

EVERYTHING
BELOW THIS
DOCUMENT WAS
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Bryan W. Shaw, Ph.D., *Chairman*
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Toby Baker, *Commissioner*
Zak Covar, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Protecting Texas by Reducing and Preventing Pollution

November 20, 2012

MR TONY HEARD
OWNER AND OPERATOR
HEARD TONY
133 COUNTY ROAD 3068
BECKVILLE TX 75631-8581

RECEIVED

DEC 11 2012

**TCEQ
CENTRAL FILE ROOM**

Permit by Rule Registration Number: 106876
Location/City/County: 133 CR 3068, Beckville, Panola County
Project Description/Unit: Heard Farm
Regulated Entity Number: RN106548902
Customer Reference Number: CN604161059
New or Existing Site: New

Mr. Tony Heard has registered the emissions associated with The Destructor from National Incinerator at Heard Farm under Title 30 Texas Administrative Code §§ 106.494. For rule information see:

www.tceq.texas.gov/permitting/air/nav/numerical_index.html

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized. The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements.

This registration is taken under the authority delegated by the Executive Director of the TCEQ. If you have questions, please contact Mr. Vincent Rehkopf at (512) 239-1361.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne M. Inman".

Anne M. Inman, P.E., Manager
Rule Registrations Section
Air Permits Division

cc: Air Section Manager, Region 5 - Tyler

Project Number: 185204

TECHNICAL REVIEW: AIR PERMIT BY RULE

Permit No.:	106876	Company Name:	HEARD, TONY	APD Reviewer:	Mr. Vincent Rehkopf
Project No.:	185204	Unit Name:	Heard Farm	PBR No(s).:	106.494

GENERAL INFORMATION					
Regulated Entity No.:	RN106548902	Project Type:	Permit by Rule Application		
Customer Reference No.:	CN604161059	Date Received by TCEQ:	November 13, 2012		
Account No.:		Date Received by Reviewer:	November 19, 2012		
City/County:	Beckville, Panola County	Physical Location:	133 CR 3068		

CONTACT INFORMATION					
Responsible Official/ Primary Contact Name and Title:	Mr. Tony Heard Owner And Operator	Phone No.:	(903) 692-4695	Email	:
Technical Contact/ Consultant Name and Title:	Mr. Tony Heard Owner And Operator	Fax No.:			
		Phone No.:	(903) 692-4695	Email	:
		Fax No.:			

GENERAL RULES CHECK	YES	NO	COMMENTS
Is confidential information included in the application?		X	The company did not indicate any confidentiality.
Are there affected NSR or Title V permits for the project?		X	There are no NSR permits for this site and no pending NSR permits for this operation. The site is represented as being below the major source thresholds and will not require a Title V Operating Permit.
Is each PBR > 25/250 tpy?		X	
Are PBR sitewide emissions > 25/250 tpy?		X	
Are there permit limits on using PBRs at the site?		X	
Is PSD or Nonattainment netting required?		X	This site is not one of the 28 PSD named sources and emissions are represented as being below federal significance as major source levels. This site is not located in a nonattainment county. Therefore, PSD and Nonattainment netting are not required.
Do NSPS, NESHAP, or MACT standards apply to this registration?		X	
Does NO _x Cap and Trade apply to this registration?		X	This site is not in the Houston/Galveston/Brazoria Nonattainment area.
Is the facility in compliance with all other applicable rules and regulations?	X		The company indicates that the site is in compliance.

DESCRIBE OVERALL PROCESS AT THE SITE
Mr. Tony Heard owns and operates Heard Farm located at 133 CR 3068 in Beckville, Panola County. He is requesting the authorization of the poultry incinerator under 106.494.

DESCRIBE PROJECT AND INVOLVED PROCESS
The applicant has submitted Form PI-7 in order to operate the Destructor from National Incinerator. No planned MSS emissions have been represented or reviewed for this registration.

TECHNICAL SUMMARY - DESCRIBE HOW THE PROJECT MEETS THE RULES
106.494 (Pathological Waste Incinerators) (1) Design Requirements (A) The model number of the incinerator is National 2H44M and manufacturer's rated capacity (burn rate) is < 200 lb/hr. (B) The incinerator is a dual-chamber design. (C) Burners are located in each chamber, sized to manufacturer's specifications, and operated as necessary to maintain the minimum temperature requirements of subparagraphs (D) or (E) of this paragraph at all times when the unit is burning waste. (D) The secondary chamber is designed to maintain a temperature of at least 1,600°F and a gas residence time of at least 0.5 seconds. The total manufacturer's rated capacity (burn rate) is < 200 lb/hr. (E) The incinerator is used at an animal feeding operation and the incinerator does not meet the design requirements of (1)(D) above, it must meet all the requirements of (1)(E). The incinerator is used to dispose of carcasses generated on-site. The secondary chamber is designed to maintain a temperature of at least 1,400°F and a gas residence time of at least 0.25 second. The distance from the incinerator to the nearest property line is not at least 700 ft (530 ft). Incinerator operation is only perform in daytime (from one hour after sunrise to one hour before sunset); the stack height is 10 ft and total burn rate is 100 lb/hr and accordance with Table 494, the property line distance to incinerator is meets distance limits (> 140 ft). (F) There are no obstructions to stack flow when the incinerator is operated.

