

OFFICE USE ONLY

PCA number: _____
IOP Project number: _____IOP/VCP/MSD 1146
IN/OUT/DATE 11-20-19
DOC. NAME IOP APPLICATION
IDA COMM# _____
PROJ. MGR. _____**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
INNOCENT OWNER/OPERATOR PROGRAM****Program Application**

Please complete this form and Texas Commission on Environmental Quality (TCEQ) Form 10400 to request certification from the TCEQ's Innocent Owner/Operator Program (IOP) pursuant to Subchapter V of the Texas Solid Waste Disposal Act (SWDA) and the IOP Certification Rules (30 Texas Administrative Code - Subchapter B). Please enclose a Site Investigation Report (SIR) with this form which conforms to the information requested in the IOP SIR Checklist. You may download this document, TCEQ Form 10400 and all other IOP forms via the Internet at <http://www.tceq.state.tx.us/permitting/remed/vcp/iop.html>.

Complete all applicable sections. The TCEQ may deny issuance of an Innocent Owner/Operator Certificate (IOC) if this application is incomplete. Please refer to the IOP Application Instructions or call the TCEQ's Voluntary Cleanup Section at (512) 239-5891 with any questions concerning the completion of this form.

General Site Information**ORIGINAL**Site Name VEGAFAM GROUP, LLCSite Size (acres) 1.8369± PER COUNTY TAX RECORDSRegulated Entity Reference No. (if issued): CN- NOT ISSUED – CORE DATA FORM INCLUDED**Applicant(s)**

Applicant A (The person or entity requesting issuance of an IOC from TCEQ. Applicant A will be the primary contact person for receipt of TCEQ correspondence, unless the TCEQ IOP Project Manager is notified otherwise in writing. Applicant A is responsible for payment of TCEQ costs of review and oversight, unless indicated otherwise on page 3 of this form).

Applicant VEGAFAM GROUP, LLC

Contact Person Cristian Vega

Title: Member

Customer Reference No. (if issued): CN- Applied

Organization: VIS – Vega Industrial Services

Phone (817) 716-6739 Fax () NoneInterest in Site (please check): Current owner X Current operator X Prospective ownerProspective operator Source property owner Source property operatorOther (please describe): _____ To receive copies of TCEQ correspondence? Yes XX No _____

RECEIVED

DEC 03 2019

TCEQ
CENTRAL FILE ROOM

Applicant B (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant VIS – Vega's Industrial Services

Contact Person: Cristian Vega Title: Member

Customer Reference No. (if issued): CN- Applied

Organization _____ Phone (817) 716-6739 Fax () None

Interest in Site (please check): Current owner _____ Current operator: X Prospective owner
_____ Prospective operator _____ Source property owner _____ Source property operator _____

Other (please describe): _____

To receive copies of TCEQ correspondence? Yes: XX No _____

Applicant C (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant City Logistics 721 Lenders, LLC

Contact: Person James Lynch Title _____

Customer Reference No. (if issued): CN-

Organization City: Logistics 721 Lenders, LLC Phone (312) 371-0807 Fax () None

Interest in Site (please check): Current owner _____ Current operator _____ Prospective owner
_____ Prospective operator _____ Source property owner _____ Source property operator _____

Other (please describe): Lender

To receive copies of TCEQ correspondence? Yes XX No _____

Current Site Owner (if different from an Applicant)

Same

Owner(s) VEGAFAM GROUP LLC

Contact Person: Cristian Vega Title: Member

Organization _____ Phone (817) 716-6739 Fax () None

To receive copies of TCEQ correspondence? Yes XX No _____

IMPORTANT - Please attach a completed form TCEQ-10400 for each applicant and the current site owner.

Other Contacts (Consultant/Attorney)

Name: Michael Teeling

Title: Senior Project Manager

Organization: Cambridge Services Group, Inc.

Phone (972) 755-1000 Fax () (972) 2000

Address P.O. Box 831901

City; Richardson State: Texas Zip 75083-1901 Code Consultant

To receive copies of TCEQ correspondence? Yes X No _____

Name(s) _____ Title _____

Organization _____ Phone () _____ Fax () _____

Address _____

City _____ State _____ Zip Code _____

To receive copies of TCEQ correspondence? Yes _____ No _____

Billing Information

If billing should be directed to a person other than Applicant A, please enter the required information below and include their signature consenting to payment of TCEQ review and oversight costs.

