



Hidalgo County Health & Human Services Department

Dairen Sarmiento Rangel, M.B.A.
Director

February 17, 2026

TCEQ Air Permits Division
Air Permits Initial Review Team
P.O. Box 13087
Austin, Texas 78711-3087

RE: Renewal Application for Authorization to Operate (ATO) under General Operating Permit (GOP) at Hidalgo County Precinct 4, O3527, RN106369697, CN 600753990

We are submitting the renewal application for General Operating Permit (GOP) O3527 pertaining to the air curtain incinerator located at 6055 East Davis Road Edinburg, Texas 78542. Upon review of new eligible criteria, this GOP is eligible to be voided. Please contact me at 956-383-0111 ext. 7313 or at diana.cortes@hchd.org regarding any questions or concerns with this application.

Best regards,

Diana Cortes, MSDS
Program Manager, Environmental Health Division
Hidalgo County Health & Human Services

Enclosure: PBR §106.496 Renewal Application

Texas Commission on Environmental Quality
ACI GOP 518 Application for an Authorization to Operate
Administrative Information (Page 1)

I. Company Identifying Information		
A. Company Name:		
B. Customer Reference No.: CN		
C. Submittal Date:		
II. Unit Information		
A. Unit Name/No.:		
B. Unit Description:		
C. Engine Name/No.:		
D. Engine Description:		
E. PBR Authorization or Standard Exemptions:		
F. Primary Account No.:		
G. Regulated Entity No.: RN		
H. Physical Address or Physical Location:		
City:	County:	ZIP Code:
III. Application and Certification Submittal Type		
A. Project Type (Place an "X" in the appropriate box.):		
<input type="checkbox"/> Initial GOP Application	<input type="checkbox"/> Revision to Initial GOP Application	
<input type="checkbox"/> Revision to Issued GOP Authorization to Operate	<input type="checkbox"/> Renewal of Issued GOP Authorization to Operate	
B. Permit Number:		
IV. Notice of Enforcement		
A. The facility has received a Notice of Enforcement (NOE) issued by the commission, or delegated representative	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If the answer to question IV.A. is "YES," then also answer questions IV.B. and IV.C. If the answer to question IV.A. is "NO," go to V.</i>		
B. Date of Notice of Enforcement (NOE):		
C. Was PBR 106.496 re-registered after receipt of the NOE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If the answer to the question IV.A. is "YES," and question IV.C. is "NO," then this form will not be processed until the applicant has re-registered PBR 106.496, as required in §106.496(h)(2)(B).</i>		

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V. Delinquent Fees and Penalties		
This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol."		
VI. Off-Site Permit Request (Optional - Only for applicants requesting the right to hold the permit at an off-site location.)		
A. Office/Facility Name:		
B. Physical Address:		
City:	County:	ZIP Code:
C. Physical Location:		
D. Contact Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
E. Telephone No.:		
F. Additional Telephone No.:		
G. Email Address:		
VII. Responsible Official (RO) Identifying Information		
A. RO Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
B. RO Title:		
C. Employer Name:		
D. Mailing Address:		
City:	County:	ZIP Code:
E. Telephone No.:		
F. Additional Telephone No.:		
G. Email Address:		

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VIII. Technical Contact Identifying Information (If different from the Responsible Official)		
A. Technical Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)		
B. Technical Contact Title:		
C. Employer Name:		
D. Mailing Address:		
City:	County:	ZIP Code:
E. Telephone No.:		
F. Additional Telephone No.:		
G. Email Address:		
IX. Applicability		
A. The air curtain incinerator only combusts wood waste, clean lumber, or a mixture of these materials.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to question IX A. is "NO," the air curtain incinerator does not qualify for a GOP.</i>		
X. Title 30 TAC Chapter 111 - Control of Air Pollution from Visible Emissions and Particulate Matter		
A. The source is subject to 30 TAC § 111.111(a)(8)(A).		<input type="checkbox"/> YES <input type="checkbox"/> NO
XI. Title 30 TAC Chapter 113, Subchapter D - Designated Facilities and Pollutants		
A. Division 4 – Emissions Guidelines and Compliance Times for Commercial and Industrial Solid Waste Incineration Units That Commenced Construction On or Before November 30, 1999		
1. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to Question XI. A. 1. is "NO," go to Question XI. B. 1.</i>		
2. The air curtain incinerator commenced construction on or before November 30, 1999.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to Question XI. A. 1. and XI.A.2. are both "YES," the ACI is subject to 30 TAC 113, Subchapter D, Division 4, and go to Question XIII.</i>		
<i>If the answer to question XI. A. 1. Is "YES" and XI. A. 2. Is "NO," go to question XII. A. 1.</i>		
B. Division 5 – Emission Guidelines and Compliance Times for Other Solid Waste Incineration Units That Commenced Construction On or Before December 9, 2004		
1. The air curtain incinerator commenced construction on or before December 9, 2004.		<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to Question XI. B. 1. is "YES," the ACI is subject to 30 TAC 113, Subchapter D, Division 5, and go to Question XIII.</i>		
<i>If the answer to question XI. B. 1. Is "NO," go to question XII. B. The ACI is subject to 40 CFR Part 60, Subpart EEEE.</i>		

