

Wade M. Wheatley, P.E. Managing Director

**GDS Associates, Inc.** Engineers and Consultants Ph: 512-494-0369 Fax: 866-611-3791 wade.wheatley@gdsassociates.com

August 06, 2021

Mr. Alan Wong Waste Permits Division Municipal Solid Waste Permits Section (MC-124) Texas Commission on Environmental Quality P.O. Box 13087 Austin, TX 78711-3087

Re: Registration Transfer of Ownership and Update – NOD Response Municipal Solid Waste Processing Registration No. 40263 Potter County, Texas CN605717867 / RN106454895

Dear Mr. Wong:

On behalf of our clients, Oncore Healthcare Solutions, LLC, Oncore Technology, LLC, and BioCycle, Inc., GDS Associates, Inc. (GDS) is submitting a response to the Notice of Deficiency, dated July 30, 2021 (NOD). The email containing the NOD is enclosed with this letter for reference and responses to the NOD items are presented below.

1. Provide Evidence of Competency pursuant to 330.59(f). Please include all facilities that are owned by Oncore Healthcare Solutions, LLC, including ones that they own through subsidiary companies.

<u>Response</u>: In accordance with 30 TAC §330.59(f), an "Evidence of Competency" document has been prepared for Oncore Healthcare Solutions, LLC and is included with this submittal.

2. Provide Core Data Form for BioCycle, Inc. (form TCEQ-20650, Section 11 shows BioCycle, Inc. as having ownership).

<u>Response</u>: Per the phone conversation between you and Jack Simmons with GDS Associates, Inc. on August 03, 2021, it was determined that a Core Data Form for BioCycle, Inc. is not required for this registration transfer of ownership request. As a result, <u>no Core Data Form for BioCycle, Inc. has been prepared</u>.

3. Revise language to add "facility" on Page 72, Section (h).

<u>Response</u>: Page 72, Section (h) of the original registration transfer of ownership request, submitted on July 21, 2021, has been revised to include the words "the facility." The unmarked version of this revision is included with this submittal, as well as a marked version for your reference.

The following documents are included with this response:

- Correspondence Cover Sheet, TCEQ Form-20714
- Copy of the NOD email

Mr. Wong August 06, 2021 Page 2

- Evidence of Competency for Oncore Healthcare Solutions, LLC
- Unmarked application page to address the typographical error specified in the NOD
- Updated Signature Page from TCEQ Form-20650
- Updated Core Date Form, no changes

One copy of this submittal will be mailed to Texas Commission on Environmental Quality (TCEQ) Region 1, to the attention of Mr. Eddy Vance, Waste Section Manager; one copy will be delivered to the TCEQ Mail Room for MC-124 in Austin, Texas; and one electronic copy will be emailed to you.

Should you have any questions or require additional information, please contact Jack Simmons or me at 512-494-0369.

Sincerely,

Wade M. Wheatley, P.E.

Enclosure



#### CORRESPONDENCE COVER SHEET WASTE PERMITS DIVISION TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Date: 08/06/2021 Facility Name: BIOCYCLE Permit or Registration No.: 40263 Nature of Correspondence: Initial/New Response/Revision\*

\*If Response/Revision, please provide previous TCEQ Tracking No.: 26269924 (Previous TCEQ Tracking No. can be found in the Subject line of the TCEQ's response letter to your original submittal.)

This cover sheet should accompany all correspondences submitted to the Waste Permits Division and should be affixed to the front of your submittal as a cover page. Please check the appropriate box for the type of correspondence being submitted. For questions regarding this form, please contact the Waste Permits Division at (512) 239-2335.

APPLICATIONS	REPORTS and RESPONSES
New Notification	Closure Report
New Permit (including Subchapter T)	Groundwater Alternate SRC Demonstration
New Registration (including Subchapter T)	Groundwater Corrective Action
🗌 Major Amendment	Groundwater Monitoring Report
Minor Amendment	Groundwater Statistical Evaluation
🗌 Limited Scope Major Amendment	Landfill Gas Corrective Action
Notice Modification	🗌 Landfill Gas Monitoring
Non-Notice Modification	Liner Evaluation Report
Transfer/Name Change Modification	🗌 Soil Boring Plan
Temporary Authorization	Special Waste Request
Voluntary Revocation	Other:
🗌 Subchapter T Workplan	
Other: NOD Response	

