



4222 85th Street  
Lubbock, Texas 79423  
806.473.2200

September 23, 2019

Keiandre McGruder, MC-126  
Texas Commission on Environmental Quality  
Business & Program Services Section  
Waste Permits Division  
12100 Park 35 Circle  
Austin Texas 78753

Re: New Permit Application Administrative Notice of Deficiency  
Diamond Back Solid Waste Facility and Recycling Center  
Odessa, Ector County, Texas  
Proposed Municipal Solid Waste Permit Number: 2404  
CN605388230/RN109839597  
New Type I Municipal Solid Waste Landfill Permit Application

Mr. McGruder:

The revisions made to the Diamond Back Solid Waste Facility and Recycling Center Permit Application for the new Type I & Type IV landfill in Ector County, Texas are enclosed with this letter. In response to the TCEQ email dated September 20, 2019, we have updated the MSW Part I form to include the Permit Number and RN Number based on your attached document.

We believe this submittal addresses your comment from the September 20, 2019 email. Please call 806.473.3683 for any questions.

Sincerely,

PARKHILL, SMITH & COOPER, INC.

By

  
\_\_\_\_\_  
Todd E. Stiggins, P.E.  
Team Leader/Associate

TES/tk  
ENCL

X:\2018\0801.18\03\_DSGN\03\_REPT\02\_Permitting\02\_FromClerical\Admin NOD.No1\NOD Response Letter.docx

CC: Mr. Mike Valenzuela, Managing Partner

Facility Name: Diamond Back Solid Waste Facility and Recycling Center  
Permittee/Registrant Name: Diamond Back Recycling and Sanitary Landfill, LP  
MSW Authorization #:2404  
Initial Submittal Date: 5/31/2019  
Revision Date: 9/23/2019



**Texas Commission on Environmental Quality**  
**Part I Form for New Permit/Registration and**  
**Amendment Applications for an MSW Facility**

<b>1. Reason for Submittal</b>
<input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Notice of Deficiency (NOD) Response
<b>2. Authorization Type</b>
<input checked="" type="checkbox"/> Permit <input type="checkbox"/> Registration
<b>3. Application Type</b>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Major Amendment <input type="checkbox"/> Major Amendment (Limited Scope)
<b>4. Application Fees</b>
<input type="checkbox"/> Pay by Check <input checked="" type="checkbox"/> Online Payment If paid online, e-Pay Confirmation Number: <b>582EA000352001</b>
<b>5. Application URL</b>
Is the application submitted for Type I Arid Exempt (AE) and/or Type IV AE facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <a href="http://www.team-psc.com/engineering-sector/solid-waste/tceq-permits/">http://www.team-psc.com/engineering-sector/solid-waste/tceq-permits/</a>
<b>6. Application Publishing</b>
Party Responsible for Publishing Notice: <input type="checkbox"/> Applicant <input type="checkbox"/> Agent in Service <input checked="" type="checkbox"/> Consultant Contact Name: <b>Todd E. Stiggins, P.E.</b> Title: <b>Team Leader</b>

**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: **Ector County Library**

Physical Address: **321 W 5<sup>th</sup> St**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79761**

(Area code) Telephone Number: **(432) 332-0633**

**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 type="checkbox"/>	<input checked="" 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"/>

Facility Name: Diamond Back Solid Waste Facility and Recycling Center Initial Submittal

Date: 5/31/2019

MSW Authorization #: 2404

Revision Date: 9/23/2019

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 12. General Facility Information

Facility Name: **Diamond Back Solid Waste Facility and Recycling Center**

Contact Name: **Michael G. Valenzuela**

Title: **Managing**

**Partner**

MSW Authorization No. (if available): **2404**

Regulated Entity Reference No. (if issued)\*: **RN109839597**

Physical or Street Address (if available): **2301 South FM 866**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79763**

