

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
P.O. Box 13087 MC-160, Austin, Texas 78711-3087
Telephone (512) 239-4600, FAX (512) 239-4770

APPLICATION FOR A TEMPORARY WATER USE PERMIT FOR MORE THAN 10 ACRE-FEET OF WATER, AND/OR FOR A DIVERSION PERIOD LONGER THAN ONE CALENDAR YEAR

This form is for an application for a temporary permit to divert water under Section 11.138, Texas Water Code. Any permit granted from this application may be suspended at any time by the applicable TCEQ Office if it is determined that surplus water is no longer available.

Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol.

1. Data on Applicant and Project: Social Security or Federal ID No. _____
- A. Name: ALLIED WASTE SYSTEMS, INC.
- B. Mailing Address: 6288 SALT RD FORT WORTH, TX 76140
- C. Telephone Number: 903-539-7986 Fax Number: _____ E-mail Address: _____
- D. Applicant owes fees or penalties? Yes No
- If yes, provide the amount and the nature of the fee or penalty as well as any identifying number:

- E. Describe Use of Water DUST SUPPRESSION ON ROADS AS REQUIRED BY LOCAL, STATE, AND FEDERAL PERMITS
- F. Description of Project (TDH Project No. if applicable) LANDFILL OPERATIONS
- G. Highway Designation No. _____ County _____

2. Type of Diversion (check one): From Stream From Reservoir
3. Rate of Diversion:
- A. Maximum 600 gpm
(capacity of pump)

4. Amount and Source of Water:
- 20 acre-feet of water within a period of 3 YEARS (specify term period not to exceed a three year term). The water is to be obtained from VILLAGE CREEK, tributary of LAKE ARLINGTON, tributary of _____, tributary of WEST FORK TRINITY RIVER Basin.

5. Location of Diversion Point: Provide Latitude and Longitude in decimal degrees to at least six decimal places, and indicate the method used to calculate the diversion point location.
- At Latitude 32.648360 °N, Longitude -97.247900 °W, ((at) or (near) the stream crossing of), (at a reservoir in the vicinity of) VILLAGE CREEK (R-O-W) (Highway), located in Zip Code 76140, located 9 miles in a SE direction from FORT WORTH (County Seal), TARRANT County, and 1.3 miles in a W direction from KENNEDALE, a nearby town shown on County road map. Note: Distance in straight line miles.

Enclose a USGS 7.5 minute topographic map with the diversion point and/or the return water discharge points labeled. Owner's written consent is required for water used from any private reservoir, or private access to diversion point.

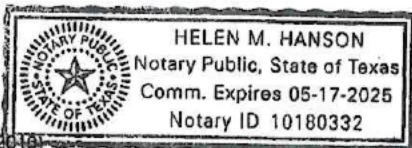
6. Access to Diversion Point (check one): Public right-of-way Private property (A letter of permission from landowner is attached) Other (Explain) ACCESS FROM LANDFILL BORROW AREA
7. Fees Enclosed:
- | | | |
|--|-----------|------------------|
| Filing | \$ 100.00 | \$ 250.00 |
| Recording | \$ 1.25 | \$ 1.25 |
| Use (\$1.00 per ac-ft or fraction thereof) | \$ _____ | \$ <u>20.00</u> |
| (Note: 1 ac-ft = 325,851 gals. Total | \$ _____ | \$ <u>271.25</u> |
| 1 ac-ft = 7758.35 bbls.) | | |

Upon completion of any project for which a temporary water permit is granted, the Permittee is required by law to report the amount of water used. This document must be properly signed and duly notarized before it can be accepted or considered by the Texas Commission on Environmental Quality.

