any offsite easements or servitudes benefitting the surveyed property and disclosed in Record Documents provided to the surveyor as part of the Schedule "A"), of Table A thereof. The fieldwork was completed on July 28, 2022.

Date of Plat or Map: August 5, 2022

*Anthony Ray Crowley*  
ANTHONY RAY CROWLEY, R.P.L.S. 6484  
CROWLEY SURVEYING  
FRN:10046500  
4251 FM 2181, #230-484  
CORINTH, TX 76210  
(469) 850-CPLS(2757)



## 16 VICINITY MAP



## 10 BASIS OF BEARINGS

Bearings and distances are based on U.S. State Plane NAD 1983 Coordinates, Texas South Zone (4205).

Elevations are based on North American Vertical Datum (NAD88) Orthometric Heights (GEOID 12B)

## KEY TO ALTA-SURVEY

- TITLE DESCRIPTION
- TITLE INFORMATION
- SCHEDULE "B" ITEMS
- SURVEYOR CERTIFICATION
- FLOOD INFORMATION
- CEMETERY
- POSSIBLE ENCROACHMENTS
- ZONING INFORMATION
- LEGEND
- BASIS OF BEARING
- SURVEYOR'S NOTES
- PARKING INFORMATION
- LAND AREA
- BUILDING AREA
- BUILDING HEIGHT
- VICINITY MAP
- NORTH ARROW / SCALE
- CLIENT INFORMATION BOX
- SURVEY DRAWING
- PROJECT ADDRESS

## 18 ALTA/NSPS Land Title Survey

This survey was made in accordance with the 2021 Minimum Standard Detail Requirements for ALTA/NSPS Land Title Surveys.

This Work Coordinated By:

**CDS**  
**COMMERCIAL**  
**DUE DILIGENCE SERVICES**  
3550 W. Robinson Street, Third Floor  
Norman, Oklahoma 73072  
Main Office Phone No.: 405-253-2444

Toll Free: 888.457.7878

Drawn By:	LJG	Date:	08/11/2022
Surveyor		Revision:	ZONING
Ref. No:	22-05-0067	Date:	8/13/2022
Approved By:	ARC	Revision:	TITLE
Field Date:	07/28/2022	Date:	--
Scale:	1" = 40'	Revision:	--
		Date:	--
		Revision:	--

Prepared For:

NCS No.:  
Client Ref. No.:

## 20 PROJECT ADDRESS

2203 Tower Road  
Robstown, Texas

Project Name:  
CH Robstown TX  
CDS Project Number:  
22-05-0067

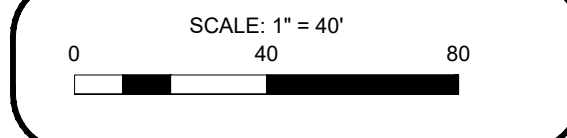
Approved CDS Surveyor  
ANTHONY RAY CROWLEY, R.P.L.S. 6484  
CROWLEY SURVEYING  
FRN:10046500  
4251 FM 2181, #230-484  
CORINTH, TX 76210  
(469) 850-CPLS(2757)





19 SURVEY DRAWING

17 NORTH ARROW / SCALE



9 LEGEND

- UTILITY POLE
- GUY ANCHOR
- LIGHT POLE
- ELECTRIC METER
- ELECTRIC BOX
- CATV BOX
- CATV MARKER SIGN
- GAS VALVE
- GAS METER
- SANITARY SEWER MANHOLE
- SEWER CLEAN OUT
- GRATE INLET
- TELEPHONE PEDESTAL
- WATER VALVE
- WATER METER
- BOLLARD
- SIGN
- MONUMENT FOUND (AS NOTED)
- MONUMENT SET (AS NOTED)
- CONCRETE
- GRAVEL
- WALL
- PARKING STRIPE
- RECORD CALL
- MEASURED CALL
- POINT OF BEGINNING
- POINT OF COMMENCEMENT
- LANDSCAPE AREA
- BUILDING HEIGHT LOCATION
- CENTER LINE
- ADJOINING PROPERTY LINE
- BUILDING SETBACK LINE
- EASEMENT LINE
- PROPERTY LINE
- WIRE FENCE
- OVERHEAD UTILITY LINE
- UNDERGROUND CABLE TV LINE
- UNDERGROUND ELECTRIC LINE
- UNDERGROUND GAS LINE
- UNDERGROUND SANITARY SEWER LINE
- UNDERGROUND WATER LINE
- CONTOUR LINE

CALLED 40.512 ACRES  
KUI YOUNG CHEN,  
CARMEN FU YU & WEI  
HON FAN  
DOC. # 2021040879  
O.P.R.N.C.T.

Approved CDS Surveyor  
ANTHONY RAY CROWLEY, R.P.L.S. 6484  
CROWLEY SURVEYING  
FRN:10046500  
4251 FM 2181, #230-484  
CORINTH, TX 76210  
(469) 850-CPLS(2757)



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18 ALTA/NSPS Land Title Survey

This survey was made in accordance with the 2021 Minimum Standard Detail Requirements for ALTA/NSPS Land Title Surveys.

This Work Coordinated By:

CDS  
COMMERCIAL  
DUE DILIGENCE SERVICES

3550 W. Robinson Street, Third Floor  
Norman, Oklahoma 73072  
Main Office Phone No.: 405-253-2444

Toll Free: 888.457.7878

Prepared For:

NCS No.:  
Client Ref. No.: Asset No:

20 PROJECT ADDRESS

2203 Tower Road  
Robstown, Texas

Project Name:  
CH Robstown TX  
CDS Project Number:  
22-05-0067



# Attachment 8

## **Attachment 8**

### **Clean Harbors Environmental Services, Inc., Robstown, TX Regulated Medical Waste (MW) Storage Areas and Flowpaths**

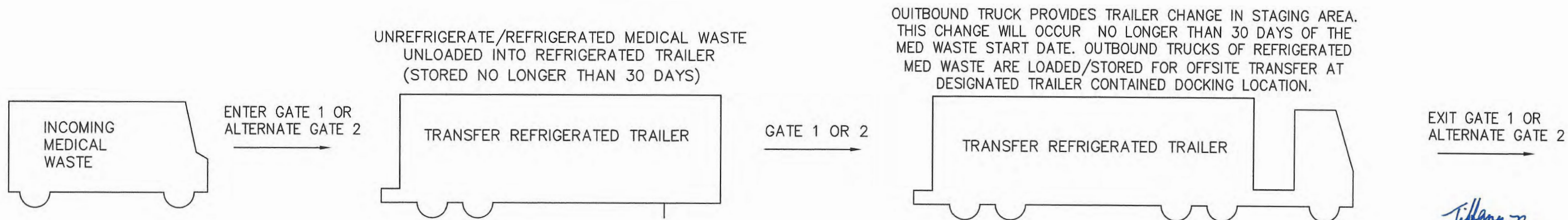
#### **Inbound RMW Shipments**

- 1) All incoming trucks delivering MW enter the secure facility at Gate 1 and proceed to Transfer Refrigerated Trailer. Alternate entry routes are at Gates 2.
- 2) Unrefrigerated MW is unloaded at the Refrigerated Transfer Trailer. Containers of MW are not opened while in storage onsite prior to transfer offsite.
- 3) MW arriving refrigerated and/or unrefrigerated MW will be in the refrigerated transfer trailer.
- 4) MW placed in a refrigeration transfer trailer are stored onsite prior to transfer offsite no longer than 30-days.

#### **Outbound Shipments**

- 1) Outbound trucks providing a refrigerated transfer trailer change out will stage the transfer trailer in the designated contained docking location and this change out will occur no longer than 30 days of the MW start date.
- 2) Outbound trucks of refrigerated MW are loaded/stored for offsite transfer at designated transfer trailer contained docking location.
- 3) All outbound trucks of MW exit the facility via Gate 1. Alternate exit routes are at Gates 2.





GENERAL NOTES

PROPRIETARY STATEMENT

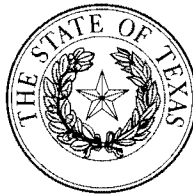
THIS DRAWING IS THE EXCLUSIVE PROPERTY OF SAFETY-KLEEN SYSTEMS, INC. AND IS PROPRIETARY AND CONFIDENTIAL INFORMATION. THIS DRAWING AND THE INFORMATION CONTAINED THEREIN MUST NOT BE DUPLICATED, USED, DIVULGED, REPRODUCED, COPIED, DISCLOSED OR APPROPRIATED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN AS EXPRESSLY AUTHORIZED BY SAFETY-KLEEN SYSTEMS, INC. THIS DRAWING MUST BE RETURNED PROMPTLY UPON REQUEST.