Name(s) Cristian Vega Title: Member
Organization: VEGAFAM GROUP, LLC Phone (917) 716-6739 Fax () None
Address 721 North Great Southwest Parkway
City: Arlington State TX Zip Code 76011
Federal Taxpayer Identification Number 83-2694849

Signature of Consent: 

Current Site Use (Use percentage if site is divided into different use categories)

Residential Agricultural Other
Commercial Industrial: X Recreational

Latitude/Longitude

Latitude (degrees, min., sec., N or decimal degrees) 32° 45' 08.71" N
Longitude (degrees, min., sec., W or decimal degrees) - 97° 02' 46.68" W

Date of collection 07/26/2019 Organization providing collection data: GoogleEarth

Check the method used to determine latitude and longitude:

GPS - Real Time Differentially Corrected
GPS - Post Processed Differentially Corrected
Map Interpolation - Manual
X Map Interpolation - Digital GOOGLE EARTH
DOQQ

If using GPS, please state professional unit brand name, model number and accuracy tolerances.

If using Map Interpolation, please state which USGS quad map was used for interpolation.

If using DOQQ Interpolation, please state which DOQQ was used for interpolation.

Does the latitude/longitude listed above refer to the:

X Center of the property?
Main entrance to the property
Other, please describe

Contaminated Media and Contaminants Present

Please check the chemicals of concern within each contaminant category and the media which have been affected:

Contaminant Category	Soil	Groundwater	Surface Water	Sediment
*VOCs				
*SVOCs				
*Heavy Metals				
*Chlorinated Solvents	X	X	NONE	NONE
Pesticides				
TPH				
PCBs				
Other _____				

*Please describe _____

Involvement With Other Regulatory Programs

Please describe all prior involvement with any state or federal environmental regulatory programs or agencies, including any orders, permits, notices of violations or inspections. Also provide all state and federal identification numbers related to the site, including any solid waste, Leaking Petroleum Storage Tank, Comprehensive Environmental Response Compensation and Liability Information System, Resource Conservation Recovery Information System, Voluntary Cleanup Program, etc., registration numbers which have been assigned. Attach additional sheets as necessary. Indicate NONE if no prior involvement has occurred.

None

Site Investigation Report (SIR)

Two copies of the SIR conforming with the information requested in the attached IOP SIR Checklist must be enclosed with the application.

Owner/Operator Status

The following statements relate to Applicant A's basis for requesting an IOC. If Applicant A is applying as the billing party only and is not requesting an IOC, please check here: *If this is the case, you may skip the remaining statements in this subsection.* Each applicant in addition to Applicant A, if any, must complete a separate Supplemental Owner/Operator Status Form and attach it to this application.

Please place an "X" in the blank next to the most applicable scenario:

X The Site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the Site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

_____ In addition to the above SWDA §361.751(2) scenario, I am the owner of the Site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the Site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A" of the SIR.

Please mark "True", "False", or "NA" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

True False NA

Q	Q		The Site has become contaminated <u>exclusively</u> as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site.
Q	Q	Q	Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source.
Q	Q	Q	I presently own, operate or have economic interests in land or operations within ¼ mile of the site.
Q	Q	Q	I formerly owned, operated, or had economic interests in land or operations within ¼ mile of the site.
Q	Q	Q	I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.

Adjacent Property Owner Information

Pursuant to 30 TAC §333.36(a) of the IOP rules, the Applicant shall notify all adjacent property owners of the Applicant's intent to obtain an IOC. The rules state that the Applicant shall mail notice of the application by certified mail, return receipt requested, to property owners adjacent to the site within 14 days of submitting the IOP application form to the TCEQ. Please refer to the IOP Application Instructions for more details regarding the notification process.

Please complete the following contact information and submit a vicinity map or aerial photograph with a description of each adjacent property's location relative to the site. Additional space is provided in the attachment titled "Supplemental Adjacent Property Information."

Property A located North (direction from the site)

Owner(s) Bimbo Bakeries USA, Inc.