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XII. Title 40 Code of Federal Regulations Part 60 - New Source Performance Standards	
A. Subpart CCCC - Standards of Performance for Commercial and Industrial Solid Waste Incineration Units for Which Construction Commenced After November 30, 1999 or for Which Modification or Reconstruction Commenced on or After June 1, 2001	
1. The air curtain incinerator is a distinct operating unit of any commercial or industrial facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to question XII. A. 1. is "NO," go to question XII. B. 1. The ACI is subject to 40 CFR Part 60, Subpart EEEE.</i>	
2. The air curtain incinerator was constructed after November 30, 1999 or modified or reconstructed on or after June 1, 2001.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to Question XII A. 1. and XII.A.2. are both "YES," the ACI is subject to 40 CFR Part 60, Subpart CCCC, and go to Question XIII.</i>	
B. Subpart EEEE – Standards of Performance for Other Solid Waste Incineration Units for Which Construction Commenced After December 9, 2004 or for Which Modification or Construction Commenced on or After June 16, 2006.	
1. The air curtain incinerator was constructed after December 9, 2004 or modified or reconstructed on or after June 16, 2006.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The air curtain incinerator burns less than 35 tons per day.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to question XII. B. 2. is "NO," the ACI is located at an institutional facility.</i>	
XIII. Engine Applicability	
A. The engine is an internal combustion engine and a stationary source. 30 TAC § 122.10(29) and 40 CFR § 89.2, for Nonroad Engines, define stationary sources engines as "engines which will remain at a location for more than 12 consecutive months."	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Do not continue if the answer to Question XIII. A. is "NO."</i>	
XIV. Title 30 TAC Chapter 117, Subchapter D - Combustion Control at Minor Sources in Ozone Nonattainment Areas – Stationary Engines	
A. The stationary engine is located at a site in the Houston/Galveston/Brazoria or Dallas/Fort Worth Eight-Hour areas.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If the answer to Question XIV A. is "NO," go to Section XV.</i>	
B. The stationary engine is located in the Houston/Galveston/Brazoria area and qualifies for an exemption under 30 TAC § 117.2003(a).	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. The stationary engine is located in the Dallas/Fort Worth Eight-Hour area and qualifies for an exemption under 30 TAC § 117.2103.	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. The stationary engine is subject to emission specifications in 30 TAC § 117.2010 or 30 TAC § 117.2110.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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XV. Title 40 Code of Federal Regulations Part 60 – New Source Performance Standards
A. Subpart IIII - Standards of Performance for Stationary Compression Ignition Internal Combustion Engines <i>If engine is a spark ignition engine, go to Question XV. B. 1.</i>
1. GOP Index No.:
2. Applicability Date:
<i>If “Applicability Date” is “2005-,” go to Section XV.</i>
3. Manufacture Date:
<i>If “Manufacture Date” is “0409-,” go to Section XV.</i>
4. Commencing:
5. Model Year:
B. Subpart JJJJ – Standards of Performance for Stationary Spark Ignition Internal Combustion Engines
1. GOP Index No.:
2. Applicability Date:
<i>If “Applicability Date” is “NO,” go to Section XVI.</i>
3. Manufacture Date:
<i>If “Manufacture Date” is “N0708-,” go to Section XVI.</i>
4. Horsepower:
5. Fuel:
6. Commencing:
<i>If “Commencing” is “CON,” go to Section XVI.</i>
7. Certified Modification:

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XVI. Title 40 Code of Federal Regulations Part 63 - National Emission Standards for Hazardous Air Pollutants for Source Categories
A. Subpart ZZZZ - National Emission Standard for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines
1. GOP Index No.: Indicate the appropriate GOP index number from the applicable GOP table (SSS-FF-XXX).
2. HAP Source:
3. Brake HP:
4. Construction/Reconstruction Date:
5. Service Type:
6. Stationary Rice Type:
<i>If "Brake HP" is "100-," do not continue.</i>
7. Emission Limitation:

**Texas Commission on Environmental Quality
Form OP-ACPS
Application Compliance Plan and Schedule**

Date:	Regulated Entity No.:	Permit No.:
Company Name:		Area Name:

- Part 1 of this form must be submitted with all initial FOP applications and renewal applications.
- The Responsible Official must use Form OP-CRO1 (Certification by Responsible Official) to certify information contained in this form in accordance with 30 TAC § 122.132(d)(8).

