



REGISTRATION APPLICATION
FOR TYPE V MUNICIPAL SOLID WASTE FACILITY

Prepared for:

EL PASO FACILITY
5307 EL PASO DRIVE
EL PASO, TEXAS

TCEQ MSW REGISTRATION NO. _____

Prepared by:



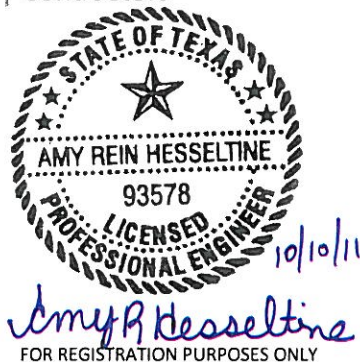
engineers | architects | contractors

TBPE Firm No. F-366

801 Navigation, Suite 300
Corpus Christi, TX 78408
(361) 883-1984

In conjunction with:

GAREY ENVIRONMENTAL



October 10, 2011

FOREWORD

This registration application was prepared in accordance with 30 Texas Administrative Code (TAC), Chapter §330, for a Type V Municipal Solid Waste (MSW) Transfer Station. Some requirements of 30 TAC §330 are not applicable to this Type V facility. All aspects of 30 TAC §330; however, including those not applicable to this facility/registration application, have been addressed within the registration application in order to demonstrate compliance with 30 TAC §330 regulations.

CONTENTS OF REGISTRATION APPLICATION

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)
CORE DATA FORM

PART I

PART II

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PART IV



Amy B Hesseltn

FOR REGISTRATION PURPOSES ONLY
LNV, INC. (TBPE FIRM NO. F-366)



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 checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)			
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Type V MSW Registration	
3. Customer Reference Number (if issued)		Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN 600362693			RN 101668812

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	
7. General Customer Information			
<input type="checkbox"/> New Customer	<input 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)	<input checked="" type="checkbox"/> No Change**		
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Sole Proprietorship- D.B.A
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> State Government
<input type="checkbox"/> Other: _____			
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)			If new Customer, enter previous Customer below
			End Date:
10. Mailing Address:	City	State	ZIP
			ZIP + 4
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number	14. Extension or Code	15. Fax Number (if applicable)	
() -		() -	
16. Federal Tax ID (9 digits)	17. TX State Franchise Tax ID (11 digits)	18. DUNS Number (if applicable)	19. TX SOS Filing Number (if applicable)
20. Number of Employees			21. 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 type="checkbox"/> 501 and higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. 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 checked="" type="checkbox"/> Update to Regulated Entity Name	<input checked="" type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Stericycle-El Paso			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	5307 El Paso Drive						
	City	El Paso	State	TX	ZIP	79905	ZIP + 4
25. Mailing Address:	5307 El Paso Drive						
	City	El Paso	State	TX	ZIP	79905	ZIP + 4
26. E-Mail Address:							
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(915) 779-7590			() -				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Medical Waste Storage and Transfer Station							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:						
36. Nearest City	County		State		Nearest ZIP Code	
El Paso	El Paso		TX		79905	
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
31	46	14	106	25	38	

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> Industrial Hazardous Waste	<input checked="" type="checkbox"/> Municipal Solid Waste
				RegistrationNo.40094
<input type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

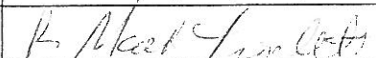
SECTION IV: Preparer Information

40. Name:	Lara Garey	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(936) 499-1041		() -	lgarey@gareyenvironmental.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Stericycle, Inc.	Job Title:	Regional Environmental Manager
Name (In Print):	R. Mark Triplett, P.E., BCEE	Phone:	(504) 220-9732
Signature:		Date:	10/10/2011