

Texas Commission on Environmental Quality
Industrial Notice Of Intent

Site Information (Regulated Entity)

What is the name of the site to be authorized?	Gulf Coast - Sealy Plant
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	Site is located approximately 0.35 miles east of the intersection of IH-10 and FM 2761 on the south side of IH-10.
City	Sealy
State	TX
ZIP	77474
County	COLORADO
Latitude (N) (##.#####)	29.740037
Longitude (W) (-###.#####)	-96.323794
Primary SIC Code	
Secondary SIC Code	
Primary NAICS Code	
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	
What is the name of the Regulated Entity (RE)?	Gulf Coast - Sealy Plant
Does the RE site have a physical address?	No
Because there is no physical address, describe how to locate this site:	Site is located approximately 0.35 miles east of the intersection of IH-10 and FM 2761 on the south side of IH-10.
City	Sealy
State	TX
ZIP	77474
County	COLORADO
Latitude (N) (##.#####)	29.740037
Longitude (W) (-###.#####)	-96.323794
Facility NAICS Code	
What is the primary business of this entity?	

JAN 24 2022

Customer (Applicant) Information

How is this applicant associated with this site?	Operator
What is the applicant's Customer Number (CN)?	CN600317473
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Texas Materials Group, Inc.
Texas SOS Filing Number	4820606
Federal Tax ID	581401466
State Franchise Tax ID	15814014666
State Sales Tax ID	
Local Tax ID	
DUNS Number	7312074
Number of Employees	
Independently Owned and Operated?	No
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	Texas Materials Group, Inc.
Prefix	
First	Aaron
Middle	
Last	Savell
Suffix	
Credentials	
Title	Environmental Manager
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1987
Routing (such as Mail Code, Dept., or Attn:)	
City	BAYTOWN
State	TX
ZIP	77522
Phone (###-###-####)	7132922868

Extension
 Alternate Phone (###-###-####)
 Fax (###-###-####)
 E-mail

Billing Contact

Responsible contact for receiving billing statements:

Select the permittee that is responsible for payment of the annual fee.

CN600317473, Texas Materials Group, Inc.

Organization Name

Texas Materials Group, Inc.

Prefix

First

Aaron

Middle

Last

Savell

Suffix

Credentials

Title

Environmental Manager

Enter new address or copy one from list:

Mailing Address

Address Type

Domestic

Mailing Address (include Suite or Bldg. here, if applicable)

PO BOX 1987

Routing (such as Mail Code, Dept., or Attn:)

City

BAYTOWN

State

TX

ZIP

77522

Phone (###-###-####)

7132922868

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name

Capitol Environmental Inc

Prefix

First Samantha

Middle

Last Margeson

Suffix

Credentials

Title Product Coordinator

Enter new address or copy one from list:

Mailing Address

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable) PO BOX 150056

Routing (such as Mail Code, Dept., or Attn:)

City AUSTIN

State TX

ZIP 78715

Phone (###-###-####) 5125354368

Extension

Alternate Phone (###-###-####)

Fax (###-###-####)

E-mail

DMR Contact

Person responsible for submitting
Discharge Monitoring Report Forms:

Same as another contact? CN600317473, Texas Materials Group, Inc.
RESPONSIBLE AUTHORITY

Organization Name Texas Materials Group, Inc.

Prefix

First Aaron

Middle

Last Savell

Suffix

Credentials

Title Environmental Manager

Enter new address or copy one from list:

Mailing Address:

Address Type Domestic

Mailing Address (include Suite or Bldg. here, if applicable)	PO BOX 1987
Routing (such as Mail Code, Dept., or Attn:)	
City	BAYTOWN
State	TX
ZIP	77522
Phone (###-###-####)	7132922868
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	

