



August 8, 2017

Project No.1401491

Texas Commission on Environmental Quality
MSW Permits Section, Waste Permits Division
P.O. Box 13087, MC-126
Austin, Texas 78711-3087

ATTN: Keiandr  McGruder

**RE: RESPONSE TO TCEQ ADMINISTRATIVE NOTICE OF DEFICIENCY
PROPOSED MUNICIPAL SOLID WASTE PERMIT NUMBER: 956C
CITY OF EDINBURG – EDINBURG REGIONAL DISPOSAL FACILITY
EDINBURG, HIDALGO COUNTY, TEXAS
TRACKING NO. CN600647978/RN102217734**

Dear Mr. McGruder:

On behalf of the City of Edinburg, Golder Associates Inc. (Golder) submits this response to the Texas Commission on Environmental Quality's (TCEQ's) Administrative Notice of Deficiency (NOD) regarding the above-referenced Proposed Municipal Solid Waste Permit Number 956C. TCEQ's NOD letter was dated on August 3, 2017.

The responses presented herein are cross-referenced to the NOD comments using the comment numbers in the NOD and quoting the original comments. We have also included an itemized list of the revised or new pages for the permit application in review.

One original and three (3) copies of the revised permit application materials and two (2) copy of the redline-strikeout revisions are included with this letter. The redline-strikeout revisions are organized per the order of the NOD comments. This response package will be posted to a publicly accessible website as indicated in the Part I form of the permit application.

We trust this response is sufficient to address the deficiencies identified by the TCEQ. Upon review of this response, if you have questions, please contact the undersigned at 281-821-6868.

Sincerely,

GOLDER ASSOCIATES INC.

A handwritten signature in blue ink, appearing to read 'Chad Ireland'.

Chad Ireland, PE
Senior Project Geological Engineer

CEI/kc

A handwritten signature in blue ink, appearing to read 'Charles G. Dominguez' with 'For' written below it.

Charles G. Dominguez, PE
Principal and Vice President, Central North America

[https://golderassociates.sharepoint.com/sites/10252g/shared documents/application/administrative nod/administrative nod_edinburg_august 2017.docx](https://golderassociates.sharepoint.com/sites/10252g/shared%20documents/application/administrative%20nod/administrative%20nod_edinburg_august%202017.docx)

Golder Associates Inc.
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LIST OF REVISED/NEW PAGES

Part	Revised/New Pages
Part I Application	<input checked="" type="checkbox"/> Resubmit revised pages of Part I form

ID ¹	App. Part	App. Section	Location	Citation	Deficiency Description/Resolution/Response
Comment A1	I	5	Pg. 1	330.57(i)(1)	Please provide the correct URL address of a publicly accessible web site where the electronic version of the application along with any revisions to the application will be posted. When verified the current location of http://www.cityofedinburg.com did not contain an electronic copy of the application.
Response A1					<i>Revised Page 1, Section 5 of the Part I application URL address where the electronic version of the application is directly accessible to the public.</i> <u>http://www.cityofedinburg.com/pdfs/EdinburgPermitAmendmentsMSW-956C.pdf</u>
Comment A2	I	8	Pg. 2		Please revise and resubmit Page 2 of the Part I application regarding the public place where the application is to be held. A public location is defined as (i.e. City Hall, Public Library, or Courthouse etc.)
Response A2					The information is required in order to complete the public notice. <i>The public location has been revised to City of Edinburg, Secretary's Office, 415 W. University Drive, Edinburg, TX 78539</i>
Comment A3	I	16	Pg. 4	305.45(a)(4)	Please revise and resubmit Page 4 of the Part I application to include verbiage regarding the facility's name change along with a brief description of the activities that will be taking place at the site.
Response A3					This information is needed in order to draft the public notice. <i>Description revised. Major Amendment for a lateral and vertical expansion of existing TCEQ Permit MSW-956B. Change in facility's legal name to Edinburg Regional Disposal Facility.</i>

