



Texas Commission on Environmental Quality

Part I Application Form for New Permit, Permit Amendment, or Registration for a Municipal Solid Waste Facility

Application Tracking Information

Facility Name: Spring Branch Transfer Station

Permittee or Registrant Name: Hill Country Waste Solutions LLC

MSW Authorization Number: 2419

Initial Submission Date: May 5, 2023

Revision Date: October 26, 2023

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr¹](#). Include a [Core Data Form \(TCEQ 10400\)²](#) with the application for the facility owner, and another Core Data Form for the operator if different from the owner. If you have questions, contact the Municipal Solid Waste Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335.

Application Data

1. Submission Type

Initial Submission Notice of Deficiency (NOD) Response

2. Authorization Type

Permit Registration

3. Application Type

New Permit
 Permit Major Amendment Permit Limited Scope Major Amendment
 New Registration

¹ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf

² www.tceq.texas.gov/goto/coredata

4. Application Fee

Amount

- \$2,050—New Landfill Permits, and Landfill Permit Major Amendments Described in 30 TAC 305.62(j)(1)
- \$150—Other Permits, Landfill Limited Scope Major Amendments, Permit Amendments for Storage and Processing Facilities, and Registrations

Payment Method

- Check
- Online through ePay portal www3.tceq.texas.gov/epay/

If paid online, enter ePay Trace Number: _____

5. Application URL

For applications other than those for arid exempt landfills, provide the URL address of a publicly accessible internet web site where the application and all revisions to the application will be posted.

<http://www.hcwastesolutions.com/transfer>

6. Party Responsible for Publishing Notice

Indicate who will be responsible for publishing notice:

- Applicant Agent in Service Consultant

Contact Name: Karlis Ercums, IV

Title: President

Email Address: karlis4@hcwastesolutions.com

7. Alternative Language Notice

Use the Alternative Language Checklist on Public Notice Verification Form TCEQ-20244-Waste-NORI, TCEQ-20244-Waste-NAPD, or TCEQ-20244-Waste-NAORPM available at www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html 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

8. Public Place for Copy of Application

Name of the Public Place: Mammen Family Public Library
 Physical Address: 131 Bulverde Crossing
 City: Bulverde County: Comal State: TX Zip Code: 78163
 Phone Number: (830) 438-4864

9. Consolidated Permit Processing

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

Yes No

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

n/a

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", reference the confidential documents in the application, but submit the confidential documents as an attachment in a separate binder marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Mark the following table to indicate status of other permits or approvals.

Table 1. Permits and Construction Approvals.

| Permit or Approval | Received | Pending | Not Applicable |
|---|----------|---------|----------------|
| Hazardous Waste Management Program under Texas Solid Waste Disposal Act | | | X |
| Underground Injection Control Program under Texas Injection Well Act | | | X |
| National Pollutant Discharge Elimination System Program under Clean Water Act; Waste Discharge Program under Texas Water Code, Chapter 26 | | | X |
| Prevention of Significant Deterioration Program under Federal Clean Air Act (FCAA); Nonattainment Program under the FCAA | | | X |
| National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA | | | X |

| Permit or Approval | Received | Pending | Not Applicable |
|--|----------|---------|----------------|
| Ocean Dumping Permits under Marine Protection Research and Sanctuaries Act | | | X |
| Dredge or Fill Permits under Clean Water Act | | | X |
| Licenses under the Texas Radiation Control Act | | | X |
| Other (describe): N/A | | | |
| Other (describe): N/A | | | |

12. Facility General Information

Facility Name: Spring Branch Transfer Station

Contact Name: Karlis Ercums, IV Title: President

MSW Authorization Number (if existing): 2419

Regulated Entity Reference Number: **RN** 111746988

Physical or Street Address (if available): 11301 US 281 N

City: Spring Branch County: Comal State: TX Zip Code: 78070

Phone Number: (830) 885-5512

Latitude (Degrees, Minutes Seconds): 29° 53' 54.15"

Longitude (Degrees, Minutes Seconds): 98° 24' 44.40"

Benchmark Elevation (above mean sea level): 1,078 feet

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

The facility is located off of US Highway 281 in the City of Spring Branch, Texas. Access driveway to be located approximately 730 feet north of the intersection of US Hwy 281 and Jubmo Evans Boulevard.

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

The facility's driveway will access US Highway 281.

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

13. Facility Types

- Type I Type IV Type V
 Type IAE Type IVAE Type VI

14. Activities Conducted at the Facility

- Storage Processing Disposal

15. Facility Waste Management Units

Check the box for each type of waste management unit proposed.