(Area Code) Telephone Number: **(432)264-2400**

Latitude (Degrees, Minutes Seconds): **N 31°47'21.03"**

Longitude (Degrees, Minutes Seconds): **W 102°33'00.31"**

Benchmark Elevation (above mean sea level): **3094.73 (NAVD 88) ft.**

Provide a description of the location of the facility with respect to known or easily identifiable landmarks: **Diamond Back Solid Waste Facility and Recycling Center is located approximately 22 miles south west from Midland International Air & Space Port. It is located in central Ector County, on the north side of US Highway 20, approximately 2.0 miles northwest of the intersection of FM 866 and US highway 20.**

Detail access routes from the nearest United States or state highway to the facility: **The front access for the facility is located along FM 866. The facility is located approximately 2 miles northwest of the intersection of FM 866 and Interstate 20.**

*\*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 checked="" 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 checked="" type="checkbox"/> Storage Tank(s)  | <input type="checkbox"/> Mobile Processing Unit(s)        |
| <input 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 type="checkbox"/> Container(s)                | <input type="checkbox"/> Other (Specify)                  |
| <input 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.

**Facility will accept both Type I and Type IV municipal solid waste. The facility will accept residential and commercial municipal solid waste from residents and businesses in Ector and surrounding counties. The waste stream will be typical of what is generated by municipalities. A Recycling Center (MSW#100494) is located on the west side of the property within the permit boundary, owned and operated by Diamond Back Recycling and Sanitary Landfill, LP. As authorized, the Recycling Center will only collect and process non-putrescible source separated recyclable material. Any materials that cannot be recycled will be disposed at the Municipal Solid Waste Facility at the site.**

**17. Facility Contact Information**

**Site Operator (Permittee/Registrant) Name: Diamond Back Recycling and Sanitary Landfill, LP**

Customer Reference No. (if issued)\*: CN**605388230**

Contact Name: **Michael G. Valenzuela**  
**Partner**

Title: **Managing**

Facility Name: Diamond Back Solid Waste Facility and Recycling Center Initial Submittal

Date: 5/31/2019

MSW Authorization #: 2404

Revision Date: 9/23/2019

Mailing Address: **P.O. Box 2283**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79760**

(Area Code) Telephone Number: **(432)332-3866**

Email Address: **basindisposalmv@gmail.com**

TX Secretary of State (SOS) Filing Number: **0802446676**

*\*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>: Diamond Back Recycling and Sanitary Landfill, LP**

Customer Reference No. (if issued)\*: **605388230**

Contact Name: **Michael G. Valenzuela**

Title: **Managing Partner**

Mailing Address: **P.O. Box 2283**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79760**

(Area Code) Telephone Number: **(432)332-3866**

Email Address: **basindisposalmv@gmail.com**

TX SOS Filing Number: **0802446676**

*<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): Parkhill, Smith and Cooper, Inc.**

Texas Board of Professional Engineers Firm Registration Number:

Contact Name: **Todd E. Stiggins**

Title: **Associate**

Mailing Address: **4222 85th St**

City: **Lubbock** County: **Lubbock** State: **TX** Zip Code: **79423**

(Area Code) Telephone Number: **(806) 473-3683**

E-Mail Address: **tstiggins@team-psc.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 type="checkbox"/> Corporation         | <input checked="" 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: Odessa District**

District Engineer's Name: **John R. Speed, P.E.**

Street Address or P.O. Box: **3901 E. Highway 80**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79761**

(Area Code) Telephone Number: **(432) 332-0501**

E-Mail Address (optional):

**The Local Governmental Authority Responsible for Road Maintenance (if applicable):**

Contact Person's Name:

Street Address or P.O. Box:

City:                      County:                      State:                      Zip Code:

(Area Code) Telephone Number:

E-Mail Address (optional):

**City Mayor Information**

City Mayor's Name: **David R. Turner**

Office Address: **P.O. Box 4398**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79760**

(Area Code) Telephone Number: **(432) 335-4104**

E-Mail Address (optional): **dturnermayor@gmail.com**

**City Health Authority: Not Applicable**

Contact Person's Name:

Street Address or P.O. Box:

City:                      County:                      State:                      Zip Code:

(Area Code) Telephone Number:

E-Mail Address (optional):