Contact Person _____ Title _____

Organization Bimbo Bakeries USA, Inc. Phone (817) 640-5284 Fax () _____

Address 737 North Great Southwest Parkway

City Arlington State TX Zip Code 76011

Type of land use/business Industrial / Bakery

Property B located West (direction from the site)

Owner(s) TO & BM Enterprises, LLC

Contact Person: Thomas Ondari Title President

Organization: United Rentals Phone (817) 379-7107 Fax () _____

Address 3421 Avenue D

City Arlington State TX Zip Code 76011

Type of land use/business Industrial / Equipment Leasing

Property C located South (direction from the site)

Owner(s) Ameriken Texas LLC

Contact Person _____ Title _____

Organization: American Die Supplies

Phone (817) 652-1041 Fax (817) 652-2760

Address 615 North Great Southwest Parkway

City Arlington

State TX

Zip Code 76011

Type of land use/business Industrial / Commercial

Property D located East (direction from the site)

Owner(s) Namdarkhan Mahrokh

Contact Person: Namdarkhan Mahrokh _____ Title Owner _____

Organization Champion Motors _____ Phone (817) 701-1555 Fax () _____

Address 624 North Great Southwest Parkway

City Arlington

State TX

Zip Code 76011

Type of land use/business: Commercial Automobile Sales

Property E located East (direction from the site)

Owner(s) 626 N Great Southwest Pkwy _____

Contact Person _____ Title _____

Organization Carpentry Associates _____ Phone (469) 766-1069 Fax () _____

Address 626 North Great Southwest Parkway

City Arlington

State TX

Zip Code 76011

Type of land use/business: Commercial

Intent to Participate

The undersigned requests certification by the TCEQ that the site has become contaminated as a result of a release or migration of contaminants from a source or sources not located on or at the Site and that the Applicant(s) identified as owner(s) and/or operator(s) requesting an IOC have not contributed to the source or sources of the contamination referred to above. In order for the TCEQ to issue an IOC, the Applicant must provide adequate information to describe the specific contaminants which were released or migrated from a source or sources not located on or at the site. By completing and signing this Application, the Applicant or other responsible billing party designated herein agrees to pay for all TCEQ oversight costs, and state that they have the financial capability to perform actions necessary to affirm their Innocent Owner/Operator status. The TCEQ may request additional information to support this affirmation.

The Applicant does not admit or assume liability for investigation of the site. In addition, the Applicant may withdraw this Application at any time. If the TCEQ denies the Application, it will notify the Applicant and explain the reasons for denial.

Deposit of Oversight Costs

The Applicant must submit with this Application a deposit in the amount of one thousand dollars (\$1,000.00) made payable to the TCEQ. Deposits may be made in the form of company or personal checks. Cash deposits will not be accepted.

Please execute this Intent to Participate in the space below and return it to:

Attention: Cashier
Texas Commission on Environmental Quality
MC- 214
P.O. Box 13088
Austin, Texas 78711-3088

For overnight or express mail please use the following street address:

Attention: Cashier
Texas Commission on Environmental Quality
MC-214
12100 Park 35 Circle
Austin, Texas 78753

In order to expedite the application with attachments, please be sure to send all documents to the Cashier's Office. Do not send directly to the Voluntary Cleanup Section.

Statement of Eligibility

The Executive Director of the TCEQ may deny issuance of an IOC for one or more of the following reasons: the application is incomplete; insufficient information is provided in the application or SIR to allow the TCEQ to properly evaluate the Applicant's eligibility for an IOC; the Applicant refuses to grant reasonable access to the site; or information demonstrates that the Applicant is not an innocent owner or operator (see 30 TAC §333.39).

The Executive Director may revoke an IOC if the TCEQ determines that the Applicant: withheld or misrepresented information in the Application; the Applicant fails to properly maintain required institutional and/or engineering controls; the Applicant fails to pay all agency costs relating to the issuance of the IOC within 180 days of issuance; or if the Applicant or the TCEQ discovers new information that would no longer qualify the Applicant as an innocent owner or operator (see 30 TAC §333.40).

Providing Additional Information

The TCEQ may require the Applicant to conduct further sampling and/or submit additional information during the review of this Application.