TECHNICAL REVIEW: AIR PERMIT BY RULE


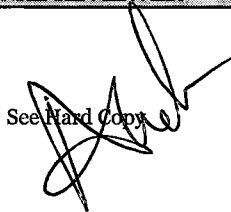
Permit No.:	106876	Company Name:	HEARD, TONY	APD Reviewer:	Mr. Vincent Rehkopf
Project No.:	185204	Unit Name:	Heard Farm	PBR No(s).:	106.494

TECHNICAL SUMMARY - DESCRIBE HOW THE PROJECT MEETS THE RULES (cont.)

(2) Operational Conditions

- (A) Form PI-7 was submitted.
- (B) The manufacturer's recommended operating instructions are indicated on the unit and the unit will be operated in accordance with these instructions.
- (C) The opacity emissions from the incinerator shall not exceed 5.0% averaged over a six-minute period.
- (D) Heat is provided by number 2 fuel oil with $\leq 0.3\%$ sulfur by weight.
- (E) This unit is not used to dispose of medical waste, other than pathological waste and carcasses.
- (F) This unit is installed and operated to meet the requirements of §§ 111.121, 111.125, 111.127, and 111.129 of this title.
- (G) N/A - Not a human crematory.

SITE REVIEW / DISTANCE LIMIT	Yes	No	Description/Outcome	Date	Reviewed by
Site Review Required?		X		November 19, 2012	Mr. Vincent Rehkopf
PBR Distance Limits Met?	X		Meets distance limits in accordance with 30 TAC §106.494(b)(1)(E)(ii) Table 294.	November 19, 2012	Mr. Vincent Rehkopf

	TECHNICAL REVIEWER	PEER REVIEWER	FINAL REVIEWER
SIGNATURE:			 See Hard Copy
PRINTED NAME:	Mr. Vincent Rehkopf	Ms. Julie Steger	Ms. Anne Inman, P.E., Manager
DATE:	November 19, 2012	November 19, 2012	November 20, 2012

BASIS OF PROJECT POINTS	POINTS
Base Points:	1
Project Complexity Description and Points:	
Technical Reviewer Project Points Assessment:	1
Final Reviewer Project Points Confirmation:	

11/20/2012 -----NSR IMS - PROJECT RECORD -----

PROJECT#: 185204 PERMIT#: 106876 STATUS: PENDING
RECEIVED: 11/13/2012 PROJTYPE: INITIAL AUTHTYPE: PBR
RENEWAL:
PROJECT ADMIN NAME: HEARD FARM
PROJECT TECH NAME: HEARD FARM

DISP CODE: C
ISSUED DT: 11/20/12

Assigned Team: RULE REG SECTION

STAFF ASSIGNED TO PROJECT:

WILBORN , JESSIE - REVIEWR1_2 - AP INITIAL REVIEW
REHKOPF , VINCENT - REVIEW ENG - RR TEAM

CUSTOMER INFORMATION (OWNER/OPERATOR DATA)

ISSUED TO: HEARD, TONY
COMPANY NAME: TONY HEARD
CUSTOMER REFERENCE NUMBER: CN604161059

REGULATED ENTITY/SITE INFORMATION

REGULATED ENTITY NUMBER: RN106548902 ACCOUNT:
PERMIT NAME: HEARD FARM

REGULATED ENTITY LOCATION: 133 CR 3068

REGION 05 - TYLER NEAR CITY: BECKVILLE COUNTY: PANOLA

CONTACT DATA

CONTACT NAME: MR TONY HEARD CONTACT ROLE: RESPONSIBLE OFFICIAL
JOB TITLE: OWNER AND OPERATOR ORGANIZATION: HEARD TONY
MAILING ADDRESS: 133 COUNTY ROAD 3068 , BECKVILLE, TX, 75631-8581
PHONE: (903) 692-4695 Ext: 0

PROJECT NOTES:

11/14/2012 DFC 11/14/2012

PERMIT NOTES:**FEE:**

Reference	Fee Receipt Number	Amount	Fee Receipt Date	Fee Payment Type
5131		100.00		CHECK

TRACKING ELEMENTS:

TE Name	Start Date	Complete Date
APIRT RECEIVED PROJECT (DATE)	11/13/2012	
CENTRAL REGISTRY UPDATED	11/14/2012	11/14/2012
APIRT TRANSFERRED PROJECT TO TECHNICAL STAFF (DATE)	11/15/2012	
ENGINEER INITIAL REVIEW COMPLETED (DATE)	11/19/2012	
PEER / MANAGER REVIEW PERIOD	11/19/2012	
PROJECT RECEIVED BY ENGINEER (DATE)	11/19/2012	

PROJECT RULES:

Unit Desc	Rule Desc	Request Type	On Application	Approve
PATHOLOGICAL WASTE INCINERATORS	106.494 -	ADD	Y	APPROVE

PERMIT RULES:

Unit Desc	Rule Desc	Start Date	End Date
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PROJECT ATTRIBUTES:

Attributes	Value
CERT_PL_7	
PROJECT POINT	

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You entered:

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BECKVILLE TX 75631

Here's the full address, using standard abbreviations and formatting...