TITLE  
MEDICAL WASTE  
MATERIAL HANDLING  
PROCESS FLOW DIAGRAM

**S SAFETY-KLEEN SYSTEMS, INC.**  
42 LONGWATER DR. NORWELL, MA. 02061  
PHONE 800-669-5740

A	NEW ISSUE	JEK	JZ	JZ	022924	SCALE 1/8" = 1'-0"	BY JEK	CHKD JZ	P.E. APPR JZ	DP. APPR JZ	DATE 2/29/24
NO.	DESCRIPTION	BY	CHK	APPR	DATE	BRANCH STANDARD				STD-DVG-REV NO.	
REVISIONS						STANDARD				BSD 119	

# Attachment 9



## 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 SAFETY-KLEEN SYSTEMS, INC. (file number 2930806), a WISCONSIN, USA, Foreign For-Profit Corporation, was filed in this office on August 18, 1969.

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 September 29, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State



## 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 CLEAN HARBORS ENVIRONMENTAL SERVICES, INC. (file number 10068906), a MASSACHUSETTS, USA, Foreign For-Profit Corporation, was filed in this office on June 27, 1994.

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 September 29, 2023.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State

# Attachment 10



## NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The **community map repository** should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where **Base Flood Elevations** (BFEs) and/or **floodways** have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

**Coastal Base Flood Elevations** shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study Report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction, and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the **floodways** were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures in this jurisdiction.

The **projection** used in the preparation of this map was Texas State Plane, South Zone (FIPS 4205). The **horizontal datum** was NAD83, GRS80 spheroid. Differences in datum, spheroid, projection or State Plane zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same **vertical datum**. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at <http://www.ngs.noaa.gov> or contact the National Geodetic Survey at the following address:

NGS Information Services  
NOAA, NINGS12  
National Geodetic Survey, SSMC-3, #9202  
1315 East-West Highway  
Silver Spring, Maryland 20910-3282  
(301) 713-3242

To obtain current elevation, description, and/or location information for **bench marks** shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit their website at <http://www.ngs.noaa.gov/>.

**Base map** information shown on this FIRM was derived from multiple sources. This information was compiled from the National Geodetic Survey, 2004, U.S. Census Bureau, 2010, U.S. Geological Survey, 1989 and 2004, National Agriculture Imagery Program (NAIP), 2014, Texas Natural Resources Information System (TNRIS), 1995 and 2010.

This map reflects more detailed and up-to-date **stream channel configurations** than those shown on the previous FIRM for this jurisdiction. The floodplains and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map.

**Corporate limits** shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed **Map Index** for an overview map of the county showing the layout of map panels; community map repository addresses; and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

For information on available products associated with this FIRM visit the **FEMA Map Service Center** (MSC) website at <http://msc.fema.gov>. Available products may include previously issued Letters of Map Change, a Flood Insurance Study Report, and/or digital versions of this map. Many of these products can be ordered or obtained directly from the MSC website.

If you have **questions about this map**, how to order products or the National Flood Insurance Program in general, please call the **FEMA Map Information eXchange (FMIX)** at 1-877-FEMA-MAP (1-877-336-2627) or visit the FEMA website at <http://www.fema.gov/national-flood-insurance-program>



## LEGEND

**SPECIAL FLOOD HAZARD AREAS (SFHAS) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD.**

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently identified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

**FLOODWAY AREAS IN ZONE AE**

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

**OTHER FLOOD AREAS**

- ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

**OTHER AREAS**

- ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.
- ZONE D** Areas in which flood hazards are undetermined, but possible.

- 1% annual chance floodplain boundary
- 0.2% annual chance floodplain boundary
- Floodway boundary
- Zone D Boundary
- Limit of Moderate Wave Action
- Boundary dividing Special Flood Hazard Area Zones and boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
- Base Flood Elevation line and value; elevation in feet\*
- Base Flood Elevation value where uniform within zone; elevation in feet\*

\*Referenced to the North American Vertical Datum of 1988

- 23** Cross section line
- 23** Transsect line
- Geographic coordinates referenced to the North American Datum of 1983 (NAD 83), Western Hemisphere
- 1000-meter Universal Transverse Mercator grid values, zone 14
- 5000-foot grid ticks: Texas State Plane coordinate system, South zone (FIPS4205), Transverse Mercator
- Bench mark (see explanation in Notes to Users section of this FIRM panel)
- River Mile

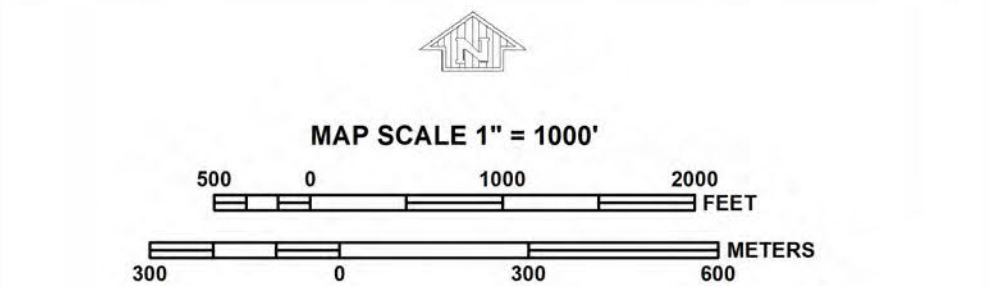
**MAP REPOSITORIES**  
Refer to Map Repositories list on Map Index.

**EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP PANEL**  
October 13, 2022

**EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL**

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.



**PANEL 0260G**

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
**NUECES COUNTY, TEXAS**  
**AND INCORPORATED AREAS**

**PANEL 260 OF 775**  
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:			
COMMUNITY	NUMBER	PANEL	SUFFIX
CORPUS CHRISTI, CITY OF	485464	0260	G
NUECES COUNTY	485494	0260	G
ROBSTOWN, CITY OF	485503	0260	G

Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

**MAP NUMBER**  
**48355C0260G**

**EFFECTIVE DATE**  
**OCTOBER 13, 2022**

**Federal Emergency Management Agency**



# Attachment 11



**Sent via Fed Ex**

October 31, 2023

Mr. John P Buckner  
Executive Director  
Coastal Bend Council of Governments  
2910 Leopard Street  
Corpus Christi, TX 78408

**Re: Requested Review of TCEQ Application for Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc.**

Dear Mr. Buckner:

Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc. is applying for a Medical Waste Transfer Facility Registration from TCEQ to allow for the storage and transfer of medical waste at our existing operation in Robstown. This incremental use does not change or alter our core business but is in response to customer requests to provide this additional service. The application is enclosed for your review.

The TCEQ application requires us to submit a request for review to the applicable council of governments for area where the facility is located. This request to you will provide documentation to TCEQ that we are complying with that provision of the application.

Please contact me if you have any questions or comments concerning this matter at [REDACTED] or (941) 201-8176.