**County Judge Information**

County Judge's Name: **Judge Debi Hays**

Street Address or P.O. Box: **300 North Grant, Room 227**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79761**

(Area Code) Telephone Number: **(432)498-4101**

E-Mail Address (optional):

**County Health Authority: Ector County Health Department**

Contact Person's Name: **Gino Solla, R.S. - Director**

Street Address or P.O. Box: **221 North Texas**

City: **Odessa** County: **Ector** State: **TX** Zip Code: **79761**

(Area Code) Telephone Number: **(432)498-4141**

E-Mail Address (optional):

**State Representative Information**

District Number: **81**

State Representative's Name: **Brooks Landgraf**

District Office Address: **P.O. Box 2910**

City: **Austin** County: **Hays** State: **TX** Zip Code: **78768**

(Area Code) Telephone Number: **(432)332-0937**

E-Mail Address (optional):

**State Senator Information**

District Number: **31**

State Senator's Name: **Kel Seliger**

District Office Address: **P.O. Box 9155**

City: **Amarillo** County: **Potter** State: **TX** Zip Code: **79105**

(Area Code) Telephone Number: **(806) 374-8994**

E-Mail Address (optional):

**Council of Government (COG) Name: Permian Basin Regional Planning Commission**

COG Representative's Name: **Ms. Terri Moore**

COG Representative's Title: **Executive Director**

Street Address or P.O. Box: **P.O. Box 60660**

City: **Midland** County: **Midland** State: **TX** Zip Code: **79711**

(Area Code) Telephone Number: **(432)563-1061 or (432)563-1728**

E-Mail Address (optional):

**River Basin Authority Name: Upper Colorado River Authority**

Contact Person's Name: **Chuck Brown**

Watershed Sub-Basin Name: **Western High Plains**

Street Address or P.O. Box: **512 Orient**

City: **San Angelo** County: **Tom Green** State: **TX** Zip Code: **76903**

(Area Code) Telephone Number: **(325)655-0565**

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: **Not within Any City Limit**

Within Extraterritorial Jurisdiction of: **Not within any extraterritorial jurisdiction**

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):

Facility Name: Diamond Back Solid Waste Facility and Recycling Center Initial Submittal  
Date: 5/31/2019

MSW Authorization #: 2404

Revision Date: 9/23/2019

**Signature Page**

I, Michael G. Valenzuela, Managing Partner,  
(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: [Handwritten Signature] Date: 9-24-19

-----  
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 Michael G Valenzuela

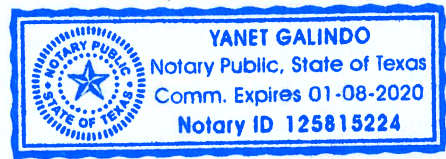
On this 24 day of September, 2019

My commission expires on the 8 day of January, 2020

[Handwritten Signature]

Notary Public in and for  
Ector County, Texas

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



## Part I Attachments

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

### Required Attachments

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

Land Ownership List

Electronic List or Mailing Labels

Texas Department of Transportation (TxDOT) County Map

General Location Map

General Topographic Map

Verification of Legal Status

Property Owner Affidavit

Evidence of Competency

### Additional Attachments as Applicable- Select all those apply and add as necessary

TCEQ Core Data Form(s)

Signatory Authority Delegation

Fee Payment Receipt

Confidential Documents

Waste Storage, Processing and Disposal Ordinances

Final Plat Record of Property

Certificate of Fact (Certificate of Incorporation)

Assumed Name Certificate

### Attachment No.

**Part I Section 1.2**

**Part I Section 4.1**

**Part I Appendix I.C**

**Part I Appendix I.C**

**Part I Appendix I.C**

**Part I Appendix I.C**

**Part I Appendix I.C**

**Part I Appendix I.B**

**Part I Appendix I.B**

**Part I Appendix I.B**

**Part I Appendix I.A**

**Part I Appendix I.A**

**Part I Appendix I.A**

**Part I Section 5.0**

**Part I Section 4.3**

**Part I Section 6.0**

**Front of the Application**

**Part I Appendix I.F**