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BECKVILLE TX 75631-8681

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Jessie Wilborn

From: April Sease <asease@tsswcb.texas.gov>
Sent: Wednesday, November 14, 2012 8:09 AM
To: Jessie Wilborn
Subject: Tony Heard
Attachments: Scan 001.pdf

If you need anything else please let me know.

Thanks

----- Original Message -----

Subject: Scan from Poultry Office Xerox WorkCentre
Date: Wed, 14 Nov 2012 08:07 +0000
From: <NacoPoultryScanner@tsswcb.texas.gov>
To: April Collins<acollins@tsswcb.texas.gov>

Please open the attached document. It was scanned and sent to you using the Nacogdoches Poultry Office Xerox WorkCentre.

paid w/check #: 5131



Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Form

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-		TCEQ Regulated Entity Number: RN-	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: <u>Heard, Tony</u>			
Company Official Contact Name: <u>Tony Heard</u>		Title: <u>Owner / Operator</u>	
Mailing Address: <u>133 CR 3068</u>			
City: <u>Beckville</u>		State: <u>TX</u>	Zip Code: <u>75631</u>
Phone No.: <u>(903) 692-4695</u>		Fax No.:	E-mail Address:
C. Technical Contact Name: <u>Same as above</u>			
Company:			
Mailing Address:			
City:		State:	Zip Code:
Phone No. :		Fax No.:	E-mail Address:
D. Facility Location Information - Street Address:			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
<u>133 CR 3068</u>			
City: <u>Beckville</u>		County: <u>Panola</u>	Zip Code: <u>75631</u>
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: <u>Poultry Broiler Farm</u>			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all that apply in hard copy, or choose all that apply from the drop down menus in electronic version):			
§ 106. <u>494</u>		§ 106.	
§ 106.		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter effective date and Rule Number:		<u>11/08/2012</u>	<u>106.494</u>

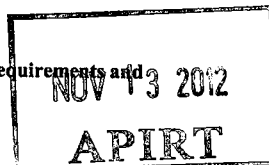


paid w/check #: 5131



Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Form

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-		TCEQ Regulated Entity Number: RN-	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: <u>Heard, Tony</u>			
Company Official Contact Name: <u>Tony Heard</u>		Title: <u>Owner / Operator</u>	
Mailing Address: <u>133 CR 3068</u>			
City: <u>Beckville</u>		State: <u>TX</u>	Zip Code: <u>75631</u>
Phone No.: <u>(903) 692-4695</u>	Fax No.:	E-mail Address:	
C. Technical Contact Name: <u>Same as above</u>			
Company:			
Mailing Address:			
City:		State:	Zip Code:
Phone No. :	Fax No.:	E-mail Address:	
D. Facility Location Information - Street Address: <u>133 CR 3068</u>			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: <u>Beckville</u>		County: <u>Sanaba</u>	Zip Code: <u>75631</u>
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: <u>Poultry Broiler Farm</u>		<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable	
B. PBR claimed under 30 TAC § 106 (List all that apply in hard copy, or choose all that apply from the drop down menus in electronic version):			
§ 106. <u>494</u>		§ 106.	
§ 106.		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter effective date and Rule Number:		<u>11/08/2012</u>	<u>106-494</u>



AIR PERMITS DIVISION

NOV 13 2012

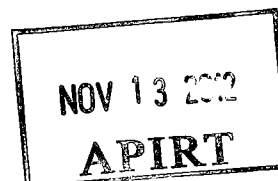
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185204
106876



Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Form

II. FACILITY AND SITE INFORMATION	
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "YES," enter Registration Number and Rule Number:	
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "YES," enter Registration Number and Rule Number:	
E. Are there any other air preconstruction permits at this site? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If "YES," enter Permit Numbers:	
Are there any other air preconstruction permits at this site that would be directly associated with this project? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," enter Permit Numbers:	
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be Determined	
If the site currently has an existing federal operating permit, enter the permit number:	
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this claim is accepted: (check all that apply)	
<input type="checkbox"/> Initial Application for an FOP <input type="checkbox"/> Significant Revision for SOP <input type="checkbox"/> Minor Revision for SOP	
<input type="checkbox"/> Operational Flexibility/Off Permit Notification for an SOP <input type="checkbox"/> Revision for GOP <input type="checkbox"/> To be Determined <input checked="" type="checkbox"/> None	
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site: (check all that apply)	
<input type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision application: (submitted or under APD review)	
<input type="checkbox"/> SOP application/revision application: (submitted or under APD review) <input checked="" type="checkbox"/> N/A	
G. TCEQ Account Identification Number: (if known)	
III. FEE INFORMATION	
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.	
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. What is the fee amount?	





Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Instructions

III. FEE INFORMATION

To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.

If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.

Does this business have less than 100 employees or have less than 6 million dollars in annual gross receipts? ☒ YES ☐ NO

Is this registration submitted by a governmental entity with a population of less than 10,000? ☐ YES ☒ NO

C. Check/Money Order or Transaction Number (Payable to TCEQ): 5131 Was fee Paid online? ☐ YES ☒ NO

Company name of check: CARL A. (Tony Heard) Fee amount: \$100.00

IV. SELECTED FACILITY REVIEWS ONLY-TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:

Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities § 106.436, Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? ☒ YES ☐ NO

B. Distance from this facility's emission release point to the nearest property line: 530 feet

Distance from this facility's emission release point to the nearest off-property structure: 1650 feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS
Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration? ☒ YES ☐ NO

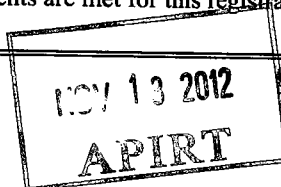
B. Is a process flow diagram or a process description attached? ☐ YES ☒ NO

C. Are emissions data and calculations for this claim attached? ☒ YES ☐ NO

D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional) ☒ YES ☐ NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional) ☒ YES ☐ NO





**Texas Commission on Environmental Quality
Registration for Permits by Rule (PBR)
Form PI-7 Submission Instructions**

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>		
F. Distance from this facility's emission release point to the nearest property line:	530 feet	
Distance from this facility's emission release point to the nearest off-property structure:	1650 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>		
VI. SUBMITTING YOUR REGISTRATION		
A. FEES – Pick one of the two options below for payment:		
<i>Who</i>	<i>Where</i>	<i>What</i>
1. Fee Paid Online	Go to Website www6.tceq.state.tx.us/epay	No Additional Action Needed
2. Fee Mailed to Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor, Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
B. COPIES OF THE REGISTRATION – Copies must be sent as listed below: Processing delays may occur if copies are not sent as noted.		
1. Hard Copy Only Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor, Austin, Texas 78753 Fax No.: (512) 239-2123 <i>(do not follow fax with paper copies)</i>	Originals Form PI-7, Core Data Form, and all attachments
2. Appropriate local and TCEQ Regional Office Programs	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments to each office.





NOV 13 2012

TCEQ Core Data Form

TCEQ Use Only

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

SECTION I: General Information

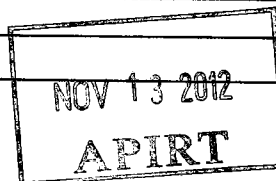
1. Reason for Submission (If other is checked please describe in space provided)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PI-7, Maps, PBR checklist		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN		RN

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		11/08/2012	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	<input type="checkbox"/> Other:
7. General Customer Information			
<input checked="" 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)		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship- D.B.A
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other:
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
Heard, Tony		End Date:	
10. Mailing Address:			
133 CR 3068			
City	Beckville	State	TX
ZIP	75631	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
13. Telephone Number		14. Extension or Code	
(903) 692-4695			
15. Fax Number (if applicable)			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information <input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
Heard Farm	



24. Street Address of the Regulated Entity: (No P.O. Boxes)	133 CR 3068						
	City	Beckville	State	TX	ZIP	75631	ZIP + 4
25. Mailing Address:	133 CR 3068						
	City	Beckville	State	TX	ZIP	75631	ZIP + 4
26. E-Mail Address:							
27. Telephone Number		28. Extension or Code		29. Fax Number (if applicable)			
(903) 692-4695				() -			
30. Primary SIC Code (4 digits)		31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)	
0251				112320			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Poultry Broiler Farm							

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	From Carthage take SRN - Go Right on FM 2792 - Right on CR 3062 then Left on CR 3068						
36. Nearest City	County		State		Nearest ZIP Code		
Beckville	Panola		TX		75631		
37. Latitude (N) In Decimal:		38. Longitude (W) In Decimal:					
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
32	16	11	94	19	56		

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review - Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

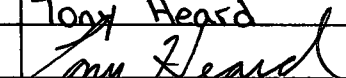
SECTION IV: Preparer Information

40. Name:	April Sease		41. Title:	Natural Resources Specialist	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(936) 462-7020		() -	asease@tsswcb.texas.gov		

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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

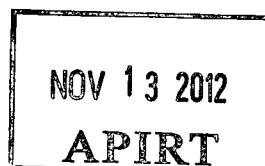
Company:	Heard Farm		Job Title:	owner/operator	
Name (In Print):	Tony Heard		Phone:	(903) 692-4695	
Signature:			Date:	11-8-12	