Sincerely,

Greg Van Stechelmann  
Sr. Environmental Compliance Director  
Safety-Kleen Systems, Inc. – A Clean Harbors Company

Encl.

cc: TCEQ Medical Waste Transfer Facility Application



# Attachment 12



TCEQ Use Only

# TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other <b>MedWaste Transfer Registration</b>
2. Customer Reference Number (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	3. Regulated Entity Reference Number (if issued)
CN <b>600322796</b>		RN <b>111655866</b>

## 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:	
Clean Harbors 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)
0010068906	1042698991	396090019	53976551
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"/> 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	2203 Tower Road		
	City	Robstown	State TX ZIP 78380 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)	
( 361 ) 445-8670		( ) -	

## SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)		
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information		
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency 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.)		
Safety-Kleen Systems		

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	2203 Tower Road						
	City	Robstown	State	TX	ZIP	78380	ZIP + 4
24. County							

**Enter Physical Location Description if no street address is provided.**

25. Description to Physical Location:							
26. Nearest City	Robstown				State	TX	Nearest ZIP Code
27. Latitude (N) In Decimal:	Degrees		Minutes	Seconds	28. Longitude (W) In Decimal:	Degrees	
	27	81.4	18	097	64.8	11	
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)				
4953	4953	562112	562112				
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Recovery/reclaim/transfer spent solvents & used oil/filters; commercial TSDF; medical waste transfer							
34. Mailing Address:	Safety-Kleen Systems						
	2203 Tower Road						
	City	Robstown	State	TX	ZIP	78380	ZIP + 4
35. E-Mail Address:	scott.vincent@safety-kleen.com						
36. Telephone Number	37. Extension or Code	38. Fax Number (if applicable)					
( 361 ) 445-8670		( ) -					

**39. TCEQ Programs and ID Numbers** Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

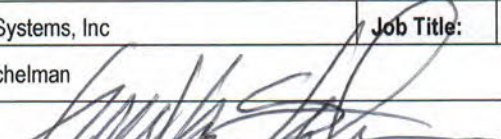
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
New MedWaste Regist				
<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"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

#### **SECTION IV: Preparer Information**

40. Name:	Greg Van Stechelma	41. Title:	Sr. Environmental Compliance
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 941 ) 201-8176		( ) -	gvanstechelman@safety-kleen.com

#### **SECTION V: Authorized Signature**

**46.** By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Safety-Kleen Systems, Inc	Job Title:	Sr. Environmental Compliance Director
Name (In Print):	Greg Van Stechelma	Phone:	( 941 ) 201- 8176
Signature:		Date:	10/31/2023





# TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other <b>MedWaste Transfer Registration</b>
<b>2. Customer Reference Number</b> (if issued)	Follow this link to search for CN or RN numbers in <a href="#">Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600128128		RN 111655866

## 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>	
Safety-Kleen Systems, Inc.				
<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)	
0002930806	13960900102	39-6090019	05-397-6551	
<b>11. Type of Customer:</b>	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
<b>15. Mailing Address:</b>	5243 Sinclair Road			
	City	San Antonio	State	TX
			ZIP	78222
			ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)	
<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.)

Safety-Kleen Systems

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

2203 Tower Road, Suite A

City

Robstown

State

TX

ZIP

78380

ZIP + 4

**24. County**

Nueces

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

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

State

Nearest ZIP Code

Robstown

TX

78380

*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

27

81

418

097

64

8111

**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

4953

562112

562112

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

Recycling Used Oil/Used Oil Filters

**34. Mailing Address:**

Safety-Kleen Systems, Inc.

5243 Sinclair Road

City

San Antonio

State

TX

ZIP

78222

ZIP + 4

**35. E-Mail Address:**

ricardo.saucedo@safety-kleen.com

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

( 210 ) 241-2619

( ) -

**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.



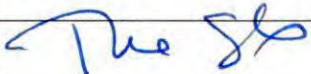
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input checked="" type="checkbox"/> Industrial Hazardous Waste
				98412
<input checked="" type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
	TXRNECC19			
<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>	Greg Van Stechelma			<b>41. Title:</b>	Sr. Environmental Compliance Dir.
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 941 ) 201-8176		( ) -	gvanstechelman@safety-kleen.com		

## SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

<b>Company:</b>	Safety-Kleen Systems, Inc.	<b>Job Title:</b>	Sr.Environmental Complaine Director
<b>Name (In Print):</b>	Ricardo Saucedo	<b>Phone:</b>	( 210 ) 241- 2619
<b>Signature:</b>		<b>Date:</b>	12/15/2023

# Attachment 13

**Vanstechelman, Greg**

---

**From:** [REDACTED] 2023 1:58 PM  
**To:** Vanstechelman, Greg  
**Subject:** TCEQ ePay Receipt for 582EA000573731

**This Message Is From an External Sender**

This message came from outside your organization.

[Report Suspicious](#)

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

Trace Number: 582EA000573731

Date: 10/25/2023 12:58 PM

Payment Method: CC - Authorization 0000067953

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: GREG VAN STECHELMAN

Email: [REDACTED]

Payment Contact: GREG VAN STECHELMAN

Phone: 941-201-8176

Company: CLEAN HARBORS SAFETY-KLEEN SYSTEMS

Address: 42 LONGWATER DRIVE, NORWELL, MA 02061

Fees Paid:

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

MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE		\$100.00
---	--	----------

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

-----  
TCEQ Amount: \$150.00

=====

Voucher: 666895

Trace Number: [REDACTED]

Date: 10/25/2023 12:58 PM

Payment Method: CC - Authorization 0000067953

Voucher Amount: \$100.00

Fee Paid: MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE

RN Number: RN111655866

Site Name: SAFETY-KLEEN SYSTEMS

Site Address: 2203 TOWER ROAD, ROBSTOWN, TX 78380

Site Location: ROBSTOWN TX

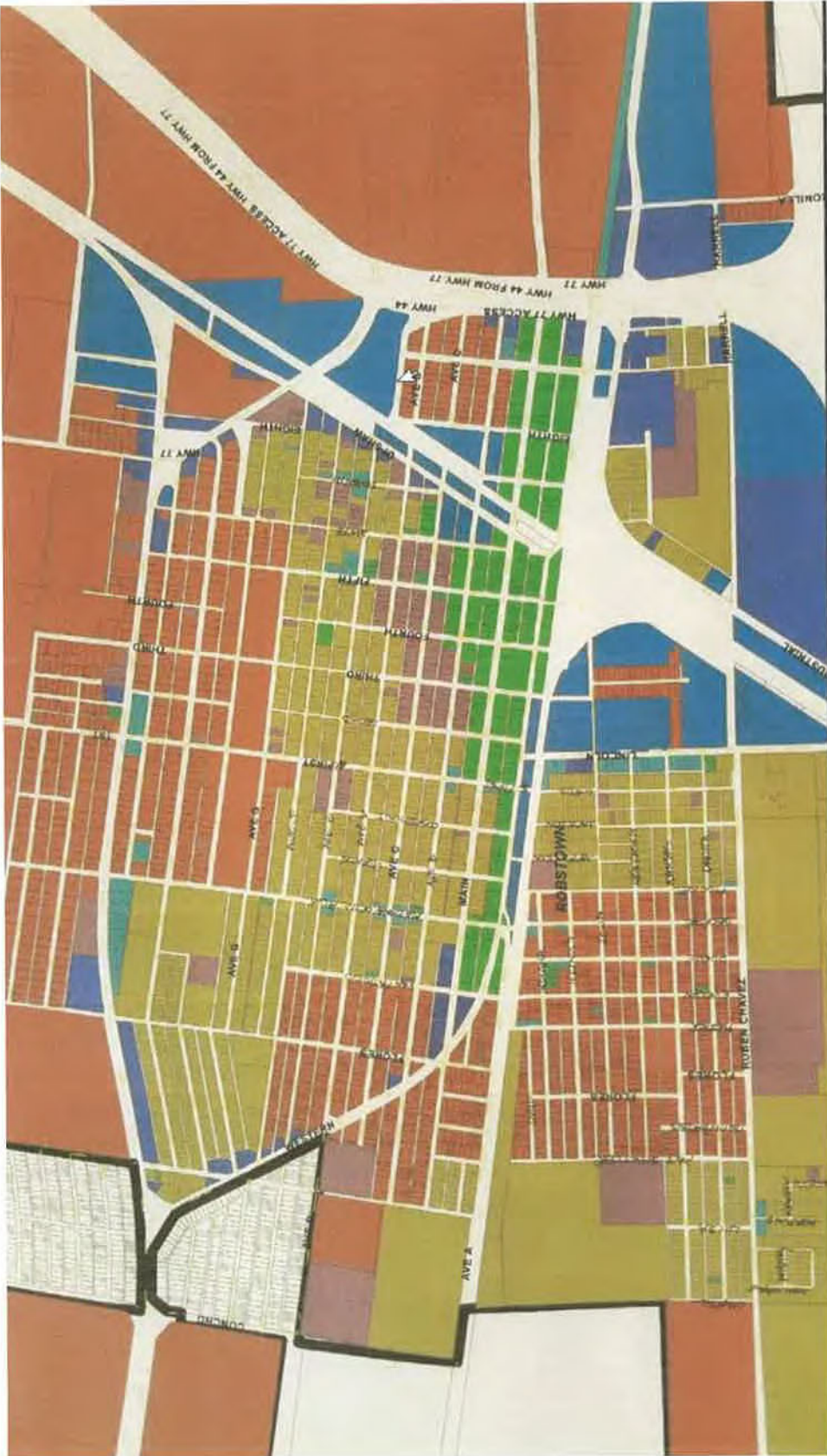
CN Number: CN600128128

Customer Name: SAFETY-KLEEN SYSTEMS INC

Customer Address: 5243 SINCLAIR RD, SAN ANTONIO, TX 78222



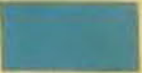
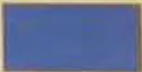







# Attachment 14



**Robstown Zoning Map 2023**  
**Planning and Zoning Department**

# Legend

## Robstown Zoning Areas

-  B1- Neighborhood Business District
-  B2- Secondary Highway Business District
-  B3- Central Business District
-  I- Industrial District
-  R1- First One Family Dwelling District
-  R2- Second One Family Dwelling District
-  R3- Duplex & Apartment District
-  SP- Special Permit
-  Robstown City Limits

This product is for informational purposes only and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.

