

March 10, 2020

Keiandre McGruder  
License and Permit Specialist  
Waste Permits Division  
Texas Commission on Environmental Quality  
12100 Park 35 Circle, Building F (MC-126)  
Austin, Texas 78753

Re: Administrative Notice of Deficiency Response  
City of Dumas MSW Management Facility  
Dumas, Moore County, Texas  
Municipal Solid Waste Permit Number: 211B  
RN101667053/CN600649370  
Tracking No. 25063819  
Type I Landfill Limited Scope Major Permit Amendment Application

Mr. McGruder:

The revisions made to the City of Dumas Landfill Limited Scope Major Permit Amendment Application TCEQ MSW Permit No. 211B Administrative NOD1 submittal are enclosed with this letter. In response to the TCEQ letter dated March 5, 2020, we have included our responses to each of your comments by adding a separate column to the included deficiency table with the response and location in the permit for which it was corrected.

We believe the newly updated deficiency sheet addresses all comments. Please call 806.473.3656 for any questions.

Sincerely,

PARKHILL, SMITH & COOPER, INC.

By 

Tyler S. Krueger, P.E.  
Project Engineer

TSK/SS

cc: Mr. Arbie Taylor, City Manager

X:\2018\0945.18\03\_DSGN\03\_REPT\02\_PERMIT (Limited\_Scope)\Submitted\Administrative NOD Submittal\Admin  
NOD Cover Letter.docm

ID	App. Part	App. Section	Location	Citation	Error Type	Deficiency Description/Resolution	Deficiency Response
A1	I	5	Pg. 1	330.57(i)(1)	Omitted	Please provide the URL address of a publicly accessible internet web site where the application and all revisions will be posted.	TCEQ-0650 form page 1 was revised to include the URL for public accessibility. URL is <a href="http://www.team-psc.com/engineering-sector/solid-waste/tceq-permits/">www.team-psc.com/engineering-sector/solid-waste/tceq-permits/</a>
A2	I	12	Pg. 3	305.45(a)(3)	Inconsistent	Please verify and resubmit Page 3 of the Part I application regarding the Facility Name. TCEQ's Central Registry Database and the Core Data Form submitted with the application lists the facility name as City of Dumas MSW Management Facility.	TCEQ-0650 form page 3 was revised to change the facility name to match with records in TCEQ central registry and the information submitted in the core data form.
A3	I	17	Pg. 5	-	Incomplete	Please revise and resubmit Page 4 of the Part I application regarding the Facility's Contact information. Please include the contact person's e-mail address. This information is required in order to draft the public notice.	TCEQ-0650 form page 5 was revised to add the facility contact's email.
A4	I	20	Pg. 7	30 TAC 39.103(c)	Omitted	Please provide the person's name, mailing address, and telephone for the City of Dumas Health Authority.	TCEQ-0650 form page 7 was revised to include the Department of State Health Services contact name. The address was revised to reflect the Amarillo main office for the region.
A5	I	20	Pg. 9	30 TAC 39.103(c)	Omitted	Please provide the River Basin Authority person's name, mailing address, telephone, and e-mail address.	TCEQ-0650 form page 9 was revised to include the address for the Region A Panhandle, Texas Water Development Team.
A7	I	Signature Page	Pg. 10	281.5(1)	Incomplete	Please resubmit a revised signed and notarized signature page for the updates to the application.	TCEQ-0650 form page 10 includes an updated signature page.
A6	I	Part I	Pg. 11	-	Omitted	Please identify the items submitted in reference to this page.	TCEQ-0650 form page 11 was included with this revision. Attachment No. / Permit location was updated for information submitted in the amendment. The landowner map is located under the Topographic Maps Heading.

Facility Name: City of Dumas MSW Manangement Facility  
Permittee/Registrant Name: City of Dumas  
MSW Authorization #:211B  
Initial Submittal Date: 11/18/2019  
Revision Date: 3/10/2020



**Texas Commission on Environmental Quality**  
**Part I Application Form for New Permit, Permit**  
**Amendment, or Registration for a**  
**Municipal Solid Waste Facility**

**1. Reason for Submittal**

Initial Submittal       Notice of Deficiency (NOD) Response

**2. Authorization Type**

Permit       Registration

**3. Application Type**

New Permit    Permit Major Amendment    Permit Major Amendment (Limited Scope)  
 New Registration

**4. Application Fees**

Amount  
 \$2,050 for Permits and Permit Amendments       \$150 for Registrations  
Payment Method  
 Check    Online through ePay portal <<https://www3.tceq.texas.gov/epay/>>  
If paid online, enter ePay Trace Number:

**5. Application URL**

Is the application submitted for a Type I Arid Exempt (AE) or Type IV AE facility?  
 Yes       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.  
<http://www.team-psc.com/engineering-sector/solid-waste/tceq-permits/>