**Pathological Waste Incinerators
Air Permits by Rule (PBR) Checklist
Title 30 Texas Administrative Code § 106.494**

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Questions/Description	Information	Response
	What is the make (manufacturer) and model number of the incinerator?	Indicate the make and model: National 2H44M	
(1)(A)	Is the manufacturer's rated capacity (burn rate) less than 200 pounds per hour (lb/hr)?	Indicate the rated capacity: National 2H44M lb/hr	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(B)	Is the incinerator a dual-chamber design?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(C)	Are burners located in each chamber, sized to manufacturer's specifications, and operated as necessary to maintain the minimum required temperature in (1)(D) or (1)(E) at all times?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(D)	Is the incinerator used at a crematory? <i>If "YES," the facility is not required to meet (1)(D) or (1)(E). Continue to Question (1)(F). If "NO," continue to (1)(D).</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(1)(D)	Is the secondary chamber designed to maintain a temperature of at least 1,600 degrees Fahrenheit and a gas residence time of at least a 0.5 second? <i>If "YES," go to Question (1)(F). If "NO," please continue.</i> <i>Note: If the incinerator is being used at an operation other than an animal feeding operation, the incinerator must meet the requirements of (1)(D).</i>	Indicate the design temperature: _____ °F Indicate the gas residence time: _____ second	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(E)	Is the incinerator used at an animal feeding operation? <i>If "YES," and if the incinerator does not meet the design requirements of (1)(D) above, it must meet all the requirements of (1)(E). If "NO," the incinerator must meet the design requirements of (1)(D) above to qualify for this PBR.</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(E)	Is the incinerator only used to dispose of carcasses generated on-site?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO





**Pathological Waste Incinerators
Air Permits by Rule (PBR) Checklist
Title 30 Texas Administrative Code § 106.494**

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Questions/Description	Information	Response
(1)(E)	<p>Is the secondary chamber designed to maintain a temperature of at least 1,400 degrees Fahrenheit and a gas residence time of at least a 0.25 second?</p> <p><i>If "NO," the incinerator does not qualify for this PBR.</i></p>	<p>Indicate the design temperature: _____ °F</p> <p>Indicate the gas residence time: _____ second</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(E)	<p>Is the incinerator located at least 700 feet from the nearest property line?</p> <p><i>If "YES," go to Question (1)(F).</i> <i>If "NO," continue to the next question.</i></p>	<p>Distance to the nearest property line: 530 _____ feet</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(1)(E)	<p>If the incinerator is less than 700 feet from the nearest property line, is it located in accordance with <u>Table 494</u> and the total manufacturer's rated capacity (burn rate) of all incinerators located less than 700 feet from a property line is less than 200 lb/hr?</p>	<p>Indicate the type of operation:</p> <p><input type="checkbox"/> 24-hour <input checked="" type="checkbox"/> Daytime-only (from one hour after sunrise to one hour before sunset)</p> <p>Indicate the stack height: 10 _____ feet</p> <p>Total burn rate of all incinerators less than 700 feet from a property line: 100 _____ lb/hr</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(1)(F)	<p>Are there any obstructions to stack flow when the incinerator is operated?</p> <p><i>If "YES," the facility does not qualify for this PBR.</i> <i>If "NO," continue to Question (2)(A).</i></p> <p><i>Note: Rain protection devices designed to automatically open when the incinerator is operated, and properly installed and maintained spark arresters are not considered obstructions.</i></p>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**Pathological Waste Incinerators
Air Permits by Rule (PBR) Checklist
Title 30 Texas Administrative Code § 106.494**

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Questions/Description	Information	Response
(2)(A)	Did you provide Form PI-7 or Form PI-7-CERT as part of this registration request?	<input checked="" type="checkbox"/> Form PI-7 <input type="checkbox"/> Form PI-7-CERT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(2)(B)	Will the manufacturer's recommended operating instructions be posted at the unit and will the unit be operated in accordance with the instructions?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(2)(C)	Will the opacity of the emissions from the incinerator exceed 5.0% averaged over a six-minute period?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(2)(D)	What type of fuel is used to operate the incinerator?	Check all that apply: <input type="checkbox"/> sweet natural gas <input type="checkbox"/> liquid petroleum gas <input checked="" type="checkbox"/> number 2 fuel oil with ≤ 0.3% sulfur by weight <input type="checkbox"/> electric power	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(2)(E)	Will the incinerator be used to dispose of only pathological waste and/or carcasses?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(2)(F)	Will the incinerator be installed and operated in compliance with all the requirements of <u>§ 111.121</u> (relating to Single, Dual, and Multiple-Chamber Incinerators), <u>§ 111.125</u> (relating to Testing Requirements), <u>§ 111.127</u> (relating to Monitoring and Recordkeeping Requirements), and <u>§ 111.129</u> (relating to Operating Requirements).		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(2)(G)	Will crematories be used for the sole purpose of cremation of human remains and appropriate containers?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Rule	Other Applicable Rules and Regulations	Why or Why Not?	Response
	Is the facility subject to <u>30 TAC Chapter §§ 115.120-129</u> ?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is the facility subject to <u>30 TAC Chapter §§ 117.201-223</u> ?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**Pathological Waste Incinerators
Air Permits by Rule (PBR) Checklist
Title 30 Texas Administrative Code § 106.494**