Robstown Zoning Map Legend 2023

Planning and Zoning Department





gperez@cityofrobstown.com

Vanstetehelman, Greg; lvasquez@cityofrobstown.com

11:47

2203 Tower Rd

You replied to this message on 10/26/2023 11:52 AM.  
If there are problems with how this message is displayed, click here to view it in a web browser.



zongimap2.jpg  
467 KB



Zoning Area.jpg  
274 KB

**This Message Is From an Untrusted Sender**

You have not previously corresponded with this sender.

Report Suspicious

The current zoning classification for the subject property is "Industrial" attached is a copy of the zoning map.  
Hope this helps.

*Ginny Perez*

Quality Control Dept.

City of Robstown

[101 East Main Ave](#)

[Robstown, TX 78380](#)

Phone: 361.387-4589 opt. 3 ext. 134

The information transmitted hereby, including attachments, is intended exclusively for the individual or entity to which it is addressed and may contain confidential or privileged information. All use of this information by anyone other than the intended recipient, including, but not limited to dissemination, disclosure, printing or copying, is prohibited. If you receive this communication in error, please contact the sender immediately and delete the communication and attachments from your computers and systems.

ATTENTION PUBLIC OFFICIALS!

A "Reply to All" of this email could lead to violations of the Texas Open Meetings Act. Please reply only to sender.

## City of Robstown Zoning Map Verification Email 2023

### Planning and Zoning Department

# Attachment 15

**From:** Connors, William F

**Sent:** Friday, November 21, 2014 8:48 AM

**To:** NIELSEN, DAVID B; Childress, James C; Crisenbery, Michael; Dobias, Ken; Duffie, Chip; KUHN, JOHN SCOTT; Longshore, Everette Lindler; Parker, Michael E; Ross, Billy; SOLTYS, JEAN MARIE; Wagner, Frank

**Cc:** McDonald, Michael R; Murphy-Rodgers, Monica A

**Subject:** Compliance

Compliance VPs and Directors:

The resolution below was approved for all of the Clean Harbors, Inc. subsidiaries. All of the resolutions were dated as of May 1, 2014. This means you are all authorized to sign permit applications and reports for any Clean Harbors entity. If you need documentation for a specific submittal, contact Monica Murphy-Rogers in the Law Department and she can coordinate getting a Secretary's Certification for you.

Thanks,  
Bill

RESOLVED, that each individual with the title of President, Senior Vice President, Vice President, Director, Manager, Member or Associate of the Company shall have the authority to sign and certify, on behalf of the Company, any necessary or desirable environmental documents, including, without limitation, any permit applications and environmental reports in any way related to the operations of the Company. In addition to the foregoing, to the extent that the Company operates any facility with more than 250 people or having gross annual sales or expenditures in excess of \$25,000,000, the General Manager of such facility shall have all of the foregoing authority with respect to the operations of any facility for which such General Manager performs policy or decision making functions.

### ***Safety Starts with Me: Live It 3-6-5***

---

**William F. Connors**

Senior Vice President, Compliance

Clean Harbors

(o) 781.792.5169

(c) 781.858.3601




**Clean Harbors Environmental Services, Inc.**  
(the "Company")

**Secretary's Certificate**

I, Michael R. McDonald, the Company's Assistant Secretary, hereby certify that pursuant to a resolution adopted by the Directors of the Company, dated January 1, 2020, and that said resolution is in effect and has not been modified that Greg Van Stechelman, Senior Environmental Compliance Manager, is authorized to sign and certify, on behalf of the Company or any subsidiary, any necessary or desirable environmental documents, including, without limitation, any permit applications or amendments, consent orders, transportation related documents and environmental reports in any way related to the operation of the Company.

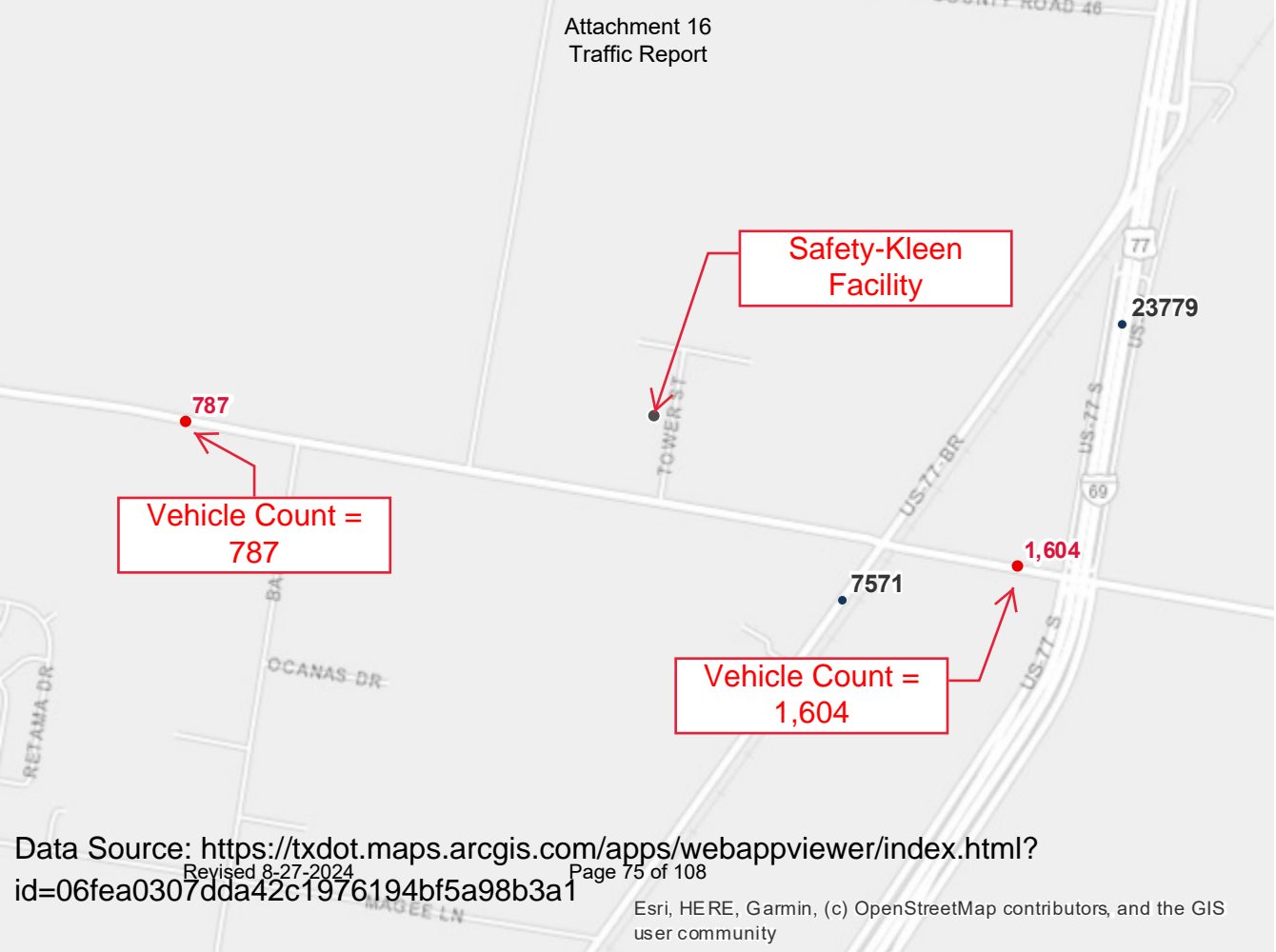
CERTIFIED, this 26<sup>th</sup> day of October 2023



Michael R. McDonald  
Assistant Secretary

# Attachment 16





Data Source: <https://txdot.maps.arcgis.com/apps/webappviewer/index.html?id=06fea0307dda42c1976194bf5a98b3a1>  
Revised 8-27-2024

# Attachment 17

# **SB-130, SB-230 and SB-330**

**TK 54731-2-OP (Rev. 1, 04/2011)**

**Copyright© 2010 Thermo King Corp., Minneapolis, MN, USA  
Printed in USA**



# Unit Description

## Unit Overview

The Thermo King SB-130, SB-230 and SB-330 are one piece, self-contained, diesel powered, air cooling/heating units operating under the control of a SMART REEFER 3 (SR-3) programmable microprocessor controller. Each unit mounts on the front of the trailer with the evaporator extending through an opening in the front wall.