Comment A4	I	17	Pg. 4		<p>Please revise and resubmit Page 4 of the Part I application regarding the Facility's Contact information. Please include a contact person first and last name along with their professional title next to the business name. Please include the contact's e-mail address as well.</p> <p>This information is required in order to draft the public notice.</p>
Response A4					<p>Revised Page 4, Section 17 of the Part I application to include the Facility contact name and title. Ramiro L. Gomez, Jr., Director of Solid Waste Management Email Address: rgomez@cityofedinburg.com</p>
Comment A5	I	17	Pg. 5		<p>Please revise and resubmit Page 5 of the Part I application regarding the Consultant's Contact information. Please include the consultant's first and last name along with their professional title next to the business name.</p> <p>This information is required in order to draft the public notice.</p>
Response A5					<p>Revised page 5, Section 17 of the Part I application to include the Consultants contact information and title. Chad Ireland, Senior Project Geological Engineer (Texas PE 99293)</p>
Comment A6	I	Signature Page	Pg. 9	281.5(1)	<p>Please resubmit a revised signed and notarized signature page.</p>
Response A6					<p>Revised Part I Form signature page signed and notarized.</p>
Comment A7	I	Part I Attachments	Pg. 10	<p>330.59(c)(3)(A) 281.5(6) 305.45(a)(6)(D)</p>	<p>Please provide a Landowner's map keyed to cross-reference the landowner's name to the proper locations on the map. Please submit a map key using the appropriate keying techniques.</p> <p>Also please submit four (4) sets of pre-printed mailing labels for the names and addresses of the adjacent landowners only. The proper format to provide the required set of labels will be label sheets that have 30 labels to a page, 3 columns per page and 10 labels per column. Each name and address must be typed in the format that meets the United States Postal Service requirements for machine readability. Each letter in the name and address must be capitalized, contain no punctuation, and the appropriate two-character abbreviation must be used for the state. Please omit the permit number and applicant's name on the top line when sending labels.</p>

Response A7					<p><i>Per telephone conversation with Mr. McGruder on August 7, 2017. Figure I-5, Land Ownership Map located within Part I of the permit application is provided that is keyed to cross-reference the landowner's name to the proper locations on the map. In addition, pre-printed mailing labels for the names and addresses of the adjacent landowners were included with submittal. It was agreed that no further action is required in response to Comment A7.</i></p>
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CLEAN/UNMARKED PAGES

Facility Name: Edinburg Regional Disposal Facility
Permittee/Registrant Name: City of Edinburg
MSW Authorization #:956C
Initial Submittal Date: July 2017
Revision Date: Administrative NOD August 2017



Texas Commission on Environmental Quality

Part I Form

New Permit/Registration and Amendment Applications for an MSW Facility

1. Reason for Submittal

☐ Initial Submittal ☒ Notice of Deficiency (NOD) Response

2. Authorization Type

☒ Permit ☐ Registration

3. Application Type

☐ New ☒ Major Amendment
☐ Major Amendment (Limited Scope)

4. Application Fees

☐ Pay by Check ☒ Online Payment

If paid online, e-Pay Confirmation Number: 582EA000264970

5. Application URL

Is the application submitted for Type I Arid Exempt (AE) and/or Type IV AE facility?

☐ Yes ☒ No

If the answer is "No", provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted.

<http://www.cityofedinburg.com/pdfs/EdinburgPermitAmendmentMSW-956C.pdf>

6. Application Publishing

Party Responsible for Publishing Notice:

☐ Applicant ☐ Agent in Service ☒ Consultant

7. Alternative Language Notice

Is an alternative language notice required for this application? (For determination refer to Alternative Language Checklist on the Public Notice Verification Form TCEQ-20244-Waste)

☒ Yes ☐ No

8. Public Place Location of Application

Name of the Public Place: **City of Edinburg, Secretary's Office.**

Physical Address: **415 W. University Dr.**

City: **Edinburg** County: **Hidalgo** State: **TX** Zip Code: **78539**

(Area code) Telephone Number: **956-388-1851**

9. Consolidated Permit Processing

Is this submittal part of a consolidated permit processing request, in accordance with 30 TAC Chapter 33?

☐ Yes ☒ No ☐ Not Applicable

If "Yes", state the other TCEQ program authorizations requested:

10. Confidential Documents

Does the application contain confidential documents?

☐ Yes ☒ No

If "Yes", cross-reference the confidential documents throughout the application and submit as a separate attachment in a binder clearly marked "CONFIDENTIAL."

11. Permits and/or Construction Approvals

Select all that apply	Received	Pending	Not Applicable
Hazardous Waste Management Program under the Texas Solid Waste Disposal Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground Injection Control Program under the Texas Injection Well Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Pollutant Discharge Elimination System Program under the Clean Water Act and Waste Discharge Program under Texas Water Code, Chapter 26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention of Significant Deterioration Program under the Federal Clean Air Act (FCAA). Nonattainment Program under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

15. Facility Waste Management Unit(s)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Landfill Unit(s) | <input type="checkbox"/> Incinerator(s) |
| <input type="checkbox"/> Class 1 Landfill Unit(s) | <input type="checkbox"/> Autoclave(s) |
| <input type="checkbox"/> Process Tank(s) | <input type="checkbox"/> Refrigeration Unit(s) |
| <input type="checkbox"/> Storage Tank(s) | <input type="checkbox"/> Mobile Processing Unit(s) |
| <input type="checkbox"/> Tipping Floor | <input type="checkbox"/> Type VI Demonstration Unit |
| <input type="checkbox"/> Storage Area | <input type="checkbox"/> Compost Pile(s) and/or Vessel(s) |
| <input type="checkbox"/> Container(s) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Roll-off Boxes | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Other (Specify) |

16. Description of the Revisions to the Facility

Skip this box, if "New" is selected under "Application Type".

