



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.)		
<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 606315703		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
<input 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 or Texas Comptroller of Public Accounts)			
<i>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).</i>			
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)		<i>If new Customer, enter previous Customer below:</i>	
Ingram Readymix No. 43, 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)
0805440678	32093936543	99-1807304	
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <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 type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" 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 type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other: <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant			
15. Mailing Address:			
3580 FM 482			
City	New Braunfels	State	TX
ZIP	78132	ZIP + 4	
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)	
18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)	

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

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).

22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)

Eastland Plant

23. Street Address of the Regulated Entity:*(No PO Boxes)*

City	Eastland	State	TX	ZIP	76448	ZIP + 4	
------	----------	-------	----	-----	-------	---------	--

24. County

Eastland

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

25. Description to Physical Location:

from the intersection of IH-20 and Highway 570 in Eastland, travel approximately 1.58 miles east on Highway 570 and the plant entrance is on the left (north)

26. Nearest City**State****Nearest ZIP Code**

Eastland

TX

76448

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).

27. Latitude (N) In Decimal:

32.401136

28. Longitude (W) In Decimal:

-98.764550

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

32

24

4.09 N

98

45

52.38 W

29. Primary SIC Code**30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

3273

32732

33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)

Producing readymix concrete

34. Mailing

3580 FM 482

Address:

City	New Braunfels	State	TX	ZIP	78132	ZIP + 4	
------	---------------	-------	----	-----	-------	---------	--

35. E-Mail Address:

earl@irmtx.com

36. Telephone Number**37. Extension or Code****38. Fax Number** (if applicable)

(830) 625-9156

(830) 625-9174

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.

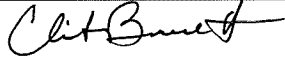
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" 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"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Clint Burnett	41. Title:	Env. Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(830) 625-9156		(830) 625-9174	cburnett@irmtx.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:	Ingram Readymix Inc.	Job Title:	Manager
Name (In Print):	Clint Burnett	Phone:	(830) 625- 9156
Signature:		Date:	10/30/24