Part 1

A. Compliance Plan — Future Activity Committal Statement	
<p>The <i>Responsible Official</i> commits, utilizing reasonable effort, to the following: As the responsible official it is my intent that all emission units shall continue to be in compliance with all applicable requirements they are currently in compliance with, and all emission units shall be in compliance by the compliance dates with any applicable requirements that become effective during the permit term.</p>	
B. Compliance Certification - Statement for Units in Compliance* (Indicate response by entering an "X" in the appropriate column)	
1. With the exception of those emission units listed in the Compliance Schedule section of this form (Part 2, below), and based, at minimum, on the compliance method specified in the associated applicable requirements, are all emission units addressed in this application in compliance with all their respective applicable requirements as identified in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are there any non-compliance situations addressed in the Compliance Schedule Section of this form (Part 2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If the response to Item B.2, above, is "Yes," indicate the total number of Part 2 attachments included in this submittal. <i>(For reference only)</i>	
<p>* For Site Operating Permits (SOPs), the complete application should be consulted for applicable requirements and their corresponding emission units when assessing compliance status. For General Operating Permits (GOPs), the application documentation, particularly Form OP-REQ1 should be consulted as well as the requirements contained in the appropriate General Permits portion of 30 TAC Chapter 122.</p> <p>Compliance should be assessed based, at a minimum, on the required monitoring, testing, record keeping, and/or reporting requirements, as appropriate, associated with the applicable requirement in question.</p>	



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 type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" 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 600753990		RN 106369697

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		2/17/2026	
<input type="checkbox"/> New Customer <input checked="" 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>	
Hidalgo County					
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:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input checked="" 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 checked="" type="checkbox"/> 501 and higher				<input checked="" 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 checked="" 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:		1051 North Doolittle Road			
City	Edinburg	State	TX	ZIP	78542
				ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				ELLIE.TORRES@CO.HIDALGO.TX.US	
18. Telephone Number			19. Extension or Code		20. Fax Number (if applicable)

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** *(If "New Regulated Entity" is selected, a new permit application is also required.)*

New Regulated Entity Update to Regulated Entity Name Update to Regulated Entity Information

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).

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

TRENCH BURNER S27FBN07316

23. Street Address of the Regulated Entity:

6055 EAST DAVIS ROAD

(No PO Boxes)

City	Edinburg	State	TX	ZIP	78542	ZIP + 4	
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24. County

Hidalgo

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

25. Description to**Physical Location:**

6055 EAST DAVIS ROAD

26. Nearest City**State****Nearest ZIP Code**

Edinburg

TX

78542

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).

27. Latitude (N) In Decimal:

26.3513

28. Longitude (W) In Decimal:

-98.0888

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

33. What is the Primary Business of this entity? *(Do not repeat the SIC or NAICS description.)*

Brush Incinerator

34. Mailing

1051 N. Doolittle Rd.

Address:

City	Edinburg	State	TX	ZIP	78542	ZIP + 4	
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35. E-Mail Address:**36. Telephone Number****37. Extension or Code****38. Fax Number** *(if applicable)*

(956) 383-3112

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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 checked="" type="checkbox"/> New Source Review Air 101686L004	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input checked="" type="checkbox"/> Title V Air O3527	<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 type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Diana Cortes			41. Title:	Program Manager, Environmental
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(956) 383-0111	7313	() -			

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:	Hidalgo County	Job Title:	Commissioner, Precinct 4	
Name (In Print):	Ellie Torres	Phone:	(956) 383-3112	
Signature:		Date:	2/17/2026	

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, renewal, and reopening permit application submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

I. Identifying Information
RN:
CN:
Account No.:
Permit No.:
Project No.:
Area Name:
Company Name:
II. Certification Type <i>(Please mark appropriate box)</i>
<input type="checkbox"/> Responsible Official <input type="checkbox"/> Duly Authorized Representative
III. Submittal Type <i>(Please mark appropriate box) (Only one response can be accepted per form)</i>
<input type="checkbox"/> SOP/TOP Initial Permit Application <input type="checkbox"/> Permit Revision, Renewal, or Reopening
<input type="checkbox"/> GOP Initial Permit Application <input type="checkbox"/> Update to Permit Application
<input type="checkbox"/> Other: _____

Form OP-CRO1
Certification by Responsible Official
Federal Operating Permit Program
Texas Commission on Environmental Quality

All initial issuance, revision, and renewal permit application submittals requiring certification must be accompanied by this form. Updates to acid rain or CSAPR (other than public notice verification materials) must be certified prior to authorization of public notice for the draft permit.

IV. Certification of Truth
This certification does not extend to information which is designated by TCEQ as information for reference only.
<p>I, _____ certify that I am the _____</p> <p style="text-align: center;"><i>(Certifier Name printed or typed)</i> <i>(RO or DAR)</i></p> <p>and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period or on the specific date(s) below, are true, accurate, and complete: <i>Note: Enter Either a Time Period or Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i></p>
<p>Time Period: From _____ to _____</p> <p style="text-align: center;"><i>(Start Date)</i> <i>(End Date)</i></p>
<p>Specific Dates: _____</p> <p style="text-align: center;"><i>(Date 1)</i> <i>(Date 2)</i> <i>(Date 3)</i> <i>(Date 4)</i></p>
<p>_____</p> <p style="text-align: center;"><i>(Date 5)</i> <i>(Date 6)</i></p>
<p>Signature: _____ Signature Date: _____</p>
<p>Title: _____</p>