

Facility Name: FCC Material Recovery Facility Houston  
Permittee/Registrant Name: Fomento de Construcciones y Contratas Ind, DBA FCC SA  
MSW Authorization #:  
Initial Submittal Date: 6-4-18  
Revision Date: 8/10/2018



**Texas Commission on Environmental Quality**  
**Part I Form for 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:

**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://fccenvironmental.com/services/municipal-serices/>

**6. Application Publishing**

Party Responsible for Publishing Notice:

- Applicant                                       Agent in Service                                       Consultant

Contact Name: **Andrea Rodriguez**

Title: **Technical Director**

**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: **Northeast MultiCenter**  
 Physical Address: **9720 Spaulding Street**  
 City: **Houston** County: **Harris** State: **TX** Zip Code: **77016**  
 (Area code) Telephone Number: **832-395-0470**

**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 Construction Approvals**

Permit or Approval	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 checked="" type="checkbox"/>	<input 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"/>
Ocean Dumping Permits under the Marine Protection Research and Sanctuaries Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Permit or Approval	Received	Pending	Not Applicable
Dredge or Fill Permits under the CWA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licenses under the Texas Radiation Control Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe) TPDES General Permit TXR150000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) City of Houston SWQ Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe) SWPPP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. General Facility Information**

Facility Name: **FCC Material Recovery Facility Houston**

Contact Name: **Andrea Rodriguez-Piñero**  
**Director**

Title: **Technical**

MSW Authorization No. (if available):

Regulated Entity Reference No. (if issued)\*: RN

Physical or Street Address (if available): **9172 Ley Road**

City: **Houston** County: **Harris** State: **TX** Zip Code: **77078**

(Area Code) Telephone Number: **832 792 8778**

Latitude (Degrees, Minutes Seconds): **29 49 48.2N**

Longitude (Degrees, Minutes Seconds): **95 13 16.24W**

Benchmark Elevation (above mean sea level): **35.7714** ft.

Provide a description of the location of the facility with respect to known or easily identifiable landmarks: **9172 Ley Road is located 2000' east of Mesa Dr. and is approximately 1400' west of the McCarty Road Landfill in northeast Houston.**

Detail access routes from the nearest United States or state highway to the facility: **From the intersection of IH 610 and N. McCarty Road, go 1.09 miles northeast to Mesa Drive. Take Mesa Drive 1.5 miles to Ley Road. Go east on Ley Road 2000 ft. The site is located on the south side of the street.**

\*If this number has not been issued for the facility, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Facility as the Regulated Entity.

**13. Facility Type(s)**

- Type I                       Type IV                       Type V  
 Type I AE                       Type IV AE                       Type VI

**14. Activities Conducted at the Facility**

- Storage                       Processing                       Disposal

**15. Facility Waste Management Unit(s)**

- |  |   |
|--|---|
| <input 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 checked="" type="checkbox"/> Tipping Floor  | <input type="checkbox"/> Type VI Demonstration Unit       |
| <input checked="" type="checkbox"/> Storage Area   | <input type="checkbox"/> Compost Pile(s) and/or Vessel(s) |
| <input checked="" type="checkbox"/> Container(s)   | <input type="checkbox"/> Other (Specify)                  |
| <input checked="" type="checkbox"/> Roll-off Boxes | <input type="checkbox"/> Other (Specify)                  |
| <input type="checkbox"/> Surface Impoundment       | <input type="checkbox"/> Other (Specify)                  |

**16. Description of Proposed Facility or Changes to Existing Facility**

Provide a brief description of the proposed activities if application is for a new facility, or the proposed changes to an existing facility or permit conditions if the application is for an amendment.