[Signature]
Name (sight)

AUSTIN SPARKS
Name (print)

Subscribed and sworn to me as being true and correct before me this 28th day of JULY, 2023



Helen M. Hanson
Notary Public, State of Texas

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TCEQ Use Only

TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 6024872		RN 102335601

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)			
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following			
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:			
City	State	ZIP	ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If "New Regulated Entity" is selected, a new permit application is also required.)</i> <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i> 							
23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:											
26. Nearest City				State		Nearest ZIP Code					
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>											
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:							
Degrees		Minutes		Seconds		Degrees		Minutes		Seconds	
32		39		05		97		14		04	
29. Primary SIC Code <small>(4 digits)</small>			30. Secondary SIC Code <small>(4 digits)</small>			31. Primary NAICS Code <small>(5 or 6 digits)</small>			32. Secondary NAICS Code <small>(5 or 6 digits)</small>		
4953						562212					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i> MSW Landfill											
34. Mailing Address:											
	City	Fort Worth		State	TX	ZIP	76140		ZIP + 4		
35. E-Mail Address:											
36. Telephone Number				37. Extension or Code				38. Fax Number <i>(if applicable)</i>			
(903) 539-7986								() -			

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
218C				
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other:
				New Temporary Water Permit

SECTION IV: Preparer Information

40. Name:	Austin Sparks	41. Title:	Environmental Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(903) 539-7986		() -	

SECTION V: Authorized Signature

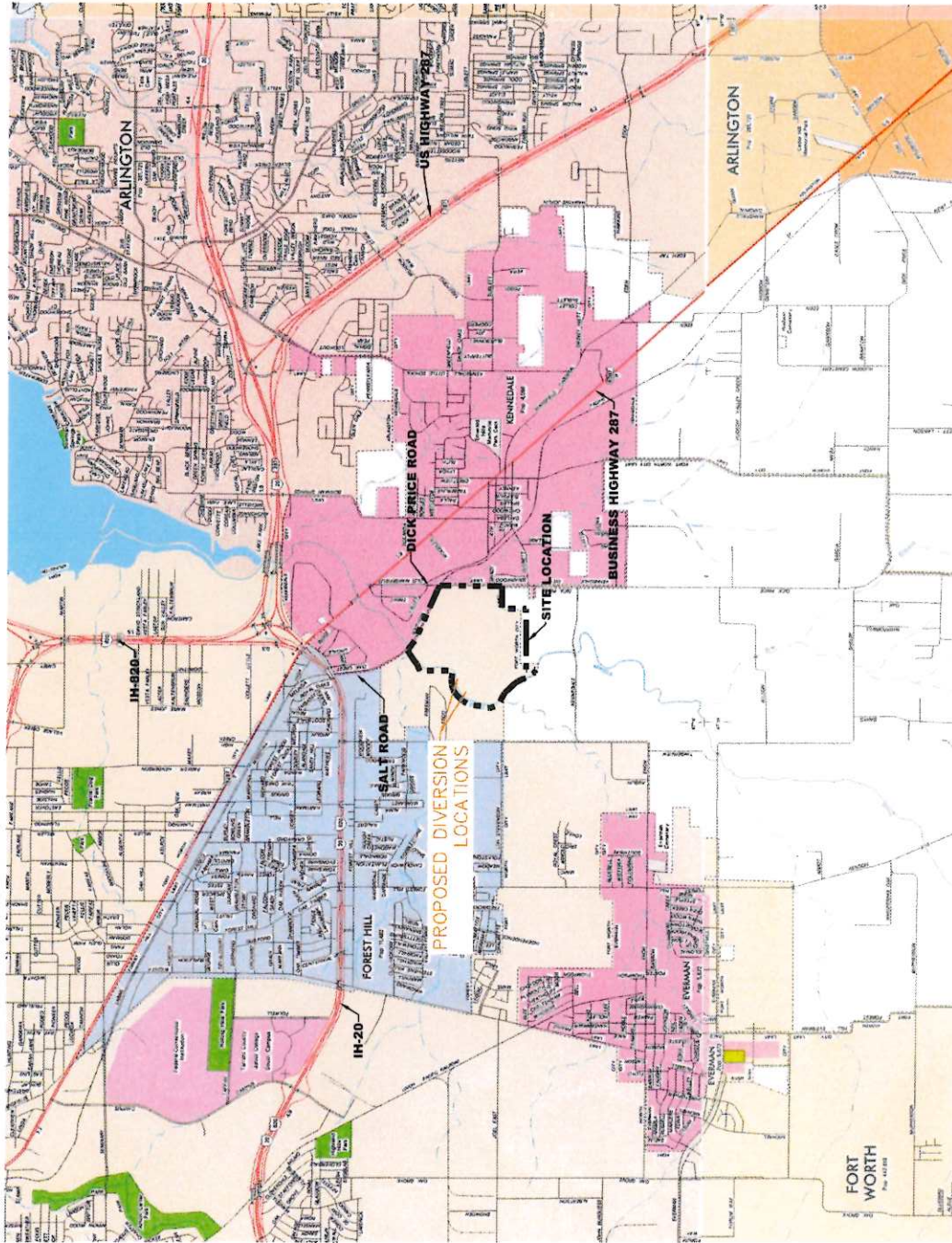
46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	Allied Waste Systems, Inc.	Job Title:	Division Manager
Name (In Print):	Austin Sparks	Phone:	(903) 539- 7986
Signature:		Date:	7/28/23

