



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.)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 606216174		RN 109680843

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)		<input type="checkbox"/> 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)		If new Customer, enter previous Customer below:	
Farming Hydrasource, LLC			
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
803687150	32075039647	85-2785291	
11. Type of Customer:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:	
12. Number of Employees		13. 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	
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"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:			
15. Mailing Address:	607 County Road 305		
	City	Eagle Pass	State TX ZIP 78852 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
na		Fernando.lopez@farmhydra.com	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	
(830) 325-4957	0	(0) -	

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)	
<input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> 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.)	
Farming Hydrasource, LLC	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	607 County Road							
	City	Eagle Pass	State	TX	ZIP	78852	ZIP + 4	
24. County	Maverick							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	At intersection 277 and Thompson Rd, head on Thompson Rd for 3 miles. You will then turn right into a road that will bring you to the entrance of our mine site.								
26. Nearest City	Eagle Pass				State	TX	Nearest ZIP Code		78852
27. Latitude (N) In Decimal:	28.816			28. Longitude (W) In Decimal:	-100.463				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds				
28	49	0	100	27	46				
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)				
1479									
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>									
Pick up scrap tires from generator, transport to facility to regroove, vulcanize and sell wholesale.									
34. Mailing Address:	607 County Road 305								
	City	Eagle Pass	State	TX	ZIP	78852	ZIP + 4		
35. E-Mail Address:	Fernando.Lopez@farmhydra.com								
36. Telephone Number	37. Extension or Code		38. Fax Number <i>(if applicable)</i>						
(830) 325-4957	na		(0) -						

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	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

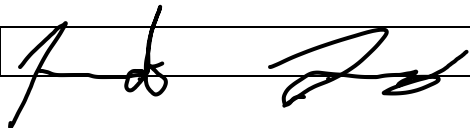
40. Name:	Fernando Lopez		41. Title:	Production Manager	
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(830) 325-4957	na	(na) -	Fernando.Lopez@Farmhydra.com		

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:	Farming Hydrasource, LLC	Job Title:	Production Manager		
Name <i>(In Print)</i> :	Fernando Lopez			Phone:	(830) 325- 4957

Signature:

A handwritten signature in black ink, appearing to be 'A. S. S.', written across the signature field.

Date:

1/4/2024