Access

The Applicant shall grant reasonable access to any person designated by the TCEQ for purposes of investigation or remediation as required by the SWDA §361.752 (c). The Applicant must also provide access to the TCEQ, its employees, contractors or agents pursuant to the SWDA §361.752(d). The Applicant must allow access to the site during the pendency of the Application and thereafter. The TCEQ may revoke an IOC if the Applicant fails to provide reasonable access (see 30 TAC §333.40).

Administrative Costs

Applicant A or other responsible billing party designated on page 2 of this application agrees to reimburse the TCEQ for all of its costs associated with review and processing of the Application. These costs may include direct and indirect costs of overhead, salaries, equipment, and utilities; legal, management, and support costs associated with the review of the Applicant's work plans and reports, and oversight of field activities, if any.

The TCEQ will track costs for review and oversight activities related to the site and provide monthly invoices to the person responsible. The Applicant or other responsible billing party shall pay these invoiced costs to the TCEQ within 30 days after receiving the TCEQ bill. If payment is not made within 30 days, the TCEQ will request the Attorney General to initiate civil proceedings to recover these costs.

Checks shall be made payable to the TCEQ and be mailed together with a transmittal letter stating the site name and IOP number and addressed to the Texas Commission on Environmental Quality, MC-214, **Attention: Cashier**, P.O. Box 13088, Austin, Texas, 78711-3088.

In the event that this Application is withdrawn for any reason, Applicant or other responsible billing party agrees to reimburse the TCEQ for all costs incurred or obligated by the TCEQ before notice of withdrawal of the Application.

Verification

The Applicant understands the provisions of this Application and affirms that the information provided herein is true and accurate.

Applicant's Signatures

Applicant A

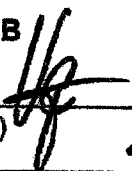
By: 
(signature)
Date: 9-17-19

Name: Cristian Vega
(print or type)
Title: Member

Company: VEGAGAM GROUP, LLC

Phone: (817) 716-6739

Applicant B

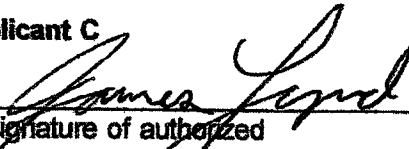
By: 
(signature)
Date: 9-17-19

Name: Cristian Vega
(print or type)
Title:

Company: VIS - Vega's Industrial Services

Phone: (817) 716-6739

Applicant C

By: 
(signature of authorized
representative)
Date: 11/11/19

Name: James Lynch
(print or type)

Title: Manager

Company: City Logistics 721 Lenders, LLC

Phone: (312) 371-0807

Supplemental Owner/Operator Status Form

Applicant A

(please specify Applicant B, C, D, etc).

Each Applicant desiring an IOC must complete the following statements in order to help TCEQ determine the basis for their request. If Applicant is applying as the billing party only and is not requesting an IOC, please check here: . *If Applicant is applying as the billing party only and is not requesting a IOC, you may skip the remaining statements on this form.*

Please place an "X" in the blank next to the most applicable scenario:

X The site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

 In addition to the above SWDA §361.751(2) scenario, I am the owner of the site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A" of the SIR.

Please mark "True" or "False" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

True False NA

Q Q Q The site has become contaminated exclusively as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site.

Q Q Q Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source.

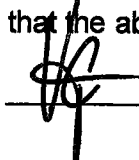
Q Q Q I presently own, operate or have economic interests in land or operations within ¼ mile of the site.

Q Q Q I formerly owned, operated, or had economic interests in land or operations within ¼ mile of the site.

Q Q Q I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.

I affirm that the above information regarding my Owner/Operator Status is true and accurate.

By:



Date:

9-17-19

Name:

Cristian Vega

(print or type)

Supplemental Owner/Operator Status Form

Applicant B

(please specify Applicant B, C, D, etc).

Each Applicant desiring an IOC must complete the following statements in order to help TCEQ determine the basis for their request. If Applicant is applying as the billing party only and is not requesting an IOC, please check here: . *If Applicant is applying as the billing party only and is not requesting a IOC, you may skip the remaining statements on this form.*

Please place an "X" in the blank next to the most applicable scenario:

- X The site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR
- _____ In addition to the above SWDA §361.751(2) scenario, I am the owner of the site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A" of the SIR.