Provide a brief description of all revisions to the permit conditions and supporting documents referenced by the permit. Also, provide an explanation of why the amendment is requested.

Major Amendment for a lateral and vertical expansion of existing TCEQ Permit MSW-956B. Change in facility's legal name to Edinburg Regional Disposal Facility.

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: City of Edinburg, Ramiro L. Gomez, Jr., Director of Solid Waste Management

Customer Reference No. (if issued)*: **CN600647978**

Mailing Address: **P.O. Box 1079**

City: **Edinburg** County: **Hidalgo** State: **TX** Zip Code: **78540**

(Area Code) Telephone Number: **(956) 381-5635**

Email Address: **rgomez@cityofedinburg.com**

TX Secretary of State (SOS) Filing Number:

*If the Site Operator (Permittee/Registrant) does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Site Operator (Permittee/Registrant) as the Customer.

Operator Name¹: "Same as "Site Operator Permittee"

Customer Reference No. (if issued)*:

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

TX SOS Filing Number:

¹If the Operator is the same as Site Operator/Permittee type "Same as "Site Operator (Permittee/Registrant)".

*If the Operator does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Operator as the customer.

Consultant Name (if applicable): Golder Associates Inc. Chad Ireland, Senior Project Geological Engineer (Texas PE 99293)

Texas Board of Professional Engineers Firm Registration Number: **F-2578**

Mailing Address: **500 Century Plaza Drive, Suite 190**

City: **Houston** County: **Harris** State: **TX** Zip Code: **77073**

(Area Code) Telephone Number: **(281) 821-6868**

E-Mail Address: **cireland@golder.com**

Agent in Service Name (required only for out-of-state): N/A

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

E-Mail Address:

18. Facility Supervisor's License

Select the Type of License that the Solid Waste Facility Supervisor, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, will obtain prior to commencing facility operations.

☒ Class A ☐ Class B

19. Ownership Status of the Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> City Government | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> County Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | <input type="checkbox"/> Other (Specify): |

Signature Page

I, Ramiro L. Gomez, Jr., Director Solid Waste Management Department,
(Site Operator (Permittee/Registrant)'s Authorized Signatory) (Title)

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.

Signature: Ramiro Gomez

Date: 8/8/17

TO BE COMPLETED BY THE OPERATOR IF THE APPLICATION IS SIGNED BY AN AUTHORIZED REPRESENTATIVE FOR THE OPERATOR

I, _____, hereby designate _____
(Print or Type Operator Name) (Print or Type Representative Name)

as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and/or appear for me at any hearing or before the Texas Commission on Environmental Quality in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. I further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application.

Printed or Typed Name of Operator or Principal Executive Officer

Signature

SUBSCRIBED AND SWORN to before me by the said Ramiro L. Gomez

On this 8 day of August, 2017

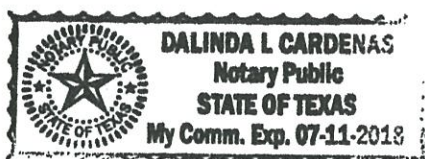
My commission expires on the 11 day of June, 2018

Dalinda L. Cardenas

Notary Public in and for

Hidalgo County, Texas

(Note: Application Must Bear Signature & Seal of Notary Public)



REDLINE/STRIKEOUT CHANGES

Facility Name: Edinburg Regional Disposal Facility
Permittee/Registrant Name: City of Edinburg
MSW Authorization #:956C
Initial Submittal Date: July 2017
Revision Date: **Administrative NOD August 2017**



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☒ Yes

☐ No

8. Public Place Location of Application

Name of the Public Place: ~~Edinburg Regional Disposal Facility~~ City of Edinburg, Secretary's Office.

Physical Address: ~~8601 North Jasman Road~~ 415 W. University Dr.

City: **Edinburg** County: **Hidalgo** State: **TX** Zip Code: **7854178539**

(Area code) Telephone Number: **956-381-5635956-388-1851**

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☐ Yes

☒ No

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(Area Code) Telephone Number: **(956) 381-5635**

Email Address: **rgomez@cityofedinburg.com**

TX Secretary of State (SOS) Filing Number:

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Email Address:

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Texas Board of Professional Engineers Firm Registration Number: **F-2578**

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| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> County Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | <input type="checkbox"/> Other (Specify): |