## 6. Application Publishing

Party Responsible for Publishing Notice:

Applicant       Agent in Service       Consultant

Contact Name: **Tyler Krueger**

Title: **Project Engineer**

## 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: **City of Dumas City Hall**

Physical Address: **124 W. 6<sup>th</sup> Street**

City: **Dumas**      County: **Moore**      State: **TX**      Zip Code: **79029**

(Area code) Telephone Number: **(806) 935-4101**

## 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."

<b>11. Permits and Construction Approvals</b>			
<b>Permit or Approval</b>	<b>Received</b>	<b>Pending</b>	<b>Not Applicable</b>
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"/>
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"/>

<b>12. General Facility Information</b>
<p>Facility Name: City of Dumas MSW Management Facility</p> <p>Contact Name: <b>Arbie Taylor</b> Title: <b>City Manager</b></p> <p>MSW Authorization No. (if available): <b>211B</b></p> <p>Regulated Entity Reference No. (if issued)*: <b>RN101667053</b></p> <p>Physical or Street Address (if available): <b>1900 S Maddox</b></p> <p>City: <b>Dumas</b> County: <b>Moore</b> State: <b>TX</b> Zip Code: <b>79029</b></p> <p>(Area Code) Telephone Number: <b>(806) 935-4101</b></p> <p>Latitude (Degrees, Minutes Seconds): <b>35°50'36.00"N</b></p> <p>Longitude (Degrees, Minutes Seconds): <b>101°57'45.00"W</b></p> <p>Benchmark Elevation (above mean sea level): <b>3597.24 ft.</b></p> <p>Provide a description of the location of the facility with respect to known or easily identifiable landmarks: <b>APPROXIMATELY THREE FOURTH MILE SOUTHEAST OF THE CITY OF DUMAS</b></p> <p>Detail access routes from the nearest United States or state highway to the facility: <b>ABOUT ONE HALF MILE SOUTHEAST OF THE INTERSECTION OF US HIGHWAY 87/287 AND 19TH STREET</b></p>

*\*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)

- Landfill Unit(s)                       Incinerator(s)  
 Class 1 Landfill Unit(s)                       Autoclave(s)  
 Process Tank(s)                       Refrigeration Unit(s)  
 Storage Tank(s)                       Mobile Processing Unit(s)  
 Tipping Floor                       Type VI Demonstration Unit  
 Storage Area                       Compost Pile(s) and/or Vessel(s)  
 Container(s)                       Other (specify):  
 Roll-off Boxes                       Other (specify):  
 Surface Impoundment                       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.

**To reflect the changes in groundwater gradient on-site. The new groundwater gradient necessitates installation of two new groundwater monitoring well to the north and east of the active landfill. Groundwater Characterization Report and Groundwater Sampling and Analysis Plan (GWSAP) are updated to reflect the groundwater monitoring plan.**

### 17. Facility Contact Information

**Site Operator (Permittee/Registrant) Name: City of Dumas**

Customer Reference No. (if issued)\*: **CN600649370**

Contact Name: **Arbie Taylor**

Title: **City Manager**

Mailing Address: **PO Box 438**

City: **Dumas** County: **Moore** State: **TX** Zip Code: **79029-0438**

(Area Code) Telephone Number: **(806) 935-4101**

Email Address: **ataylor@ci.dumas.tx.us**

TX Secretary of State (SOS) Filing Number:

*\*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>: City of Dumas**

Customer Reference No. (if issued)\*: **600649370**

Contact Name: **Arbie Taylor**

Title: **City Manager**

Mailing Address: **PO Box 438**

City: **Dumas** County: **Moore** State: **TX** Zip Code: **79029-0438**

(Area Code) Telephone Number: **(806) 935-4101**

Email Address:

TX SOS Filing Number:

*<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: **F-560**

Contact Name: **Tyler Krueger**

Title: **Project Engineer**

Mailing Address: **4222 85th Street**

City: **Lubbock** County: **Lubbock** State: **TX** Zip Code: **79424**

(Area Code) Telephone Number: **(806) 473-2200**

E-Mail Address: **tkrueger@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 type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual          | <input checked="" 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: Amarillo**

District Engineer's Name: **Brian Crawford**

Street Address or P.O. Box: **5715 Canyon Dr.**

City: **Amarillo** County: **Amarillo** State: **TX** Zip Code: **79110**

(Area Code) Telephone Number: **(806) 356-3200**

E-Mail Address (optional):

**The Local Governmental Authority Responsible for Road Maintenance (if applicable): Moore County Road & Bridge Department**

Contact Person's Name: **Wes McDougal**

Street Address or P.O. Box: **P.O. Box 100**

City: **Dumas** County: **Moore** State: **TX** Zip Code: **79029**

(Area Code) Telephone Number: **(806) 935-2416**

E-Mail Address (optional):