Please mark "True" or "False" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

True False NA

- | | | | |
|---|---|---|--|
| Q | Q | Q | The site has become contaminated <u>exclusively</u> as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site. |
| Q | Q | Q | Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source. |
| Q | Q | Q | I presently own, operate or have economic interests in land or operations within ¼ mile of the site. |
| Q | Q | Q | I formerly owned, operated, or had economic interests in land or operations within ¼ mile of the site. |
| Q | Q | Q | I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site. |

I affirm that the above information regarding my Owner/Operator Status is true and accurate.

By: 

Date: 9-17-19

Name: Cristian Vega
(print or type)

Supplemental Adjacent Property Information

Owner(s) Bimbo Bakeries USA

Contact Person _____ Title _____

Organization Bimbo Bakery Phone (817) 640-5284 Fax ()

Address 737 North Great Southwest Parkway

City Arlington State TX Zip Code 76011

Type of land use/business: Commercial Bakery

Owner(s) TO & BM Enterprises LLC

Contact Person Tax Department Title _____

Organization United Rentals Phone (817) 379-7107 Fax ()

Address 3421 Avenue D

City Arlington State TX Zip Code 76011

Type of land use/business: Equipment Leasing

Owner(s) Ameriken Texas LLC

Contact Person _____ Title _____

Organization: American Die Supplies Phone (817) 701-1555 Fax ()

Address 615 North Great Southwest Parkway

City Arlington State TX Zip Code 76011

Type of land use/business: Commercial Supply Business

Owner(s) Narmdarkham Mahrokh

Contact Person: Tax Department Title _____

Organization Champion Motors Phone (817) 710-1555 Fax ()

Address 624 North Great Southwest Parkway

City Arlington State TX Zip Code 76011

Type of land use/business: Commercial - Used Motor Vehicle Sales

Owner(s) 626 N. Great Southwest Parkway

Contact Person: Same Title _____

Organization Carpentry Associates – Peter Sandoval Phone (469) 766-1069

Fax ()

Address 624 North Great Southwest Parkway

City Arlington State TX Zip Code 76011

Type of land use/business: Commercial Use

Supplemental Owner/Operator Status Form

Applicant C

(please specify Applicant B, C, D, etc).

Each Applicant desiring an IOC must complete the following statements in order to help TCEQ determine the basis for their request. If Applicant is applying as the billing party only and is not requesting an IOC, please check here: *If Applicant is applying as the billing party only and is not requesting a IOC, you may skip the remaining statements on this form.*

Please place an "X" in the blank next to the most applicable scenario:

- ☒ The site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)]. OR
- ☐ In addition to the above SWDA §361.751(2) scenario, I am the owner of the site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A of the SIR.

Please mark "True" or "False" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

True False NA

- | | | | |
|---|---|---|--|
| Q | Q | Q | The site has become contaminated <u>exclusively</u> as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site. |
| Q | Q | Q | Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source. |
| Q | Q | Q | I presently own, operate or have economic interests in land or operations within ¼ mile of the site. |
| Q | Q | Q | I formerly owned, operated, or had economic interests in land or operations within ¼ mile of the site. |
| Q | Q | Q | I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site. |

I affirm that the above information regarding my Owner/Operator Status is true and accurate.

By:

Name: James Lynch

(print or type)

Date:

11/11/19



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of 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.) ☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) ☐ Renewal (Core Data Form should be submitted with the renewal form) ☐ Other		
2. Customer Reference Number (if issued) CN	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued) RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)					
☒ New Customer ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
☐ Update to Customer Information ☐ Change in Regulated Entity Ownership							
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).							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) VegaFam Group, LLC		If new Customer, enter previous Customer below:					
7. TX SOS/CPA Filing Number 803174364	8. TX State Tax ID (11 digits) 32069046947	9. Federal Tax ID (9 digits) 83-2694849	10. DUNS Number (if applicable)				
11. Type of Customer: ☒ Corporation ☐ Individual ☐ Partnership: ☐ General ☐ Limited Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:							
12. Number of Employees ☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		13. Independently Owned and Operated? ☒ Yes ☐ No					
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following: ☒ Owner ☐ Operator ☐ Owner & Operator ☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:							
15. Mailing Address:	721 North Great Southwest Parkway						
	City	Arlington	State	TX	ZIP	76011	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
				[REDACTED]			
18. Telephone Number (817) 716-6739		19. Extension or Code		20. Fax Number (if applicable) () -None			