**The FCC Materials Recovery Facility (MRF) Houston is an enclosed structure on an approximately 10.78-acre tract of land at 9172 Ley Road in Houston, Texas. The site is approximately 1,400 feet west of the McCarty Road Landfill in an area of predominantly industrial land use. The facility will accept only non-putrescible, source-separated recyclable materials. FCC is currently under contract with the City of Houston to accept and process non-putrescible, single-stream recyclable materials collected within the City of Houston by City of Houston Solid Waste Management Department forces. In the future, the proposed facility may accept non-putrescible, commingled recyclables generated outside the City of Houston and collected by FCC or other, outside collection forces.**

**17. Facility Contact Information**

**Site Operator (Permittee/Registrant) Name: FCC Materials Recovery Facility Houston**

Customer Reference No. (if issued)\*: **CN605116896**

Contact Name: **Andrea Rodriguez-Piñero**  
**Director**

Title: **Technical**

Mailing Address: **10077 Grogan Mill Road**

City: **The Woodlands** County: **Harris** State: **TX** Zip Code: **77380**

(Area Code) Telephone Number: **832 792 8778**

Email Address: **andrea.rodriquez@fccenvironmental.com**

TX Secretary of State (SOS) Filing Number: **0802146433**

Facility Name: FCC Material Recovery Facility Houston  
MSW Authorization #:

Initial Submittal Date: 6-4-18  
Revision Date: 8/10/2018

\*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 Name<sup>1</sup>: Same as Site Operator (Registrant)**

Customer Reference No. (if issued)\*:

Contact Name: Title:

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

TX SOS Filing Number:

<sup>1</sup>If 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): Risa Weinberger & Associates Inc.(F-7861)**

Texas Board of Professional Engineers Firm Registration Number:

Contact Name: **Risa Weinberger** Title: **President**

Mailing Address: **5501 Bryan Street, Suite**

City: **Dallas** County: **Dallas** State: **TX** Zip Code: **75206**

(Area Code) Telephone Number: **214 729 7071**

E-Mail Address: **risa@risawassoc.com**

**Agent in Service Name (required only for out-of-state):**

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 checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual             | <input 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):   |

Does the Site Operator (Permittee/Registrant) own all the facility units and all the facility property?

Yes                       No

If "No", provide the information requested below for any additional ownership.

**Owner Name:**

Street or P.O. Box:

City:                      County:                      State:                      Zip Code:

(Area Code) Telephone Number:

Email Address (optional):

**20. Other Governmental Entities Information**

**Texas Department of Transportation District: Houston**

District Engineer's Name: **Quincy Allen PE**

Street Address or P.O. Box: **7600 Washington Ave**

City: **Houston** County: **Harris** State: **TX** Zip Code: **77007**

(Area Code) Telephone Number: **713 802 5000**

E-Mail Address (optional):

**The Local Governmental Authority Responsible for Road Maintenance (if applicable): City of Houston Public Works Department**

Contact Person's Name: **Jeffrey Weatherford, PE PTOE**

Street Address or P.O. Box: **611 Walker Street**

City: **Houston** County: **Harris** State: **TX** Zip Code: **77002**

(Area Code) Telephone Number: **832 395 2500**

E-Mail Address (optional): **pwe.director@houstontx.gov**

**City Mayor Information**

City Mayor's Name: **Sylvester Turner**

Office Address: **P.O. Box 1562**

City: **Houston** County: **Harris** State: **TX** Zip Code: **77251**

(Area Code) Telephone Number: **713.837.0311**

E-Mail Address (optional): **sylvester.turner@houstontx.gov**

**City Health Authority: Houston Health Department**

Contact Person's Name: **Stephen L. Williams**

Street Address or P.O. Box: **8000 North Stadium Drive**

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

(Area Code) Telephone Number: **832.393.5169**

E-Mail Address (optional): **webadmin@houstontx.gov**

**County Judge Information**

County Judge's Name: **Ed Emmet**  
Street Address or P.O. Box: **1001 Preston Road, Ste 911**  
City: **Houston** County: **Harris** State: **TX** Zip Code: **77002**  
(Area Code) Telephone Number: **713 274 7000**  
E-Mail Address (optional):

**County Health Authority: Harris County Health Advisor**

Contact Person's Name: **Peggy Boice**  
Street Address or P.O. Box: **1001 Preston Road, Ste 911**  
City: **Houston** County: **Harris** State: **Tx** Zip Code: **77002**  
(Area Code) Telephone Number: **713-274-7038**  
E-Mail Address (optional): **peggy.boice@cjo.hctx.net**