**City Mayor Information**

City Mayor's Name: **Bob Brinkmann**

Office Address: **124 W. 6th St.**

City: **Dumas** County: **Moore** State: **TX** Zip Code: **79029**

(Area Code) Telephone Number: **(806) 935-4101**

E-Mail Address (optional):

**City Health Authority:** Department of State Health Services, PHR 1

Contact Person's Name: **Rick Tull**

Street Address or P.O. Box: **3407 Pony Express Way**

City: **Amarillo** County: **Randall** State: **TX** Zip Code: **79118**

(Area Code) Telephone Number: **(806) 655-7151**

E-Mail Address (optional):

**County Judge Information**

County Judge's Name: **Johnnie "Rowdy" Rhoades**  
Street Address or P.O. Box: **715 S. Dumas Ave, Room 202**  
City: **Dumas** County: **Moore** State: **TX** Zip Code: **79029**  
(Area Code) Telephone Number: **(806) 935-5588**  
E-Mail Address (optional):

**County Health Authority:** Department of State Health Services, PHR 1

Contact Person's Name: **Kelly Northcott**  
Street Address or P.O. Box: **3407 Pony Express Way**  
City: **Amarillo** County: **Amarillo** State: **TX** Zip Code: **79118**  
(Area Code) Telephone Number: **(806) 421-0316**  
E-Mail Address (optional):

**State Representative Information**

District Number: **87**  
State Representative's Name: **Four Price**  
District Office Address: **Amarillo National Bank; Plaza Two, Suite 506**  
City: **Amarillo** County: **Amarillo** State: **TX** Zip Code: **79101**  
(Area Code) Telephone Number: **(806) 374-8787**  
E-Mail Address (optional):

**State Senator Information**

District Number: **31**  
State Senator's Name: **Kel Seliger**  
District Office Address: **410 S. Taylor, Suite 1600**  
City: **Amarillo** County: **Amarillo** State: **TX** Zip Code: **79101**  
(Area Code) Telephone Number: **(806) 374-8994**  
E-Mail Address (optional):

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

COG Representative's Name: **Kyle Ingham**  
COG Representative's Title: **Executive Director**  
Street Address or P.O. Box: **9257**  
City: **Amarillo** County: **Amarillo** State: **TX** Zip Code: **79105-9257**  
(Area Code) Telephone Number: **(806) 372-3381**  
E-Mail Address (optional):

**River Basin Authority Name:** Region A Panhandle, Texas Water Development Team

Contact Person's Name: **Lee Huntoon**

Watershed Sub-Basin Name: **Canadian river basin**

Street Address or P.O. Box: **415 W. 8<sup>th</sup> Avenue**

City: **Amarillo** County: **Potter** State: **TX** Zip Code: **79101**

(Area Code) Telephone Number: **(512) 463-6021**

E-Mail Address (optional): **lee.huntoon@twdb.texas.gov**

**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: **City of Dumas**

Within Extraterritorial Jurisdiction of:

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**

I, Arbie Taylor, City Manager,  
(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: 3/13/2020

-----  
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 Arbie Taylor

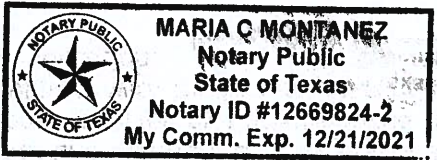
On this 13<sup>th</sup> day of March, 2020

My commission expires on the 21<sup>st</sup> day of Dec., 2021

Maria C. Montanez  
Notary Public in and for

Moore County, Texas

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



## Part I Attachments

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

### Required Attachments

	<b>Attachment No.</b>
Supplementary Technical Report	N/A
Property Legal Description	N/A
Property Metes and Bounds Description	N/A
Facility Legal Description	N/A
Facility Metes and Bounds Description	N/A
Metes and Bounds Drawings	N/A
On-Site Easements Drawing	N/A
Land Ownership Map	<b>FIG.AL-1</b>
Land Ownership List	<b>FIG.AL-2</b>
Electronic List or Mailing Labels	<b>CD (original Submittal)</b>
Texas Department of Transportation (TxDOT) County Map	N/A
General Location Map	N/A
General Topographic Map	N/A
Verification of Legal Status	N/A
Property Owner Affidavit	N/A
Evidence of Competency	N/A

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

<input checked="" type="checkbox"/> TCEQ Core Data Form(s)	<b>Front of application</b>
<input type="checkbox"/> Signatory Authority Delegation	N/A
<input type="checkbox"/> Fee Payment Receipt	N/A
<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
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	N/A
<input type="checkbox"/> Assumed Name Certificate	N/A