



# 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: Peach Creek Environmental Park

Permittee or Registrant Name: PC II LLC

MSW Authorization Number: 2406

Initial Submission Date: 8/28/2019

Revision Date: 2/23/2024

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr](#)<sup>1</sup>. Include a [Core Data Form \(TCEQ 10400\)](#)<sup>2</sup> 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](mailto:mswper@tceq.texas.gov), or by phone at 512-239-2335.

### Application Data

#### 1. Submission Type

Initial Submission       Response to Comments

#### 2. Authorization Type

Permit       Registration

#### 3. Application Type

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

<sup>1</sup> [www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf](http://www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf)

<sup>2</sup> [www.tceq.texas.gov/goto/coredata](http://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/](http://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.

peachcreekep.com

#### 6. Party Responsible for Publishing Notice

Indicate who will be responsible for publishing notice:

- Applicant                       Agent in Service                       Consultant

Contact Name: Jeff Hobby

Title: Project Manager

Email Address: info@peachcreekep.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](http://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: \_\_\_\_\_

### 8. Public Place for Copy of Application

Name of the Public Place: Shepherd Public Library  
 Physical Address: 30 North Liberty Street  
 City: Shepherd County: San Jacinto State: TX Zip Code: 77371  
 Phone Number: 936.628.3515

### 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:

### 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			
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):			
Other (describe):			

## 12. Facility General Information

Facility Name: Peach Creek Environmental Park

Contact Name: Jeffery Hobby Title: Project Manager

MSW Authorization Number (if existing): 2406

Regulated Entity Reference Number: **RN** 110843042

Physical or Street Address (if available): \_\_\_\_\_

City: \_\_\_\_\_ County: San Jacinto State: TX Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Latitude (Degrees, Minutes Seconds): 30 23' 20" N

Longitude (Degrees, Minutes Seconds): 95 11' 25" W

Benchmark Elevation (above mean sea level): 206.99 feet

Description of facility location with respect to known or easily identifiable landmarks:  
Approximately 6 miles Northwest of the intersection of US 59 and Business SH 105

Access routes from the nearest United States or state highway to the facility:  
From the intersection of FM 1725 and Fostoria Tram road, travel South 1.8 miles on Fostoria Tram to the facility access road.

### 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 checked="" type="checkbox"/> Landfill Unit(s) | <input 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 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.

Solid Waste Disposal At New MSW Type I Landfill

## 17. Facility Contact Information

### Site Operator (Permittee or Registrant)

Name: PC-II, LLC  
Customer Reference Number: **CN** 605694611  
Contact Name: Jeffery Hobby Title: Project Manager  
Mailing Address: 300 Concourse Blvd, Suite 101  
City: Ridgeland County: Madison State: MS Zip Code: 39157  
Phone Number: 601.362.3333  
Email Address: info@peachcreekep.com  
Texas Secretary of State (SOS) Filing Number: 803066983

### Operator (if different from Site Operator)

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

### Consultant (if applicable)

Firm Name: Neel Schaffer, Inc  
Consultant Name: Shawn C Buell P. E.  
Texas Board of Professional Engineers Firm Registration Number: F-2697  
Contact Name: Shawn C Buell P. E. Title: Senior Project Manager  
Mailing Address: 13430 Northwest Freeway Suite 650  
City: Houston County: Harris State: TX Zip Code: 77040  
Phone Number: 225.924.0235  
Email Address: Shawn.buell@neel-schaffer.com

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

Name: National Reg Agent Inc  
Mailing Address: 1999 Bryan St., Ste 900  
City: Dallas County: \_\_\_\_\_ State: TX Zip Code: 75201  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 20. Other Government Entities Information

### Texas Department of Transportation

District: Lufkin

District Engineer's Name: Kelly O Morris, P. E.

Mailing Address: 1805 N Timberland Dr

City: Lufkin County: Angelina State: TX Zip Code: 75901

Phone Number: 936.633.4321

Email Address: kelly.morris@txdot.gov

**Local Government Authority Responsible for Road Maintenance (if applicable)**

Government or Agency Name: San Jacinto County  
Contact Person's Name: David Brandon Pre 3 Commissioner  
Mailing Address: 31 Lilley Yeager Loop North  
City: Cleveland County: San Jacinto State: TX Zip Code: 77331  
Phone Number: 281.592.1109  
Email Address: commissionerpct3@co.san-jacinto.tx.us

**City Mayor Information**

City Mayor's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**City Health Authority**

Authority Name: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**County Judge Information**

County Judge's Name: Fritz Faulker  
Mailing Address: 1 State Hwy 150, Rm 23  
City: Coldspring County: San Jacinto State: TX Zip Code: 77331  
Phone Number: 936.653.2199  
Email Address: countyjudge@co.san-jacinto.tx.us

**County Health Authority**

Agency Name: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_



**State Representative Information**

District Number: 18  
State Representative's Name: The Honorable Ernest Bailes  
District Office Mailing Address: 10501 Hwy 150, Suite B  
City: Shepherd County: San Jacinto State: TX Zip Code: 77371  
Phone Number: 936.628.6687  
Email Address: ernest.bailes@house.texas.gov

**State Senator Information**

District Number: 5  
State Senator's Name: The Honorable Charles Schwertner  
District Office Mailing Address: 3000 Briarcrest Drive , Suite 202  
City: Bryan County: \_\_\_\_\_ State: TX Zip Code: 77802  
Phone Number: 979.776.0222  
Email Address: charles.schwertner@senate.texas.gov

**Council of Governments (COG)**

COG Name: Deep East Texas  
COG Representative's Name: Bob Bashaw  
COG Representative's Title: Regional Planner  
Mailing Address: 1405 Kurth Drive  
City: Lufkin County: Angelina State: TX Zip Code: 75904  
Phone Number: 936.634.2247 ext 5302  
Email Address: bbashaw@detcog.org

**River Basin Authority**

Authority Name: San Jacinto River Authority  
Contact Person's Name: Jace Houston  
Watershed Sub-Basin Name: Peach Creek - Caney Creek  
Mailing Address: 1577 Dam Site Road  
City: Conroe County: Montgomery State: TX Zip Code: 77304  
Phone Number: 936.588.3111  
Email Address: jhouston@sjra.net

**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: N/A

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: B Jeffery Hobby Title: Project Manager

Email Address: info@peachcreekep.com

Signature: B Jeffery Hobby Date: 2/20/2024

### 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 B Jeffery Hobby 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: Wirt A Yerger III

Email Address: info@peachcreekep.com

Signature: Wirt A Yerger III Date: 2/20/2024

### Notary

SUBSCRIBED AND SWORN to before me by the said B Jeffery Hobby and Wirt A. Yerger, III

On this 20 day of February, 2024

My commission expires on the 18 day of July, 2025

Pamela F. Sebrén

Notary Public in and for

Madison County, ~~Texas~~ Mississippi

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	
Property Legal Description	
Property Metes and Bounds Description	
Facility Legal Description	
Facility Metes and Bounds Description	
Metes and Bounds Drawings	
On-Site Easements Drawing	
Land Ownership Map	
Landowners List	
Mailing Labels (printed and electronic)	
Texas Department of Transportation (TxDOT) County Map	
General Location Map	
General Topographic Map	
Verification of Legal Status	
Property Owner Affidavit	
Evidence of Competency	

**Attachments Table 2. Additional attachments as applicable.**

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

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