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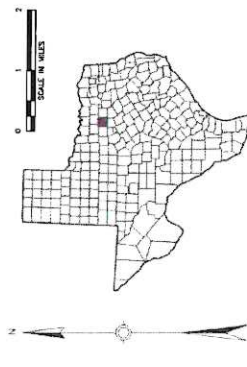
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LEGEND

- NATIONAL OR STATE BOUNDARY
- CITY LIMIT
- ALLUVIAL FLOOD PLAIN
- STATE RIGHT-OF-WAY
- INTERSTATE HIGHWAY
- MAJOR HIGHWAY
- COUNTY ROAD
- MILITARY AIRFIELD
- AIRPORT
- WATERWAY
- RAILROAD
- PERMIT BOUNDARY



**GENERAL HIGHWAY MAP
TARRANT COUNTY
TEXAS**

PREPARED BY THE
TEXAS DEPARTMENT OF TRANSPORTATION
TRANSPORTATION PLANNING AND PROGRAMMING DIVISION
MAPPING SECTION

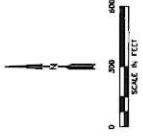
IN COOPERATION WITH THE
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION
1999

1990 CENSUS FIGURES
HIGHWAYS REVISED TO JANUARY 1, 1999

NOTE: THIS MAP HAS BEEN PREPARED FOR GENERAL USE WITHIN THE TEXAS DEPARTMENT OF TRANSPORTATION. ACCURACY IS LIMITED TO THE ACTIVITY OF THE SOURCE.

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<input type="checkbox"/> FOR REVIEW <input type="checkbox"/> FOR INFORMATION PURPOSES ONLY <input type="checkbox"/> ISSUED FOR CONSTRUCTION		PERMITTED FOR REPUBLIC SERVICES	
DATE: 07/20/23 FILE: 193-443-11 C.D.: 11-27-2023	DRAWN BY: RAL DESIGN BY: DVA RELEASED BY: RSG	REGION: _____ DATE: _____ DESCRIPTION: _____	
Weaver Consultants Group TYPE REGISTRATION NO. F-3727		TEMPORARY WATER USE APPLICATION SITE LOCATION MAP FORT WORTH SOUTHEAST LANDFILL TARRANT COUNTY, TEXAS	
		WWW.WCRP.COM DRAWING 1	



LEGEND
 - - - PERMIT BOUNDARY
 --- EXISTING CONTOUR
 --- STATE PLANE COORDINATE

NOTES:

1. EXISTING CONTOURS AND ELEVATIONS DEVELOPED FROM AERIAL PHOTOGRAPHY AND AERIAL SURVEY. THE AERIAL SURVEY WAS CONDUCTED BY SURVEYS, CO. AND GROUND SURVEY PERFORMED BY PERMITS ON 07-28-2022. THE GRID SYSTEM IS TIED TO THE TEXAS STATE PLANE COORDINATE SYSTEM NORTH CENTRAL ZONE AND 1927 VERTICAL DATUM.

<input type="checkbox"/> SEE REVIEW FOR INFORMATION PURPOSES ONLY <input type="checkbox"/> ISSUED FOR CONSTRUCTION	PREPARED FOR REPUBLIC SERVICES	TEMPORARY WATER USE APPLICATION SITE PLAN	
	DATE: 07/2023 FILE: 6327-AS-11 Dwg. P-101-10-000	DRAWN BY: DKA DESIGN BY: DKA REVIEWED BY: NLS	FORT WORTH SOUTHEAST LANDFILL TARRANT COUNTY, TEXAS
Weaver Consultants Group TYPE REGISTRATION NO. P-3727		WWW.WCORP.COM DRAWING 2	

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