The units feature cooling and heating using a quiet running engine from the Thermo King TK486 engine family.

The units are available in the following models:

**SB-130 30:** Cooling and heating on diesel engine operation.

**SB-230 30:** Cooling and heating on diesel engine operation.

**SB-230 50:** Cooling and heating on diesel engine operation and electric standby operation.

**SB-330 30:** High capacity cooling and heating on diesel engine operation. Designed for engine operation at a high speed of 2600 rpm.

The Electronic Throttling Valve (ETV) provides enhanced control of the refrigeration system. The ETV is optional on the SB-130 and SB-230, and standard on the SB-330. See “Electronic Throttling Valve” on page 31.



**Figure 7: Front View**

# Specifications

## Engine

Model:	SB-130 and SB-230 SB-330	TK486V (Tier 2) TK486VH (Tier 2)
Number of Cylinders		4
Cylinder Arrangement		In-line vertical, number 1 on flywheel end
Firing Order		1-3-4-2
Direction of Rotation		Counterclockwise viewed from flywheel end
Fuel Type		No. 2 diesel fuel under normal conditions No. 1 diesel fuel is acceptable cold weather fuel
Oil Capacity		13 quarts (12.3 liters) crankcase and oil filter Fill to full mark on dipstick
Oil Type		API Classification CI-4 or better (ACEA Rating E3 or better for Europe)

## Specifications

### Engine

Oil Viscosity	14 F to 122 F (-10 C to 50 C): SAE 15W-40 (Synthetic) 5 to 104 F (-15 to 40 C): SAE 15W-40 -13 to 104 F (-25 to 40 C): SAE 10W-40 -13 to 86 F (-25 to 30 C): SAE 10W-30 -22 to 122 F (-30 to 50 C): SAE 5W-40 (Synthetic) Below -22 F (-30 C): SAE 0W-30 (Synthetic)
Engine rpm: SB-130 and SB-230 Low Speed Operation SB-130 and SB-230 High Speed Operation SB-330 Low Speed Operation SB-330 High Speed Operation	1450 ± 25 rpm 2200 ± 25 rpm 1450 ± 25 rpm (1720 ± 25 rpm with High Capacity Fresh Option) 2600 ± 25 rpm
Engine Oil Pressure	The microprocessor will display OK if the oil pressure is within the acceptable range and LOW if the oil pressure is below the acceptable range.
Low Oil Pressure Switch (Normally Closed)	17 ± 3 psi (117 ± 21 kPa)
Engine Coolant Thermostat	160 F (71 C)

## Specifications

### Engine

Engine Coolant Type	ELC (Extended Life Coolant), which is "RED" Use a 50/50 concentration of any of the following equivalents: Chevron Dex-Cool Texaco ELC Havoline Dex-Cool® Havoline XLC for Europe Shell Dexcool® Shell Rotella Saturn/General Motors Dex-Cool® Caterpillar ELC Detroit Diesel POWERCOOL® Plus <b>CAUTION: Do not add "GREEN" or "BLUE-GREEN" conventional coolant to cooling systems using "RED" Extended Life Coolant, except in an emergency. If conventional coolant is added to Extended Life Coolant, the coolant must be changed after 2 years instead of 5 years.</b>
Coolant System Capacity	7.5 quarts (7.1 liters)
Radiator Cap Pressure	7 psi (48 kPa)



## Specifications

### Engine

Drive:	Model 30	Direct to compressor; belts to fans, alternator, and water pump
	Model 50	Centrifugal clutch to compressor; belts to electric standby motor, fans, alternator, and water pump

### Belt Tension

Model 30	Tension No. on TK Gauge P/N 204-427	
	New Belt	Field Reset
Alternator Belt:		
SB-130 and SB-230 with 37 Amp Alternator	74	71
SB-130 and SB-230 with 65 Amp Alternator	75	72
SB-330 with 37 Amp Alternator	73	70
SB-330 with 65 Amp Alternator	74	71
Lower Fan Belt (Engine to Idler):		
SB-130 and SB-230	88	84
SB-330	87	84
Upper Fan Belt (Fan to Idler)	88	85

## Specifications

### Belt Tension

Model 50 (SB-230 Only)		
Alternator Belt:		
14 HP Electric Motor and 37 Amp Alternator	76	73
14 HP Electric Motor and 65 Amp Alternator	77	74
24 HP Electric Motor and 37 Amp Alternator	74	71
24 HP Electric Motor and 65 Amp Alternator	75	72
Compressor Drive Belts	94	91
Fan Belt:	14 HP Electric Motor	91
	24 HP Electric Motor	88
Water Pump Belt	74	71

## Specifications

### Refrigeration System

Compressor:	SB-130 SB-230 and SB-330	Thermo King X426LSC5 Thermo King X430LSC5
Refrigerant Charge—Type:	SB-130 and SB-230 SB-330	13 lb (5.9 kg)—R404A 16 lb (7.3 kg)—R404A
Compressor Oil Charge		4.3 qt (4.1 liters)*
Compressor Oil Type		Polyol Ester type P/N 203-513
Heat/Defrost Method:	Engine Operation Electric Operation	Hot gas Hot gas and electric heater strips
<b>* When the compressor is removed from the unit, oil level should be noted or the oil removed from the compressor should be measured so that the same amount of oil can be added before placing the replacement compressor in the unit.</b>		

## Specifications

### Electrical Control System

Voltage	12.5 Vdc
Battery	One, group C31, 12 volt, (950 CCA recommended for operation below -15 F [-26 C])
Fuses	See "Fuses" on page 85.
Battery Charging	12 volt, 37 amp, brush type, Thermo King Alternator (65 amp alternator optional)
Voltage Regulator Setting	13.95 to 14.35 volts @ 77 F (25 C)
<b>NOTE: Fuse F4 (Bypass resistor for Prestolite Alternator) must be removed for the Thermo King Alternator. Thermo King Alternators are painted black.</b>	



**Specifications**

**Electrical Standby (Model 50 Units Only)**

**Electric Motor and Overload Relay**

Voltage/Phase/Frequency	Horsepower	Kilowatts	rpm	Full Load (amps)	Overload Relay Setting (amps)
230/3/60	14.0	10.4	1755	37.8	38
460/3/60	14.0	10.4	1755	18.9	20
460/3/60	24.0	17.9	3500	29	31

**Electric Heater Strips**

Number	3
Watts	1000 watts (each)
Resistance	48 ohms (each)

## Specifications

### Standby Power Cord Requirements

Supply Circuit Breaker: 14 HP Motor 230/3/60	70 amps
14 HP Motor 460/3/60	40 amps
24 HP Motor 460/3/60	60 amps
Extension Cord Size: 14 HP Motor 230/3/60	8 AWG Power Cable, 25 to 50-foot length
14 HP Motor 230/3/60	6 AWG Power Cable, 75-foot length
14 HP Motor 460/3/60	10 AWG Power Cable, up to 75-foot length
24 HP Motor 460/3/60	8 AWG, 4-Conductor, 2000V, Type W Power Cable, up to 75-foot length

**Specifications**

**Electric Fuel Heater (Optional)**

Electric Fuel Heater:	Resistance	0.9 to 1.1 ohms
	Current Draw at 12.5 Vdc	11.4 to 13.9 amps
Internal Thermostat Minimum Closing Temp.		30 F (-1 C)
Internal Thermostat Maximum Opening Temp.		75 F (24 C)
W Fuse		3 amps
Diesel Power Fuse		3 amps
2A/2FH Circuit Breaker		20 amps, manual reset