**State Representative Information**

District Number: **142**  
State Representative's Name: **Harold V. Dutton Jr.**  
District Office Address: **8799 N. Loop East Ste 305**  
City: **Houston** County: **Harris** State: **TX** Zip Code: **77029**  
(Area Code) Telephone Number: **713 692 9192**  
E-Mail Address (optional):

**State Senator Information**

District Number: **6**  
State Senator's Name: **Sylvia Garcia**  
District Office Address: **8799 N. Loop East Ste 240**  
City: **Houston** County: **Harris** State: **TX** Zip Code: **7029**  
(Area Code) Telephone Number: **713 453 5100**  
E-Mail Address (optional):

**Council of Government (COG) Name: Houston-Galveston Area Council**

COG Representative's Name: **.Jack Steele**  
COG Representative's Title: **Executive Director**  
Street Address or P.O. Box: **3555 Timmons, Suite 120**  
City: **Houston** County: **Harris** State: **TX** Zip Code: **77027**  
(Area Code) Telephone Number: **713-627-3200**  
E-Mail Address (optional):



**River Basin Authority Name: San Jacinto River Authority**

Contact Person's Name: **Jace A. Houston**

Watershed Sub-Basin Name: **San Jacinto River Basin**

Street Address or P.O. Box: **1577 Dam Site Road**

City: **Conroe** County: **Montgomery** State: **TX** Zip Code: **77304**

(Area Code) Telephone Number: **936.588.3111**

E-Mail Address (optional):

**Coastal Management Program**

Is the facility within the Coastal Management Program boundary?

Yes  No

**U.S. Army Corps of Engineers**

The facility is located in the following District of the U.S. Army Corps of Engineers:

Albuquerque, NM  Galveston, TX  
 Ft. Worth, TX  Tulsa, OK

**Local Government Jurisdiction**

Within City Limits of: **Houston**

Within Extraterritorial Jurisdiction of: **Houston**

Is the facility located in an area in which the governing body of the municipality or county has prohibited the storage, processing or disposal of municipal or industrial solid waste?

Yes  No

(If "Yes", provide a copy of the ordinance or order as an attachment):

### Signature Page

I, \_\_\_\_\_, \_\_\_\_\_,  
(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: \_\_\_\_\_ Date: \_\_\_\_\_

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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 \_\_\_\_\_

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

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

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

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

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



**Signature Page**

I, SANTIAGO CARRASCO  
(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: \_\_\_\_\_ Date: 8/9/18

-----  
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

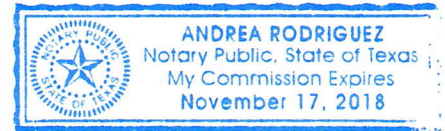
\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me by the said SANTIAGO CARRASCO

On this 9 day of AUGUST, 2018

My commission expires on the 17 day of NOV, 2018

[Signature]  
Notary Public in and for  
HARRIS County, Texas



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

## Part I Attachments

(See Instructions for P.E. seal requirements.)

<b>Required Attachments</b>	<b>Attachment No.</b>
Supplementary Technical Report	1
Property Legal Description	2
Property Metes and Bounds Description	2
Facility Legal Description	2
Facility Metes and Bounds Description	2
Metes and Bounds Drawings	2
On-Site Easements Drawing	2
Land Ownership Map	3
Land Ownership List	4
Electronic List or Mailing Labels	4
Texas Department of Transportation (TxDOT) County Map	5
General Location Map	5
General Topographic Map	6
Verification of Legal Status	7
Property Owner Affidavit	8
Evidence of Competency	9
<b>Additional Attachments as Applicable- Select all those apply and add as necessary</b>	
<input checked="" type="checkbox"/> TCEQ Core Data Form(s)	10
<input checked="" type="checkbox"/> Signatory Authority Delegation	11
<input checked="" type="checkbox"/> Fee Payment Receipt	12
<input type="checkbox"/> Confidential Documents	
<input checked="" type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	13
<input type="checkbox"/> Final Plat Record of Property	
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	