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

This applicaiton is for a new facility. The Spring Branch Transfer Station will serve as a transfer station for solid waste generated by the citizens of Comal County and adjacent counties. The facility will be operated by Hill Country Waste Solutions, LLC. The permit will be issued to Hill Country Waste Solutions, LLC. The property is owned by Spring Branch Partners LLC. The facility will be designed to accommodate a maximum of 1,500 tons of solid waste per day. Solid waste will be transported from this facility to a TCEQ approved landfill for final disposal. A portion of the Transfer Station building will be set aside and designated as a sludge storage area for bins of treated and de-watered municipal sewage sludge. When full, the contents of the bins will be transported to a TCEQ permitted beneficial use site for disposal.

17. Facility Contact Information

Site Operator (Permittee or Registrant)

Name: Hill Country Waste Solutions LLC
Customer Reference Number: **CN** 605838861
Contact Name: Karlis Ercums, IV Title: President
Mailing Address: P.O. Box 960
City: Spring Branch County: Comal State: TX Zip Code: 78070
Phone Number: (830) 885-5512
Email Address: karlis4@hcwastesolutions.com
Texas Secretary of State (SOS) Filing Number: 802594691

Operator (if different from Site Operator)

Name: N/A
Customer Reference Number: **CN** N/A
Contact Name: N/A Title: N/A
Mailing Address: N/A
City: N/A County: N/A State: N/A Zip Code: N/A
Phone Number: N/A
Email Address: N/A
Texas Secretary of State (SOS) Filing Number: N/A

Consultant (if applicable)

Firm Name: Everett Griffith, Jr. & Associates, Inc.
Consultant Name: Bob Staehs, P.E.
Texas Board of Professional Engineers Firm Registration Number: F-1156
Contact Name: Bob Staehs, P.E. Title: Project Manager
Mailing Address: P.O. Box 1746
City: Lufkin County: Angelina State: TX Zip Code: 75902
Phone Number: (936) 634-5528
Email Address: bstaehs@everettgriffith.com

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

Name: N/A
Mailing Address: N/A
City: N/A County: N/A State: TX Zip Code: N/A
Phone Number: N/A
Email Address: N/A

18. Facility Supervisor License

Indicate the level of Municipal Solid Waste Facility Supervisor license, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, Subchapter F that the individual who supervises or manages the operations will obtain prior to commencing operations.

Class A Supervisor License Class B Supervisor License

19. Ownership Status of the Facility

Business Type

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

Facility Owner

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

Yes No

If "No", provide the following information for other owners.

Owner Name: Spring Branch Partners LLC

Mailing Address: P.O. Box 960

City: Spring Branch County: Comal State: TX Zip Code: 78070

Phone Number: (830) 885-5512

Email Address: N/A

20. Other Government Entities Information

Texas Department of Transportation

District: San Antonio

District Engineer's Name: Gina Gallegos, P.E.

Mailing Address: 4615 NW Loop 410

City: San Antonio County: Bexar State: TX Zip Code: 78229

Phone Number: (210) 615-1110

Email Address: gina.gallegos@txdot.gov

Local Government Authority Responsible for Road Maintenance (if applicable)

Government or Agency Name: New Braufels TxDOT Maintenance
Contact Person's Name: Duane Hofferichter, Maintenance Supervi
Mailing Address: 4102 I-35 S.
City: New Braufels County: Comal State: TX Zip Code: 78132
Phone Number: (830) 609-0707
Email Address: duane.hofferichter@txdot.gov

City Mayor Information

City Mayor's Name: Honorable James Mayer
Mailing Address: PO Box 1143
City: Spring Branch County: Comal State: TX Zip Code: 78070
Phone Number: (830) 885-6945
Email Address: info@cityofspringbranch.org

City Health Authority

Authority Name: Comal County Public Health
Contact Person's Name: Cheryl Fraser, BSN RN; Director
Mailing Address: 1297 Church Hill, Suite 102
City: New Braufels County: Comal State: TX Zip Code: 78130
Phone Number: (830) 221-1150
Email Address: frasec@co.comal.tx.us

County Judge Information

County Judge's Name: Honorable Sherman Krause
Mailing Address: 100 Main Plaza
City: New Braunfels County: Comal State: TX Zip Code: 78130
Phone Number: (830) 221-1105
Email Address: krause@co.comal.tx.us

County Health Authority

Agency Name: Comal County Public Health
Contact Person's Name: Cheryl Fraser, BSN RN; Director
Mailing Address: 1297 Church Hill, Suite 102
City: New Braufels County: Comal State: TX Zip Code: 78130
Phone Number: (830) 221-1150
Email Address: frasec@co.comal.tx.us