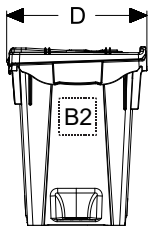
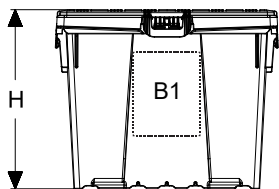
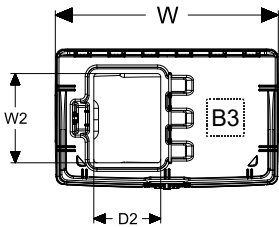
# 10 Gallon Reusable Sharps Container



## Features & Benefits

- Puncture and leak resistant
- HDPE and clarified PP material
- Attached lidded container
- Nestable and stackable for maximizing transport and storage efficiencies
- Semi-transparent locking sub-lid for monitoring waste safely to fill line
- Multiple lid openings for restricted or unrestricted access during use
- Smooth interiors for ease of cleaning
- Reinforced handles for safe carrying
- Accessories Available: Foot pedal operated, wheeled dolly, and tortuous path insert
- Unique bar code for management and cycle tracking
- Securely locks for transporting in racks
- For added security, tie location is integrated into the main lid and body
- Includes an in-mold label that contains all FDA recommended warnings and instructions
- FDA 510(k) cleared for 300 cycles
- FDA 510(k) cleared as a Class II Medical Device
- OSHA compliant
- Meets or exceeds US and international standards for Sharps containers
- Decanting and wash systems available

Specifications	IN/LB	CM/KG
Width (W)	20.0	50.8
Depth (D)	12.5	31.8
Height (H)	16.0	40.6
Width of Sub-Opening (W2)	8.0	20.3
Depth of Sub-Opening (D2)	6.0	15.2
Maximum Capacity	10 Gal	
Fill Capacity	7.5 Gal	
Nesting Increment	4.50	11.43
Stacking Increment	15.65	39.75
Part Weight	7.2	3.3



Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	Required Sharps Label	
Side Brand (B2)	3.34	3.34
Lid Brand (B3)	3.34	3.34



**Rehrig Healthcare Systems**  
3002 Belingham Drive  
Atlanta, GA 30345  
844-473-4744  
[www.rehrighealthcare.com](http://www.rehrighealthcare.com)



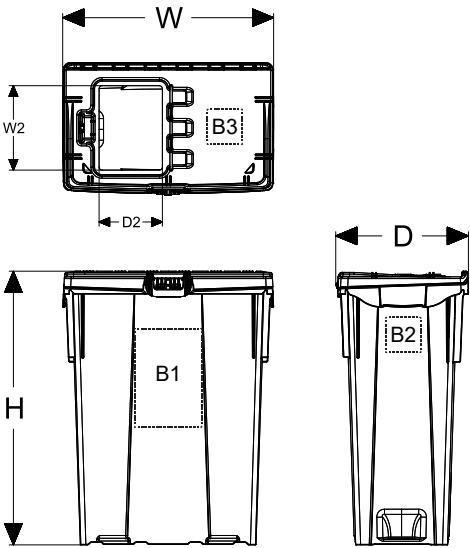
# 17 Gallon Reusable Sharps Container



## Features & Benefits

- Puncture and leak resistant
- HDPE and clarified PP material
- Attached lidded container
- Nestable and stackable for maximizing transport and storage efficiencies
- Semi-transparent locking sub-lid for monitoring waste safely to fill line
- Multiple lid openings for restricted or unrestricted access during use
- Smooth interiors for ease of cleaning
- Reinforced handles for safe carrying
- Accessories Available: Foot pedal operated, wheeled dolly, and tortuous path insert
- Unique bar code for management and cycle tracking
- Securely locks for transporting in racks
- For added security, tie location is integrated into the main lid and body
- Includes an in-mold label that contains all FDA recommended warnings and instructions
- FDA 510(k) cleared for 300 cycles
- FDA 510(k) cleared as a Class II Medical Device
- OSHA compliant
- Meets or exceeds US and international standards for Sharps containers
- Decanting and wash systems available

Specifications	IN/LB	CM/KG
Width (W)	20	50.8
Depth (D)	12.5	31.8
Height (H)	25.9	65.8
Width of Sub-Opening (W2)	8.0	20.3
Depth of Sub-Opening (D2)	6.0	15.2
Maximum Capacity	17 Gal	
Fill Capacity	12.75 Gal	
Nesting Increment	7.5	19.1
Stacking Increment	25.4	64.5
Weight	9.55	4.33



Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	Required Sharps Label	
Side Brand (B2)	3.34	3.34
Lid Brand (B3)	3.34	3.34



**Rehrig Healthcare Systems**  
3002 Belingham Drive  
Atlanta, GA 30345  
844-473-4744  
[www.rehrighealthcare.com](http://www.rehrighealthcare.com)

# 31 Gallon Medical Waste Container

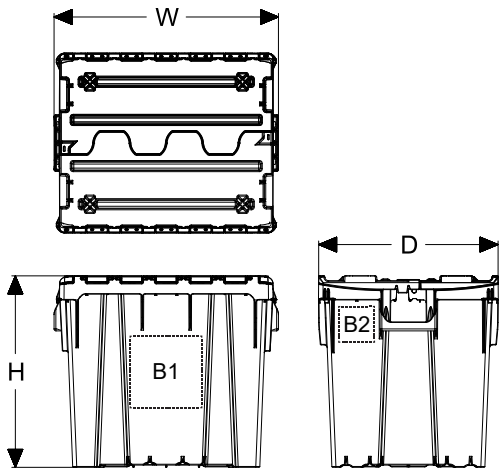


## Features & Benefits

- DOT Approved – PGII Rated Container
- HDPE material – all plastic construction
- Reinforced handles won't flex under rated loads
- During use, bag holders secure the bags in open position when lids are closed
- Smooth interior for easy cleaning
- Textured exterior areas for easy removal of adhesive labels
- Durable base with drag rails
- Hot Stamping available for branding
- Optional multi-color transfer, bar code, and RFID tracking labels available
- Available in a range of standard colors to represent multiple waste streams
- Nestable and Stackable for maximizing transport and storage efficiencies
- Securely stacks for transport with the 31, 43, and 95 gallon Medical Waste Containers
- Split lid securely locks for storage and transport
- Includes tie area for added security during transport
- Optional lab-lid , dolly and foot pedal dolly available
- Recommended Bag Size: 45" x 49"
- Authorized Gross Mass: 22.6 kg

Specifications	IN/LB	CM/KG
Width (W)	20	50.8
Depth (D)	25	63.5
Height (H)	21.3	54.1
Capacity	31 Gal	
Stack Quantity & Height	5 (105.3")	
53' Truckload Quantity	625	

Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	8	8
Side Brand (B2)	4	4



# 43 Gallon Medical Waste Container

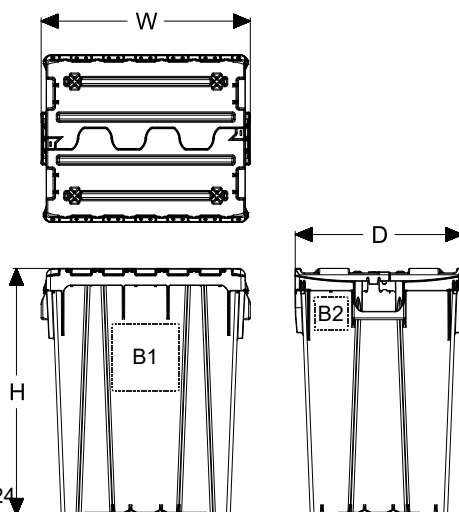


## Features & Benefits

- DOT Approved – PGII Rated Container
- HDPE material – all plastic construction
- Reinforced handles won't flex under rated loads
- During use, bag holders secure the bags in open position when lids are closed
- Smooth interior for easy cleaning
- Textured exterior areas for easy removal of adhesive labels
- Durable base with drag rails
- Hot Stamping available for branding
- Optional multi-color transfer, bar code, and RFID tracking labels available
- Available in a range of standard colors to represent multiple waste streams
- Nestable and Stackable for maximizing transport and storage efficiencies
- Securely stacks for transport with the 31, 43, and 95 gallon Medical Waste Containers
- Split lid securely locks for storage and transport
- Includes tie area for added security during transport
- Optional lab-lid, dolly and foot pedal dolly available
- Recommended Bag Size: 45" x 49"
- Authorized Gross Mass: 30.7 kg