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) ☒ 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 Agency 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.) 701 North Great Southwest Parkway	

23. Street Address of the Regulated Entity: (No PO Boxes)	701 North Great Southwest Parkway							
	City	Arlington	State	TX	ZIP	76011	ZIP + 4	5417
24. County	Tarrant							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:								
26. Nearest City						State	Nearest ZIP Code	
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
32	45	08.71	97	02	46.68			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
34. Mailing Address:	721 North Great Southwest Parkway							
	City	Arlington	State	TX	ZIP	76011	ZIP + 4	5417
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(817) 716-6739						() -None		

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.

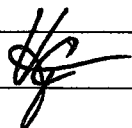
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: IOP

SECTION IV: Preparer Information

40. Name:	Michael Teeling	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 755-1000		(972) 755-2000	

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:	VEGAFAM GROUP, LLC	Job Title:	Member
Name(In Print):	Cristian Vega	Phone:	(817) 716-6739
Signature:		Date:	9-17-19



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of 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.) ☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) ☐ Renewal (Core Data Form should be submitted with the renewal form) ☐ Other		
2. Customer Reference Number (if issued) CN	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued) RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
☒ New Customer ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		☐ Update to Customer Information ☐ Change in Regulated Entity Ownership	
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).			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) VIS - VEGA'S INDUSTRIAL SERVICES		If new Customer, enter previous Customer below:	
7. TX SOS/CPA Filing Number 801739420	8. TX State Tax ID (11 digits) 32050281412	9. Federal Tax ID (9 digits) 46-2140145	10. DUNS Number (if applicable)
11. Type of Customer: ☒ Corporation ☐ Individual ☐ Partnership: ☐ General ☐ Limited Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:		13. Independently Owned and Operated? ☒ Yes ☐ No	
12. Number of Employees ☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following: ☒ Owner ☐ Operator ☐ Owner & Operator ☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:			
15. Mailing Address: 721 North Great Southwest Parkway City: Arlington State: TX ZIP: 76011 ZIP + 4: 5417			
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable) admis@vegasind.com	
18. Telephone Number (469) 865-4004		19. Extension or Code 20. Fax Number (if applicable) () -None	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) ☒ 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 Agency 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.) 701 North Great Southwest Parkway	

23. Street Address of the Regulated Entity: (No PO Boxes)	701 North Great Southwest Parkway							
	City	Arlington	State	TX	ZIP	76011	ZIP + 4	5417
24. County	Tarrant							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
32	45	08.71	97	02	46.68			
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
34. Mailing Address:	721 North Great Southwest Parkway							
	City	Arlington	State	TX	ZIP	76011	ZIP + 4	5417
35. E-Mail Address:								
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(817) 716-6739						() -None		

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.

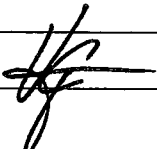
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: IOP

SECTION IV: Preparer Information

40. Name:	Michael Teeling	41. Title:	Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 755-1000		(972) 755-2000	

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:	VIS - VEGA'S INDUSTRIAL SERVICES, LLC	Job Title:	Member
Name(In Print) :	Cristian Vega	Phone:	(817) 716-6739
Signature:		Date:	9-17-19



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of 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.) ☒ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) ☐ Renewal (Core Data Form should be submitted with the renewal form) ☐ Other		
2. Customer Reference Number (if issued) CN	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued) RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)					
☒ New Customer ☐ Update to Customer Information ☐ Change in Regulated Entity Ownership ☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
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).							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) <i>If new Customer, enter previous Customer below:</i> City Logistics 721 Lenders, LLC Tierra De Los Nietos Limited Partnership							
7. TX SOS/CPA Filing Number 0803324874	8. TX State Tax ID (11 digits) 32070805034	9. Federal Tax ID (9 digits) 84-1861772	10. DUNS Number (if applicable)				
11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☒ Limited Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:							
12. Number of Employees ☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		13. Independently Owned and Operated? ☒ Yes ☐ No					
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following: ☐ Owner ☐ Operator ☐ Owner & Operator ☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☒ Other: Lender							
15. Mailing Address:	3131 Turtle Creek Blvd						
	Suite 910						
	City	Dallas	State	TX	ZIP	75219	ZIP + 4
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
				[REDACTED]			
18. Telephone Number (312) 371-0807		19. Extension or Code		20. Fax Number (if applicable) () -None			

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application) ☐ 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 Agency 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.)	