State Representative Information

District Number: 73
State Representative's Name: Carrie Isaac
District Office Mailing Address: P.O. Box 2910
City: Austin County: Travis State: TX Zip Code: 78768
Phone Number: (512) 463-0325
Email Address: carrie.isaac@house.texas.gov

State Senator Information

District Number: 25
State Senator's Name: Senator Donna Campbell
District Office Mailing Address: 229 Hunters Village, Ste. 105
City: New Braufels County: Comal State: TX Zip Code: 78132
Phone Number: (830) 626-0065
Email Address: donna.campbell@senate.texas.gov

Council of Governments (COG)

COG Name: Alamo Area Council of Governments (AACOG)
COG Representative's Name: Honorable Sherman Krause
COG Representative's Title: County Judge
Mailing Address: 100 Main Plaza
City: New Braunfels County: Comal State: TX Zip Code: 78130
Phone Number: 830-221-1105
Email Address: krause@co.comal.tx.us

River Basin Authority

Authority Name: Guadalupe-Blanco River Authority
Contact Person's Name: Kevin Patteson, General Manager
Watershed Sub-Basin Name: Guadalupe River above Canyon Lake
Mailing Address: 933 East Court Street
City: Seguin County: Guadalupe State: TX Zip Code: 78155
Phone Number: 830-379-5822
Email Address: comments@gbra.org

U.S. Army Corps of Engineers District

Indicate the U.S. Army Corps of Engineers district in which the facility is located:

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

Local Government Jurisdiction

Within City Limits of: Spring Branch

Within Extraterritorial Jurisdiction of: N/A

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

Site Operator or Authorized Signatory

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Karlis Ercums, IV Title: President

Email Address: karlis4@hcwastesolutions.com

Signature: *Karlis Ercums* Date: 10-26-23

Operator or Principal Executive Officer Designation of Authorized Signatory

To be completed by the operator if the application is signed by an authorized representative for the operator.

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

Operator or Principal Executive Officer Name: _____

Email Address: _____

Signature: _____ Date: _____

Notary

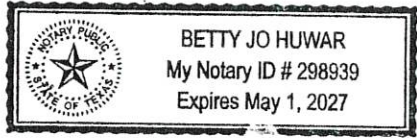
SUBSCRIBED AND SWORN to before me by the said _____

On this 26 day of October, 2023

My commission expires on the 1 day of May, 2027

Betty Jo Huwar

Notary Public in and for Comal County, Texas



Note: Application Must Bear Signature & Seal of Notary Public

Part I Attachments

Refer to instruction document 00650-instr for professional engineer seal requirements.

Attachments Table 1. Required attachments.

| Required Attachments | Attachment Number |
|---|-------------------|
| Supplementary Technical Report | Attachment 9 |
| Property Legal Description | Attachment 4 |
| Property Metes and Bounds Description | Attachment 4 |
| Facility Legal Description | Attachment 4 |
| Facility Metes and Bounds Description | Attachment 4 |
| Metes and Bounds Drawings | Attachment 4 |
| On-Site Easements Drawing | Attachment 4 |
| Land Ownership Map | Attachment 1 |
| Landowners List | Attachment 1 |
| Mailing Labels (printed and electronic) | Attached |
| Texas Department of Transportation (TxDOT) County Map | Attachment 2 |
| General Location Map | Attachment 2 |
| General Topographic Map | Attachment 3 |
| Verification of Legal Status | Attachment 12 |
| Property Owner Affidavit | Attachment 8 |
| Evidence of Competency | Attachment 5 |

Attachments Table 2. Additional attachments as applicable.

| Additional Attachments as Applicable (select all that apply and add others as needed) | Attachment Number |
|--|---------------------------|
| <input checked="" type="checkbox"/> TCEQ Core Data Form(s) | Attachment 6 |
| <input type="checkbox"/> Signatory Authority Delegation | n/a |
| <input checked="" type="checkbox"/> Fee Payment Receipt | Attach. 7 (check of copy) |
| <input type="checkbox"/> Confidential Documents | n/a |
| <input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances | n/a |
| <input type="checkbox"/> Final Plat Record of Property | n/a |

| Additional Attachments as Applicable (select all that apply and add others as needed) | Attachment Number |
|--|------------------------------|
| <input type="checkbox"/> Certificate of Fact (Certificate of Incorporation) | n/a |
| <input type="checkbox"/> Assumed Name Certificate | n/a |
| Other (describe): n/a | n/a |
| Other (describe): n/a | n/a |
| Other (describe): n/a | n/a |