Specifications	IN/LB	CM/KG
Width (W)	20	50.8
Depth (D)	25	63.5
Height (H)	29.5	74.9
Capacity	43 Gal	
Stack Quantity & Height	3 (87.8")	
53' Truckload Quantity	375	

Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	8	8
Side Brand (B2)	4	4



# Model SS Reusable Sharps Container

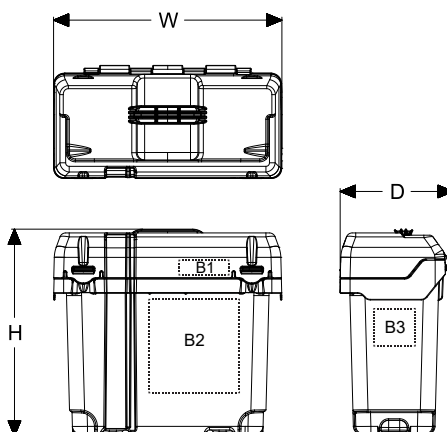


## Features & Benefits

- FDA 510(k) cleared for 600 cycles
- Puncture resistant and leak proof
- Polycarbonate construction with semi-transparent body for viewing fill levels
- Stackable and cross stackable for storage when full
- Minimal moving parts for ease of use
- Attached lidded container
- Locking lid with integrated handle for ease of carrying
- Universal Horizontal and Vertical Drop Inserts
- Includes an in-mold label that contains all FDA recommended warnings and instructions
- Secure key-lock wall mount or counter mount available
- Securely locks for safe transport in rack
- Unique bar code for management and cycle tracking
- OSHA Compliant
- Meets or exceeds US and international standards for Sharps containers
- Decanting and wash systems available

Specifications	IN/LB	CM/KG
Width (W)	15.1	38.4
Depth (D)	7.5	19.1
Height (H)	13.8	34.9
Maximum Capacity	3.2 Gal	
Fill Capacity	2.4 Gal	
Weight	3.4	1.6

Branding	WIDTH (IN)	HEIGHT (IN)
Lid Brand (B1)	3.32	1
Front Brand (B2)	Required Sharps Label	
Side Brand (B3)	2.75	2.5



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# Model TS Reusable Sharps Container

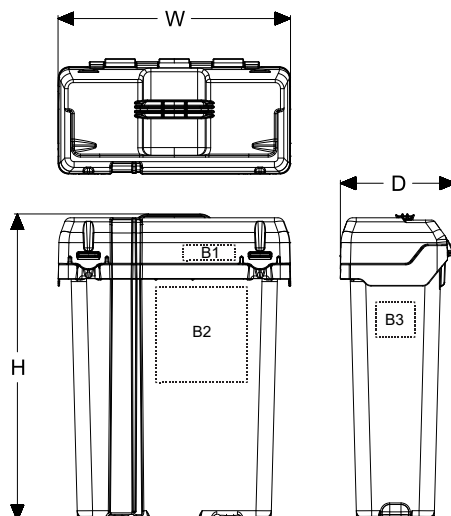


## Features & Benefits

- FDA 510(k) cleared for 600 cycles
- Puncture resistant and leak proof
- Polycarbonate construction with semi-transparent body for viewing fill levels
- Stackable and cross stackable for storage when full
- Minimal moving parts for ease of use
- Attached lidded container
- Locking lid with integrated handle for ease of carrying
- Universal Horizontal and Vertical Drop Inserts
- Includes an in-mold label that contains all FDA recommended warnings and instructions
- Secure key-lock wall mount or counter mount available
- Securely locks for safe transport in rack
- Unique bar code for management and cycle tracking
- OSHA Compliant
- Meets or exceeds US and international standards for Sharps containers
- Decanting and wash systems available

Specifications	IN/LB	CM/KG
Width (W)	15.1	38.4
Depth (D)	7.5	19.1
Height (H)	20.0	50.8
Maximum Capacity	4.9 Gal	
Fill Capacity	3.675 Gal	
Weight	4.57	2.07

Branding Areas	WIDTH (IN)	HEIGHT (IN)
Lid Brand (B1)	3.32	1
Front Brand (B2)	Required Sharps Label	
Side Brand (B3)	2.75	2.5



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# I Biomedical Waste Waste Disposal Containers - Corrugated Boxes and Red Biohazard Liner Bags

**MEDICAL BIOHAZARD WASTE DISPOSAL CONTAINERS:** Corrugated cardboard boxes with red biohazard liners for holding biohazardous, biological, & medical materials.

**ADHERES TO FEDERAL AND STATE REGULATIONS** with Packaging, Disposing, & Removing of Medical Waste.

**SUITABLE FOR MEDICAL BIO HAZARDOUS & OTHER POTENTIALLY INFECTIOUS WASTE:** Needles & other sharps; used bandages & gauze; contaminated gloves; items holding or contaminated with blood, & bodily fluids.

**IDEAL FOR** Hospitals, Emergency Care Clinics, Urgent Care, Dental Practices, Veterinarians, Funeral Homes, Care Facilities, Physician Practices, Schools, Laboratories, Doctor & Nurse Offices, and other Healthcare or non-Health Care Centers.

**MEETS REQUIREMENTS FOR MEDICAL WASTE COLLECTION:** The leak-free liners and boxes are properly labeled with large Bio hazard color-coded warning labels, cautions and identifiers for safe removal of medical waste.

- **SUITABLE FOR MEDICAL BIO HAZARDOUS & OTHER POTENTIALLY INFECTIOUS TRASH:** Needles & other sharps; used bandages & gauze; contaminated gloves; items holding or contaminated with blood, & bodily fluids.
- **IDEAL FOR** Hospitals, Emergency Care Clinics, Urgent Care, Dental Practices, Veterinarians, Funeral Homes, Care Facilities, Physician Practices, Schools, Laboratories, Doctor & Nurse Offices, and other Healthcare or non-Health Care Centers.
- **MEETS REQUIREMENTS FOR MEDICAL WASTE AND GARBAGE COLLECTION:** The leak-free liners and boxes are properly labeled with large Bio hazard color-coded warning labels, cautions and identifiers for safe removal of waste.

Specifications for this item	
Brand Name	MedPro Waste Disposal
Item Weight	9.50 pounds
Material	Corrugated Boxes with Liner.
Number of	
Items	6
Part Number	43217-169544
UNSPSC Code	41000000

# Attachment 18



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

New Permit or Registration Application

New Activity - modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

Requires public notice,

Considered to have significant public interest, and

Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.**

Public Involvement Plan not applicable to this application. Provide **brief** explanation.

### Section 3. Application Information

#### Type of Application (check all that apply):

Air	Initial	Federal	Amendment	Standard Permit	Title V
Waste	Municipal Solid Waste	Industrial and Hazardous Waste		Scrap Tire	
	Radioactive Material Licensing			Underground Injection Control	

#### Water Quality

- Texas Pollutant Discharge Elimination System (TPDES)
- Texas Land Application Permit (TLAP)
- State Only Concentrated Animal Feeding Operation (CAFO)
- Water Treatment Plant Residuals Disposal Permit
- Class B Biosolids Land Application Permit
- Domestic Septage Land Application Registration

#### Water Rights New Permit

- New Appropriation of Water
- New or existing reservoir

#### Amendment to an Existing Water Right

- Add a New Appropriation of Water
- Add a New or Existing Reservoir
- Major Amendment that could affect other water rights or the environment

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

**Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.**

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

City

County

Census Tract

- (a) Percent of people over 25 years of age who at least graduated from high school
- (b) Per capita income for population near the specified location
- (c) Percent of minority population and percent of population by race within the specified location
- (d) Percent of Linguistically Isolated Households by language within the specified location
- (e) Languages commonly spoken in area by percentage
- (f) Community and/or Stakeholder Groups
- (g) [Historic](#) public interest or involvement



## Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

Yes      No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

Yes      No

If Yes, please describe.

**If you answered “yes” that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.**

(c) Will you provide notice of this application in alternative languages?

Yes      No

**Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.**

If yes, how will you provide notice in alternative languages?

Publish in alternative language newspaper

Posted on Commissioner’s Integrated Database Website

Mailed by TCEQ’s Office of the Chief Clerk

Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

Yes      No

(e) If a public meeting is held, will a translator be provided if requested?

Yes      No

(f) Hard copies of the application will be available at the following (check all that apply):

TCEQ Regional Office

TCEQ Central Office

Public Place (specify)

## Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

Yes      No

What types of notice will be provided?