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Other Applicable Rules and Regulations	Why or Why Not?	Response
	Is the facility subject to <u>40 CFR Part 60, NSPS Subpart Ce?</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is the facility subject to <u>40 CFR Part 60, NSPS Subpart E?</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is the facility subject to <u>40 CFR Part 60, NSPS Subpart Ec?</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Is the facility subject to <u>40 CFR Part 63, MACT Subpart EEE?</u>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Record Keeping: In order to demonstrate compliance with the general and specific requirements of this PBR, sufficient records must be maintained to demonstrate that all requirements are met at all times. The owner or operator shall maintain records to ensure that the maximum operation rate of the incinerator will not exceed 200 pounds per hour. Incinerators shall meet the conditions of § 111.121 (relating to Single, Dual, and Multiple-Chamber Incinerators), § 111.125 (relating to Testing Requirements), § 111.127 (relating to Monitoring and Recordkeeping Requirements), and § 111.129 (relating to Operating Requirements). The registrant should also become familiar with the additional record keeping requirements in 30 TAC § 106.8. The records must be made available immediately upon request to the commission or any air pollution control program having jurisdiction. If you have any question about the type of records that should be maintained, contact the Air Program in the TCEQ Regional Office for the region in which the site is located.

Recommended Calculation Method: In order to demonstrate compliance with this PBR, emission factors for each air contaminant from the EPA Compilation of Air Pollutant Emission Factors (AP-42), Fifth Edition, Volume 1, Chapter 2.3: Medical Waste Incinerators at: www.epa.gov/ttn/chief/ap42/index.html should be used. The registrant may also use the calculation method for waste incinerators as described in the TCEQ Technical Guidance Document for "Combustion Sources," at: www.tceq.state.tx.us/permitting/air/nav/nsr_fac_index.html.

Poultry Incinerators / Animal Carcass Incinerators

The following list is **NOT** an endorsement for or against any incinerator manufacturer or its products. This list is **NOT** comprehensive. It identifies only those models which have recently registered with the TCEQ. The vast majority of incinerator manufacturers in the U.S. are **NOT** reflected in this list. Their products may meet all requirements of 30 TAC § 106.494 (poultry incinerators) or The Animal Carcass Incinerator Standard Permit. Inclusion on this list is **NOT** a pre-approval. Each poultry incinerator must be registered with the TCEQ using Form PI-7 **BEFORE** start of construction. Each commercial incinerator must be registered with the TCEQ (Form PI-1S) prior to start of construction. Questions? Please contact Mr. Sean O'Brien at (512) 239-1137 or sobrien@tceq.state.tx.us.

Tier 1 - 1600° F with 0.5 second residence time

*Advanced Combustion Systems, Bellingham, WA, (800) 445-0243, info@acs-acsc.com, www.acs-acsc.com
Model: CA-400 (200 lbs/hr) (CONDITIONAL APPROVAL)*

*B&L Cremation Systems, Largo, FL, (800) 622-5411, blcremsys@aol.com, www.blcremationsystems.com
Models: BLP 500/150 (150 lbs/hr); BLP 500/100 (100 lbs/hr)*

*Crawford Equipment and Engineering, Orlando, FL, (800) 228-0884, gamage@crawfordequipment.com,
www.crawfordequipment.com
Models: C500P (75 lbs/hr); C700P (150 lbs/hr); CB400 (100 lbs/hr) (Gas Fired); C1000H (150 lbs/hr); CB800 (200 lbs/hr)*

*Industrial Equipment & Eng., Orlando, FL, (800) 327-2831, talley@matw.com, www.ieeco.com
Models: IE43PP2 (150 lbs/hr); IE43PPJ (75 lbs/hr)*

*Kirk Enterprises Inc dba National Incinerator, Inc., Corsicana, TX, (800) 544-0661,
p_chapman@national-incinerator.com, www.national-incinerator.com
Models: DV-100TX, 2H46M, and 2H44M (NG/propane/diesel for any model)*

*Pennram Diversified Manufacturing Corp., Williamsport, PA, (570) 327-2802, pennram@pennram.com,
www.pennram.com
Model E-75 (165 lbs/hr)*

*R & K Incinerator, Decatur, IN, (800) 233-1163
Models: 30-3A, 30-2 (70 lbs/hr); 36 (different door); 18 (Identical to Model 36, except PCC smaller volume)*

*Southern Breeze Fabricators, Inc., GA, (229) 336-9337, www.southernbreezefab.com
Models: SB500, SB250, SB1000, SB2000 (adjustable burn time 200 lbs/hr or less) and SB3000 (300 lbs/hr)*

*Therm Tec, Tualatin, OR, (800) 292-9163, thermtec@earthlink.net, www.thermtec.com
Models: S-18 (65 lbs/hr); S-27 (70 lbs/hr); G-8P (100 lbs/hr); G-12P-1 (165 lbs/hr); G-20P (200 lbs/hr)*

