

Texas Commission on Environmental Quality

Annual Operational Status Report

Year: 2024

Site Information (Regulated Entity)

Regulated Entity Site Information

What is the Regulated Entity's Number (RN)?	RN100218007
What is the name of the Regulated Entity (RE)?	ALCON LABORATORIES
Does the RE site have a physical address?	Yes
Physical Address	
Number and Street	6201 SOUTH FWY
City	FORT WORTH
State	TX
ZIP	76134
County	TARRANT
Latitude (N) (##.#####)	32.643333
Longitude (W) (-###.#####)	-97.330277
Facility NAICS Code	325412
What is the primary business of this entity?	INDUSTRIAL CHEMICAL MANUFACTURING PLANT

Section 1# Authorization Information

AUTH#: 1

Authorization Number, Site Name, Authorization Type	111126 ALCON LABORATORIES PBR
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AUTH#: 2

Authorization Number, Site Name, Authorization Type	111129 ALCON LABORATORIES PBR
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AUTH#: 3

Authorization Number, Site Name, Authorization Type	173428 ALCON LABORATORIES PBR
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AUTH#: 4

Authorization Number, Site Name, Authorization Type	39203 ALCON LABORATORIES PBR
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AUTH#: 5

Authorization Number, Site Name, Authorization Type	52543 ALCON LABORATORIES PBR
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AUTH#: 6

Authorization Number, Site Name, Authorization Type	53262 ALCON LABORATORIES PBR
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AUTH#: 7

Authorization Number, Site Name, Authorization Type	76434 ALCON LABORATORIES PBR
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Customer Information

How is this applicant associated with this site?	Multiple
What is the applicant's Customer Number (CN)?	CN605934132
Type of Customer	Corporation
Full legal name of the applicant:	
Legal Name	Alcon Vision, LLC
Texas SOS Filing Number	803343979
Federal Tax ID	
State Franchise Tax ID	17522523699
State Sales Tax ID	
Local Tax ID	
DUNS Number	
Number of Employees	501+
Independently Owned and Operated?	

Responsible Official Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	
Organization Name	Alcon Vision LLC
Prefix	MR
First	Sean
Middle	
Last	Cisco
Suffix	
Credentials	
Title	Director, Project Management and Real Estate
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6201 SOUTH FWY
Routing (such as Mail Code, Dept., or Attn:)	AB-31
City	FORT WORTH
State	TX
ZIP	76134
Phone (###-###-####)	8176152690
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	sean.cisco@alcon.com

Technical Contact

Person TCEQ should contact for questions about this application:	
Same as another contact?	

Organization Name	Alcon Vision LLC
Prefix	MR
First	William
Middle	Ryan
Last	Perry
Suffix	
Credentials	
Title	HSE Manager
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	6201 SOUTH FWY
Routing (such as Mail Code, Dept., or Attn:)	AB-31
City	FORT WORTH
State	TX
ZIP	76134
Phone (###-###-####)	8176152376
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	ryan.perry@alcon.com

Section 1# Operational Status

Permit#: 1

1) Permit Number	111126
2) Is the permitted activity operational?	Yes

Permit#: 2

1) Permit Number	111129
2) Is the permitted activity operational?	Yes

Permit#: 3

1) Permit Number	173428
2) Is the permitted activity operational?	Yes

Permit#: 4

1) Permit Number	39203
2) Is the permitted activity operational?	Yes

Permit#: 5

1) Permit Number	52543
2) Is the permitted activity operational?	Yes

Permit#: 6

1) Permit Number	53262
2) Is the permitted activity operational?	Yes

Permit#: 7

1) Permit Number	76434
2) Is the permitted activity operational?	Yes

Certification

The electronic signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief.

1. I am Michael S Cisco, the owner of the STEERS account ER086833.

2. I have the authority to sign this data on behalf of the applicant named above.

3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.

4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.

5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.

6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.

7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.

8. I am knowingly and intentionally signing Annual Operational Status Report Year: 2024.

9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

MULTIPLE Signature: Michael S Cisco MULTIPLE	
Customer Number:	CN605934132
Legal Name:	Alcon Vision, LLC
Account Number:	ER086833
Signature IP Address:	165.225.32.125
Signature Date:	2024-12-20
Signature Hash:	6AA829346431F0277B6F4F4F8179B62F208354136 2F9322E4D57ACB1B0EFF1DF
Form Hash Code at time of Signature:	3156D441510B8F1DCBA97D5B8E05879C95F6E8D 6B881009F1044CF9E13886F23

Submission

Reference Number:	The application reference number is 718926
Submitted by:	The application was submitted by ER086833/Michael S Cisco
Submitted Timestamp:	The application was submitted on 2024-12-20 at 09:49:06 CST
Submitted From:	The application was submitted from IP address 165.225.32.125
Confirmation Number:	The confirmation number is 604039
Steers Version:	The STEERS version is 6.84

Additional Information

Application Creator: This account was created by Heather Bronold