#### Table 1 - Municipal Solid Waste

## Table 2 - Industrial & Hazardous Waste

Table 2 - Illuusu lai	a hazaruous waste
APPLICATIONS	REPORTS and RESPONSES
New	Annual/Biennial Site Activity Report
Renewal	CfPT Plan/Result
Post-Closure Order	Closure Certification/Report
🗌 Major Amendment	Construction Certification/Report
Minor Amendment	CPT Plan/Result
Class 3 Modification	Extension Request
Class 2 Modification	Groundwater Monitoring Report
Class 1 ED Modification	Interim Status Change
Class 1 Modification	🗌 Interim Status Closure Plan
Endorsement	Soil Core Monitoring Report
Temporary Authorization	Treatability Study
Voluntary Revocation	🗌 Trial Burn Plan/Result
335.6 Notification	Unsaturated Zone Monitoring Report
Other:	Waste Minimization Report
	Other:

#### **Jack Simmons**

From: Sent: To:	Alan Wong <alan.wong@tceq.texas.gov> Friday, July 30, 2021 4:51 PM Jack Simmons Wada Whaatlay</alan.wong@tceq.texas.gov>
Cc:	Wade Wheatley
Subject:	MSW Registration No. 40263 – BioCycle, Inc. – NOD (TCEQ Tracking No. 26269924)
Follow Up Flag:	Follow up
Flag Status:	Flagged

#### **EXTERNAL EMAIL** - Use caution before opening attachments or clicking links.

Mr. Simmons:

We have reviewed your application for a municipal solid waste (MSW) registration modification dated July 21, 2021, requesting a transfer of MSW Registration No. 40263 from Biocycle, Inc. to Oncore Healthcare Solutions, LLC and address update.

Our review indicates that insufficient information has been provided to demonstrate compliance with Title 30 Texas Administrative Code (30 TAC), Section (§)305.70. Therefore, we are unable to complete processing of your request at this time. Please review and address the following comments:

- 1. Provide Evidence of Competency pursuant to <u>330.59(f)</u>. Please include all facilities that are owned by Oncore Healthcare Solutions, LLC, including ones that they own through subsidiary companies.
- 2. Provide Core Data Form for BioCycle, Inc. (form TCEQ-20650, Section 11 shows BioCycle, Inc. as having ownership).
- 3. Revise language to add "facility" on Page 72, Section (h).

Please revise your registration modification request and submit the revisions within 30 days from the date of this email or your request may be considered withdrawn. In accordance with 30 TAC §330.57, please ensure that each page has a header or footer that indicates the revision number and date. Your revised and/or additional pages should be in a form suitable for replacement and/or inclusion in the initial registration modification application. In accordance with 30 TAC §305.44, please include an original certification statement with the revision. Along with the original signature, the certification statement should indicate the name, title, and address of the responsible official.

To facilitate our review, please submit two unmarked copies of the revisions in conformance with 30 TAC §305.70(f). Please send one of the unmarked copies directly to the Texas Commission on Environmental Quality Region 1, to the attention of Mr. Eddy Vance, Waste Section Manager, 3918 Canyon Dr, Amarillo TX 79109-4933. In addition, please email an unmarked of the revisions to me. Please include the tracking number referenced above in the subject line of your response.

Failure to submit a satisfactory response to the item(s) listed above may result in a recommendation to deny this modification request.

Please contact me if you have any questions.

Thank you, Alan Wong Municipal Solid Waste Permits – MC 124 Texas Commission on Environmental Quality P.O. Box 13087 Austin, Texas 78711-3087 (512) 239-6724

How is our customer service? Fill out our online customer satisfaction survey at <u>www.tceq.texas.gov/customersurvey</u>.

# ATTACHMENT K

# **EVIDENCE OF COMPETENCY**

## **EVIDENCE OF COMPETENCY**

Oncore Healthcare Solutions, LLC (owner/operator); doing business as (DBA) Oncore Technology, LLC; and DBA BioCycle, Inc. owns and operates authorized Type V medical waste processing facilities and medical waste transportation activities across the State of Texas. The owner/operator does not have a direct financial interest in any solid waste sites located outside of the State of Texas. Below is a list of all solid waste sites that the owner/operator has owned or operated in Texas in the last ten years.

Site Name	Site TCEQ		County	Dates of Operation
	Туре	Authorization No.		
ONCORE TECHNOLOGY	V	40241	Tarrant	6/2009 to 9/2019
ONCORE TECHNOLOGY	V	40303	Tarrant	9/2019 to Present
BIOCYCLE	V	40263	Potter	02/2013 to Present

In accordance with Title 30 of the Texas Administrative Code (30 TAC) §330.59(f)(3), each of the above listed sites that are active is operated by a licensed solid waste supervisor, as defined in 30 TAC Chapter 30.