Publish in alternative language newspaper

Posted on Commissioner’s Integrated Database Website

Mailed by TCEQ’s Office of the Chief Clerk

Other (specify)

# Attachment 19



## §326.71(f)(1)-(5) Certification Statement

I certify under penalty of law that the facility complies with Texas Administrative Code §326.71(f)(1)-(5). The following criteria have been met:

- (1) The facility will be constructed, maintained, and operated to manage run-on and run-off during the peak discharge of a 25-year rainfall event and must prevent the off-site discharge of waste and feedstock material, including, but not limited to, in-process and/or processed materials.
- (2) Surface water drainage in and around a facility will be controlled to minimize surface water running onto, into, and off the treatment area.
- (3) The owner or operator will obtain the appropriate Texas Pollutant Discharge Elimination System storm water permit coverage when required; or shall provide the permit number for coverage under an individual wastewater permit.
- (4) The facility will be located outside of the 100-year floodplain unless the owner or operator can demonstrate that the facility is designed and will be operated in a manner to prevent washout of waste during a 100-year storm event, or the facility obtains a conditional letter of map amendment from the Federal Emergency Management Administration administrator.
- (5) The facility will not be located in wetlands unless the owner or operator provides documentation to the extent required under Clean Water Act, §404 or applicable state wetlands laws, that steps have been taken to attempt to achieve no net loss of wetlands.

Name of Person Making Certification:

Maggie Tenant

Title of Person Making Certification:

Vice President Environmental Compliance

Signature of Person Making Certification:

Maggie Tenant

Date of Certification:

June 10, 2024

# Attachment 20



## **Fire Prevention Plan**

**Safety-Kleen / Clean Harbors / Thermo Fluids**

**Robstown, TX**

### **1.0 Purpose**

- 1.1 To establish a plan for the identification and mitigation of potential workplace fire hazards.

### **2.0 Responsibility**

- 2.1 It is the responsibility of location management to ensure employees are fully aware of the hazards and methods of controlling such.
- 2.2 This Plan is applicable to Safety-Kleen/ Clean Harbors/ Thermo Fluids and includes its employees, contractors, vendors, visitors, and any other persons that may be within the scope of company operations.

### **3.0 Scope**

- 3.1 This document discusses the various elements of the Fire Prevention Plan, including responsibility for the execution of this Plan, housekeeping, training and identification of potential fire hazards and their control. This plan complies with local fire codes.

### **4.0 Procedure**

#### **4.1 Workplace Fire Hazards**

- 4.1.1 When combustible and flammable liquids are present in the workplace, these liquids must be stored in properly closed containers whenever and wherever possible.
- 4.1.2 This storage shall be considered whether in bulk or non-bulk containers. Any spills of these liquids shall be cleaned up immediately.
- 4.1.3 These materials shall be guarded from any form of heat producing work.
- 4.1.4 Compressed gases must be properly stored and handled at all times.
- 4.1.5 All electrical equipment must be kept in the proper operating condition in



that it may not produce a shorting condition.

- 4.1.6 Electrical equipment should be inspected regularly to ensure that the equipment does not create or operate at an elevated temperature.
- 4.1.7 Explosive conditions, materials, or gases must not be allowed to accumulate in confined spaces.
- 4.1.8 No work shall be allowed in confined spaces until such time that the space has been made gas free and then tested before entry by a competent person.
- 4.1.9 All spills in a confined space of flammable materials shall be cleaned up immediately.
- 4.1.10 Welding, cutting, grinding, or any such heat producing work must be approved by the maintenance department. Where required, a Hot Work Permit will be issued and affected personnel will comply with this permit and the procedure that requires the issuance of a hot work permit.
- 4.1.11 Chemical compatibility shall be considered in storage practices. Some chemicals that are not compatible may result in a fire or explosion when mixed.
- 4.1.12 Spontaneous combustion must be considered and always prevented. The mixture of waste materials may also result in a fire emergency.
- 4.1.13 Buildings are grounded for lightning strikes.
- 4.1.14 Refrigerated trailer used to store medical waste will always be kept grounded and in proper operating conditions.

#### 4.2 Fire Protection / Fire Extinguishers

- 4.2.1 Fire protection equipment will be present throughout the facility. This equipment includes portable fire extinguishers.
- 4.2.2 Where portable fire extinguishing equipment is present, the workers will be expected to utilize this equipment during the incipient or beginning stage of a fire if possible.
- 4.2.3 No hot work shall be allowed unless portable fire suppression equipment is within fifteen (15 ft.) feet of the work site.
- 4.2.4 The facility is responsible for the repairs and maintenance of the fire protection systems and is responsible for the control of all fuel and energy sources.

#### 4.3 Fire Prevention

- 4.3.1 Oily rags and greasy waste must be placed in approved covered metal containers and containers must be emptied daily.
- 4.3.2 Fire equipment must not be blocked or obstructed.
- 4.3.3 Fire doors must not be blocked or tied open.
- 4.3.4 Bulk liquid containers will be grounded prior to transfer.
- 4.3.5 Propane tanks for refueling forklifts must be grounded.
- 4.3.6 Report all fires and use of fire equipment immediately to your supervisor. Used extinguishers (seal broken) must be removed from area and replaced immediately.
- 4.3.7 Know the location of all exits from your work area.

- 4.3.8 Flammable liquid products must be kept in properly labeled safety storage containers.
- 4.3.9 Conductive flammable liquid containers must be bonded and grounded during mixing, transfer and dispensing. Bonding involves connecting the two or more containers together with a conductive material to eliminate the difference in electrical charge between them. Grounding involves connecting one of the bonded containers to a grounded object.
- 4.3.10 Flammable and combustible liquids must not be stored near exits or other areas where a fire might restrict evacuation.
- 4.3.11 Do not attempt to fight fires, beyond the incipient stage, unless you have been trained and authorized to do so. Evacuate the building when the alarm is sounded and immediately report to your designated meeting area and call 911.

#### 4.4 Material Storage

- 4.4.1 All materials must be stored in their designated areas. Fire doors, electrical boxes, and fire extinguishers must have clear access.
- 4.4.2 Flammable and combustible liquids must be stored at least 2' from an exterior wall.
- 4.4.3 Materials should be stored in a stable manner.
- 4.4.4 Drum stacking height for flammable; 2high.
- 4.4.5 Drum stacking height for combustibles 3 high.

#### 4.5 Housekeeping

- 4.5.1 The supervisors shall ensure that the accumulation of combustible and flammable materials such as but not limited to, trash, debris, waste and paper, wood and residue does not start nor contribute to a fire emergency.
- 4.5.2 Trash receptacles should be emptied daily where necessary.
- 4.5.3 Oily rags and material containers must have a lid placed upon them at all times when not in use or until emptied to guard against spontaneous combustion.
- 4.5.4 All refuse or waste, no matter the form, will be placed into the proper receptacles and all chemical waste materials must be considered as to their compatibility to prevent reactions that may produce a fire emergency.

#### 4.6 Training

- 4.6.1 Each employee upon his/her entry into the workplace will be trained on this Plan as part of the Contingency Plan
- 4.6.2 Each employee upon his/her entry into the workplace and at least annually thereafter shall be trained to react to a fire at its incipient stage and will be trained in fire prevention and fire protection.
- 4.6.3 The employee will be instructed in the various classes and stages of fires and the appropriate portable fire extinguisher to employ in the fighting of

the beginning stage of the fire.

- 4.6.4 Facility Management shall instruct the employees as to the evacuation routes and their respective collection or assembly areas for an employee count to ensure that all employees have safely evacuated the facility.
- 4.6.5 Employees shall participate in fire drills within the facility.
- 4.6.5 Employees will be trained in the use and operation of portable fire extinguishers.

#### 4.7 Maintenance

- 4.7.1 The portable fire extinguishers shall be inspected at least once monthly. Any discrepancies should be noted and reported to location management.
- 4.7.2 Supervisors and their workers will report any discharged, missing, or damaged portable fire extinguisher in their department or any other work area to their supervisor and replace it immediately.
- 4.7.3 The fixed fire shall be inspected on a monthly and annually with the necessary reports forwarded to the maintenance department.
- 4.7.4 No flammable or combustible materials will be stored or used near a heat producing piece of equipment. All hot work will have a fire watch on hand and a portable fire extinguisher will be within the immediate vicinity.
- 4.7.5 Fire suppression equipment shall not be obstructed at any time for any reason.