23. Street Address of the Regulated Entity: (No PO Boxes)	701-721 North Great Southwest Parkway						
	City	Arlington	State	TX	ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	701-721 North Great Southwest Parkway							
26. Nearest City	Arlington				State	TX		Nearest ZIP Code
27. Latitude (N) In Decimal:	Degrees	Minutes	Seconds	28. Longitude (W) In Decimal:	Degrees	Minutes	Seconds	
	32	45	08.71		97	02	46.68	
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Industrial equipment repair								
34. Mailing Address:	721 North Great Southwest Parkway							
	City	Arlington	State	TX	ZIP	76011	ZIP + 4	5417
35. E-Mail Address:								
36. Telephone Number		37. Extension or Code		38. Fax Number (if applicable)				
() -				() -				

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.

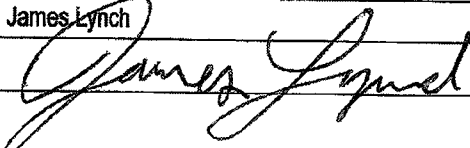
☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☐ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☒ Other: IOP

SECTION IV: Preparer Information

40. Name:	Michael Teeling	41. Title:	Senior Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(972) 755-1000		(972) 755-2000	

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:	City Logistics 721 Lenders, LLC	Job Title:	
Name(In Print) :	James Lynch	Phone:	(312) 371-807
Signature:		Date:	11-11-19

Texas Commission on Environmental Quality
Remediation Division Correspondence Identification Form

SITE & PROGRAM AREA IDENTIFICATION

SITE LOCATION				REMEDIATION DIVISION PROGRAM AND FACILITY IDENTIFICATION			
Site Name: VEGA-FAM GROUP, LLC				Is This Site Being Managed Under A State Lead Contract? ☐ Yes ☒ No			
Address 1: 721 NORTH GREAT SOUTHWEST PKWY.				Program Area: INNOCENT OWNER-OPERATOR PROGRAM			
Address 2:				Mail Code:			
City: ARLINGTON		State: Texas		Is This A New Site To This Program Area? ☒ Yes ☐ No			
Zip Code:	76011	County:	TARRANT	VCP No.:			
TCEQ Region:		Region 4 - Dallas/Fort Worth		--Leave This Field Blank--		--Leave This Field Blank--	

DOCUMENT(S) IDENTIFICATION

PHASE OF REMEDIATION		DOCUMENT NAME
1.	ASSESSMENT ☒	CORE DATA FORMS (3)
2.		IOP APPLICATION AND CHECK #18165 (VIS)
3.		SIR AND ADDENDUM
4.		PHASE I ENVIRONMENTAL SITE ASSESSMENT
5.		LIMITED PHASE II SUBSURFACE INVESTIGATION

CONTACT INFORMATION

RESPONSIBLE PARTY/APPLICANT/CUSTOMER

Name: **Cristian Vega**
 Company: **VEGA-FAM GROUP, LLC** Phone Number: **817-716-6739** Fax Number: **NONE**
 Address 1: **721 N. GREAT SOUTHWEST PKWY.** City: **ARLINGTON** State: **TX** Zip Code: **76011**
 Address 2: Email Address:

ENVIRONMENTAL CONSULTANT/REPORT PREPARER/AGENT

Name: **Michael Teeling**
 Company: **Cambridge Services Group, Inc.** Phone Number: **972-755-1000** Fax Number: **972-755-2000**
 Address 1: **PO Box 831901** City: **Richardson** State: **TX** Zip Code: **75083-1901**
 Address 2: Email Address:

TCEQ INTERNAL USE ONLY

Document No.	TCEQ Database Term	Document No.	TCEQ Database Term
1.		4.	
2.		5.	
3.			