In accordance with 30 TAC §330.59(f)(4), the names of the principals and supervisors of the owner's/operator's organization, along with their previous affiliations with organizations engaged in solid waste activities, are provided below.

#### Mr. Vernon Wells, CEO

Mr. Wells has over 21 years of experience in the medical waste Industry. He was a Principal in Healthcare Waste Solutions, LLC headquartered in Cincinnati, OH, and Waste Management Healthcare Solutions headquartered in Houston. In the course of running those companies Mr. Wells has had an opportunity to manage 15 Medical Waste Facilities. As CEO of both Oncore Technology, LLC and Oncore Healthcare Solutions, LLC, Mr. Wells has overseen the growth of the companies and has been integral in overseeing the operations of both companies.

#### Mr. R. Mason Bryant, Vice President

Mr. Bryant has over 35 years in the medical waste Industry, Mr. Bryant has directly permitted and managed 18 medical waste facilities in several states, with the last 15 years as a founder, owner, and manager of Oncore Technology, LLC and Oncore Healthcare Solutions, LLC. Mr. Bryant holds a Class B Operators License # SW0004852. He is experienced in all aspects of operating medical waste facilities and transportation operations.

The owner/operator may file with the chief clerk a motion to overturn the executive director's denial of a registration under §50.139 of this title (relating to Motion to Overturn Executive Director's Decision).

#### (h). Technology Accommodations

If at any time during the life of the facility, the owner or operator becomes aware of any condition in the registration that necessitates a change to accommodate new technology or improved methods or that make it impractical to keep the facility in compliance, the owner or operator shall submit to the executive director requested changes to the registration in accordance with §305.70 of this title and must be approved prior to their implementation.

#### (i). Texas Licensed Professional Engineer Certification

The owner/operator shall obtain and submit certification by a Texas-licensed professional engineer that the facility has been constructed as designed in accordance with the issued registration and in general compliance with the regulations prior to initial operation. The owner/operator shall maintain that certification on-site for inspection.

## (j). Pre-opening Inspection

After all initial construction activity has been completed and prior to accepting any solid waste, the owner/operator shall contact the executive director and region office in writing and request a pre-opening inspection. A pre-opening inspection shall be conducted by the executive director within 14 days of notification by the owner or operator that all construction activities have been completed, accompanied by representatives of the owner/operator and the engineer.

#### (k). Executive Director Approval

The facility shall not accept solid waste until the executive director has confirmed in writing that all applicable submissions required by the registration and this chapter have been received and found to be acceptable, and that construction is in compliance with the registration. If the executive director has not provided a written or verbal response within 14 days of the completion of the pre-opening inspection the facility shall be considered approved for acceptance of waste.

# Signature Page

(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:	
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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	-
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Printed or Typed Name of Operator or Principal Executive Officer	
Signature	
SUBSCRIBED AND SWORN to before me by the said	
On this Gall day of Avgust, 2021	<u> </u>
My commission expires on the 17th day of July , 2023	
John Cha Blit	
Notary Public in and for	<b></b>
(Note: Application Must Bear Signature & Seal of Notary Public) JAHLIESE CLAIR BLINOTARY ID #130296 My Commission Ex July 17, 2023	OUNT ∂915