INOI General Characteristics

1) Is the project located on Indian Country Lands?	No
2) What is the Sector(s) that applies to the industrial activity at your facility?	D
3) If applicable, select the Activity Code(s) that corresponds with the Sector.	
4) Are the discharges at your facility subjected to federal effluent limitation guidelines?	No
5) Is your facility implementing a waiver from Hazardous Metals Monitoring?	Yes
5.1. I certify that one or more of the criteria described in Part III.C.1.(c) of the general permit have been met, a copy of the Hazardous Metals Monitoring Waiver form provided by the executive director will be either maintained on site or made readily available for review upon request, and the criteria under which the waiver is claimed is identified in the Stormwater Pollution Prevention Plan.	Yes
6) What is the Primary SIC Code that is within the range listed and corresponds with the selected Activity or Sector in the general permit?	2951
7) If applicable, what is the Secondary SIC Code(s)?	
8) Is the discharge into an MS4?	Yes
8.1. What is the name of the MS4 Operator?	Colorado County

- 9) Is the discharge or potential discharge within the Recharge Zone, Contributing zone, or Contributing zone within the Transition zone of the Edwards Aquifer, as defined in 30 TAC Chapter 213? No
- 10) Is your facility presently inactive and unstaffed? No
- 11) I certify that a Stormwater Pollution Prevention Plan has been prepared and implemented as required in the general permit. Yes
- 12) I certify that I have obtained a copy and understand the terms and conditions of the Multi Sector General Permit (TXR050000). Yes
- 13) I understand that permits active on September 1 of each year will be assessed an Annual Water Quality fee in the amount specified in the Multi Sector General Permit. Yes
- 14) I understand that I must terminate this permit when it is no longer needed. Yes

Section 1 Outfalls

Outfall#: 1

- What is the outfall number? 001
- What is the latitude for this outfall? Latitude (N) (##.#####) 29.738407
- What is the longitude for this outfall? Longitude (W) (-###.#####) -96.322581
- What is the name of the first water body to receive the discharge? San Bernard River above tidal
- What is the segment number of the classified water body that the discharge will eventually reach? 1302 - San Bernard River Above Tidal
- Does this outfall discharge directly into a water body that is either identified on the latest EPA-approved Clean Water Act (CWA) Section 303(d) List, the Texas Integrated Report of Surface Water Quality for CWA Sections 305(b) and 303(d), or is covered by an EPA approved TMDL? Yes
- Select all applicable pollutants of concern present at a level of concern in the None

discharge.

Does this outfall discharge to Marine water or Freshwater?

Freshwater

Certification

I certify that I am authorized under 30 Texas Administrative Code Subchapter 305.44 to sign this document and can provide documentation in proof of such authorization upon request.

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.

1. I am Aaron Savell, the owner of the STEERS account ER019079.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachment and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Industrial Notice Of Intent.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OPERATOR Signature: Aaron Savell OPERATOR

Account Number:	ER019079
Signature IP Address:	107.127.0.32
Signature Date:	2022-01-04
Signature Hash:	A5230E730A3ADA882AC1EC4FAD73A501A89FBC046566BECA0E209289C76AD9BB
Form Hash Code at time of Signature:	B2396883D4E1A27D5762ED4C2605F7B2022C546DA864EB388AB241B9801C9437

Fee Payment

Transaction by:	The application fee payment transaction was made by ER019079/Aaron Savell
Paid by:	The application fee was paid by CASEY

FRIZZELL

Fee Amount:

\$100.00

Paid Date:

The application fee was paid on 2022-01-04

Transaction/Voucher number:

The transaction number is 582EA000467241 and the voucher number is 550857

Submission

Reference Number:

The application reference number is 458930

Submitted by:

The application was submitted by ER004792/Casey M Frizzell

Submitted Timestamp:

The application was submitted on 2022-01-04 at 18:24:28 CST

Submitted From:

The application was submitted from IP address 97.77.69.78

Confirmation Number:

The confirmation number is 382788

Steers Version:

The STEERS version is 6.45

Additional Information

Application Creator: This account was created by Casey M Frizzell