*Valco, OH, (800) 99VALCO, terry@valcompanies.com, www.valcompanies.com
Model 7230 (identical to R&K Incinerator Model 36)*

*National Incinerator, AL (205) 589-6720, niofboaz@hopper.net, www.nationalincinerator.com
Models: The Destructor (125lb/hr), The Destructor Junior (100 lb/hr), TC-275 (100 lb/hr) All require secondary chamber*

Tier 2 - 1400° F with 0.25 second residence time

*Earth Smart Solutions Inc., Hawkins, TX, (903) 638-0026, adam@earthsmartsolutions.com,
www.earthsmartsolutions.com*

Models: LL15, LL9, LL7, LL5 (diesel/propane/NG) Must install afterburner on all models.

National Incinerator, Inc.

Model 2H44-M (NG/propane/diesel)

R & K Incinerator

Model 367 (70 lbs/hr)

Shenandoah Mfg. Co, Inc., Harrisonburg, VA, (918) 825-9575, sales@agilemfg.net, www.shenmfg.com

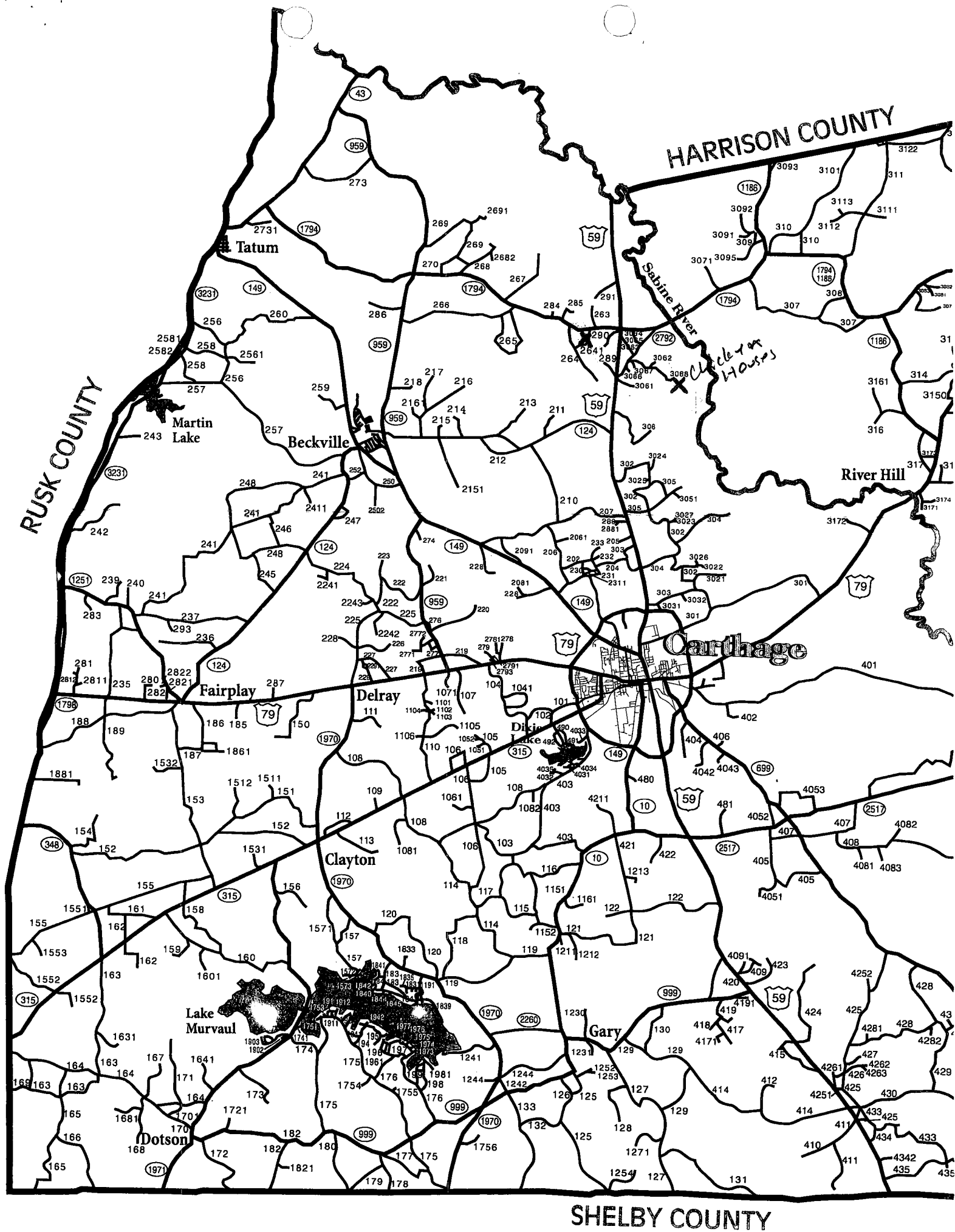
Models: A10-2G-TX (50 lbs/hr) (NG); A12-2G-TX (NG)

Valco

Model 8436 (identical to R&K Incinerator Model 367)

Document located @ http://www.tceq.state.tx.us/permitting/air/nav/air_agdocs.html

updated 2/2010



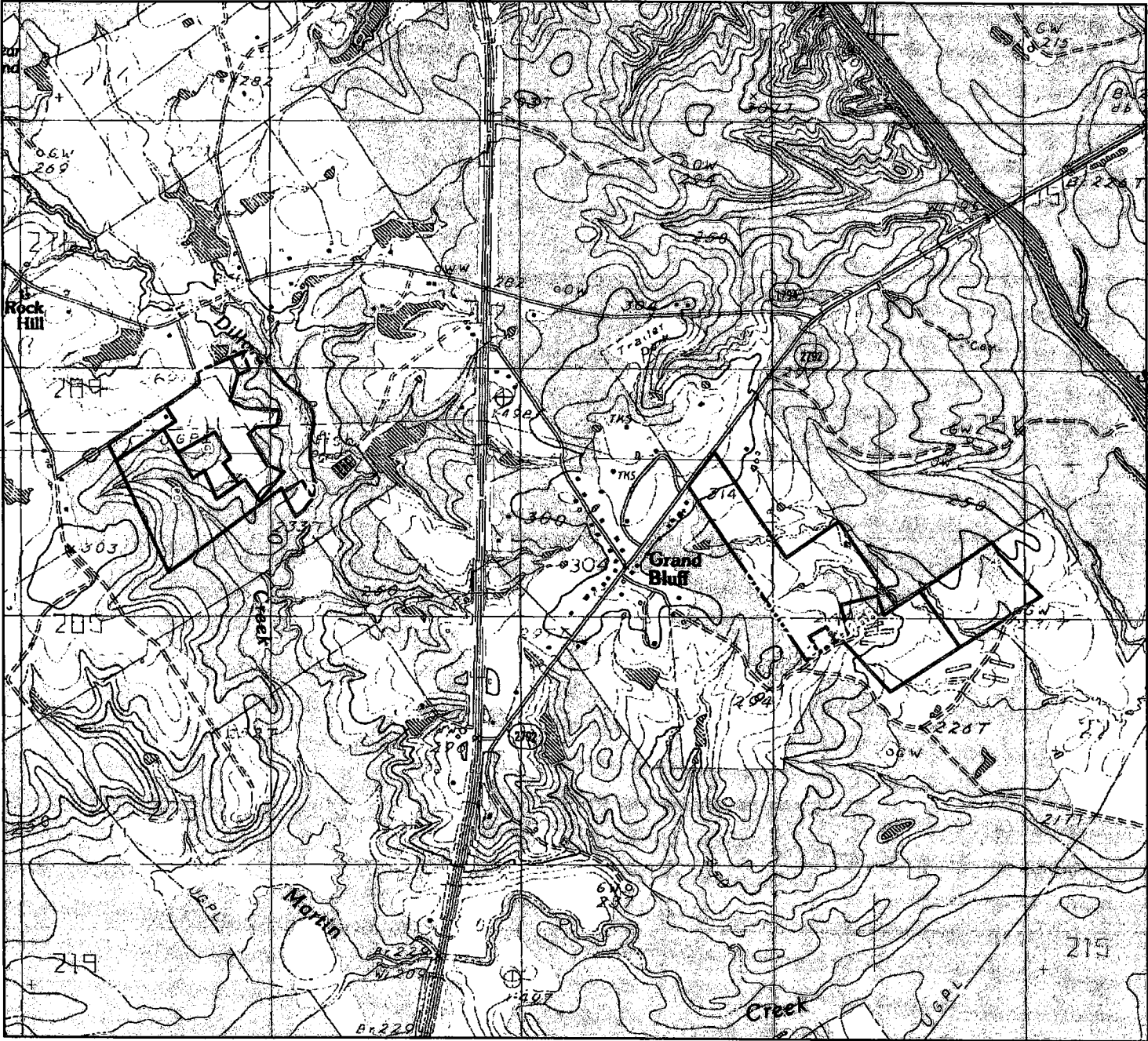
USGS Topographic Map

Customer(s): TONY HEARD

District: PANOLA SOIL & WATER CONSERVATION DISTRICT

Agency: TSSWCB

Assisted By: Patrick Porter



Latitude: 32° 16' 11"
Longitude: 94° 19' 56"
Quad Name: Grand Bluff
Contour Interval: 10 feet
1 inch = 2000 feet



Legend

 Consplan

2,000 0 2,000 4,000
Feet



TSSWCB
Poultry Program Office
2200 NW Stallings Dr., Ste 102
Nacogdoches, TX 75964



RECEIVED
NOV 13 2012
TCEQ MAIL CENTER
AR

TCEQ - MC 161
P.O. BOX 13087
AUSTIN, TX 78711-3087