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# **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 fo	r Submis	<b>sion</b> (If other is c	hecked pleas	e descr	ribe in s	space p	orovide	ed.)				
New Per	mit, Regis	tration or Authori	zation (Core	Data Fo	orm sho	ould be	subm	nitted v	vith the	program applicatio	n.)	
Renewal (Core Data Form should be submitted with the renewal form)					)	Other MSW Registration Transfer						
2. Customer Reference Number ( <i>if issued</i> ) Follow this link to search					arch	3. Re	egulate	d Entity Reference	e Number <i>(i</i>	if issued)		
CN 605717867							R	106	454895			
SECTION	II: Cu	stomer Info	ormation									
4. General Customer Information         5. Effective Date for Customer Information Updates (mm/dd/yyyy)         7/7/2021						)21						
New Customer       Update to Customer Information       Change in Regulated Entity Ownershi         Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							Entity Ownership					
-	-							· · ·		,	rrent and	active with the
Texas Sec	retary o	f State (SOS)	or Texas C	Compt	roller	of Pu	ıblic	Acco	ounts	(CPA).		
6. Customer	Legal Nai	ne (If an individua	l, print last nam	ne first: e	eg: Doe,	John)		<u> </u>	f new C	ustomer, enter previ	ious Custome	er below:
Oncore Healthcare Solutions, LLC BioCycle, Inc.												
,			Tax ID (11 digits)							S Number (if applicable)		
_			3206411				8	32195	60-792-8590			
11. Type of C	ustomer:	Corporati	ion		Individual Partnership:  General Limited							
Government:	City 🗌	County 🗌 Federal 🗌	] State 🗌 Othe	r		Sole P	ropriet	torship	) [	Other:		
12. Number of					504					ependently Owned	l and Opera	ted?
	21-100	101-250	251-500		501 an				🛛 Yes			
14. Custome	<b>r Role</b> (Pr	oposed or Actual) -	- as it relates to	the Reg	gulated l	Entity li	sted or	n this fo	orm. Ple	ase check one of the	following	
Owner	nal Licens	ee 🗌 Respo	tor onsible Party			wner & oluntar	•		pplicar	t Other:		
	2613 \$	Skyway Dr.										
15. Mailing												
Address:	City	Grand Prair	rie	S	State TX ZI		ZIP	75	)52	ZIP + 4	7610	
16. Country I	Mailing In	formation (if outsi	ide USA)				17. E	E-Mail	Addre	SS (if applicable)	1	
			·							oreus.com		
18. Telephon	e Numbe	r		19. E	xtensio	on or (				20. Fax Numbe	er (if applical	ble)
( 972 ) 786-7060							(214)988	-1808				

#### **SECTION III: Regulated Entity Information**

**21. General Regulated Entity Information** (If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)

 New Regulated Entity

 Update to Regulated Entity Information

The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

Biocycle

23. Street Address of	8751 E.	Amarillo B	lvd.					
the Regulated Entity:								
<u>(No PO Boxes)</u>	City	Amarillo	State	TX	ZIP	79108	ZIP + 4	6417
24. County	Potter							
	E	Enter Physical L	ocation Descript	ion if no st	reet addres	ss is provided.		
25. Description to Physical Location:								
26. Nearest City						State	Nea	rest ZIP Code
Amarillo						TX	79	108
27. Latitude (N) In Decin	nal:	35.226203		28.	Longitude	(W) In Decimal:	101.7370	57
Degrees	Minutes		Seconds	Degr	rees	Minutes		Seconds
35		13	34.3		101		44	13.4
29. Primary SIC Code (4	digits) <b>30.</b>	Secondary SIC	Code (4 digits)	<b>31. Prima</b> (5 or 6 dig	ary NAICS ( its)		econdary NA	ICS Code
4953				56221				
33. What is the Primary	Business o	of this entity?	(Do not repeat the SIC	or NAICS de	scription.)			
Waste processing, s	storage, d	lisposal, and	transportation	1.				
04 <b>M</b>				2613	3 Skyway D	r.		
34. Mailing Address:								
Address:	City	Grand Prair	ie State	ТХ	ZIP	ZIP 75052		7610
35. E-Mail Address:				maso	on@oncore	us.com		
36. Telepho	one Numbe	r	37. Extensio	on or Code	<u> </u>	38. Fax Nu	mber <i>(if appl</i>	icable)
( 972 ) 786-7060						( 21	14 ) 988-1808	
<b>9. TCEQ Programs and ID</b> rm. See the Core Data Form i				ermits/registr	ation number	s that will be affected	l by the updates	submitted on this
Dam Safety	Distric	ts	Edwards Aqu	uifer	Emiss	sions Inventory Air	Industria	I Hazardous Wast
Municipal Solid Waste	New S	Source Review Air			Petro	leum Storage Tank	PWS	
40263								
Sludge	Storm	Water	Title V Air		Tires		Used Oil	
				A · ··		<b>D</b> : 14		
Voluntary Cleanup		Water		Agriculture		r Rights	Other:	
	-	0 (*						
ECTION IV: Pre	parer I	ntormation	<u> </u>					
40. Jack Simmor	ne			41. Title	· Geo	scientist		

Name: Jack Simm	ions		41. Title:	Geoscientist
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail	Address
(512)541-3131		( ) -	jack.sim	mons@gdsassociates.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 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	GDS Associates, Inc.	Job Title:	Managing	g Director/ De	legated Signatory Authority
Name (In Print):	Wade M. Wheatley			Phone:	( 512 ) 494- <b>0369</b>

S	ignature	•
	ignature	

e:	and have	Date

8-6-2021 te: