



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
* 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)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 6059483		RN *****

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		01/01/2024	
* 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)				If new Customer, enter previous Customer below:	
Croell, Inc.				*****	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
803706351		32075299332		421029170**	*****
11. Type of Customer:		* Corporation		* Individual	Partnership: * General * Limited
Government: * City * County * Federal * Local * State * Other		* Sole Proprietorship		* Other: *****	
12. Number of Employees				13. Independently Owned and Operated?	
* 0-20 * 21-100 * 101-250 * 251-500 * 501 and higher				* 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 * Other: ***** * Occupational Licensee * Responsible Party * VCP/BSA Applicant					
15. Mailing Address:	PO Box 430				

City	New Hampton	State	IA	ZIP	50659
				ZIP + 4	****
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
*****				matt.hinders@croell.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(641) 229-8160*****		*****		(***) ***-*****	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
* New Regulated Entity * Update to Regulated Entity Name * Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Tolar Redi-Mix Plant								
23. Street Address of the Regulated Entity: (No PO Boxes)	101 Electric Rd.							

	City	Granbury	State	TX	ZIP	76476	ZIP + 4	****
24. County	*****							

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

25. Description to Physical Location:		Facility property is tucked away close to the intersection of the West US Hwy 377 and Electric Road. This address borders on the city limits of Granbury & Tolar within Hood County.						
26. Nearest City					State		Nearest ZIP Code	
Tolar					TX		76476	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:			32.397978			28. Longitude (W) In Decimal:		-97.894722
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
*****	*****	*****	*****	*****	*****			
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)		
3273		****		327390		*****		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Ready mix concrete mfg.								
34. Mailing Address:		PO Box 430						

	City	New Hampton	State	IA	ZIP	50659	ZIP + 4	****
35. E-Mail Address:		matt.hinders@croell.com						
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(641) 229-8160**			*****			(***) ***-*****		

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	* OSSF	* Petroleum Storage Tank	* PWS
		3		

	Review Air			
*****	*****	*****	*****	*****
* Sludge	* Storm Water	* Title V Air	* Tires	* Used Oil
*****	*****	*****	*****	*****
* Voluntary Cleanup	* Wastewater	* Wastewater Agriculture	* Water Rights	* Other: *****
*****	*****	*****	*****	*****

SECTION IV: Preparer Information

40. Name:	Jordan Hindman	41. Title:	Environmental Consultant
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(816) 726-6257**	*****	(***) ***-*****	jordan@midwest-training.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:	Croell, Inc.	Job Title:	Safety Director
Name (In Print):	Matt Hinders	Phone:	(641) 229- 8160
Signature:		Date:	2/6/2024