



# 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

|  |   |  |
|--|---|--|
| <b>1. Reason for Submission</b> (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<br>CHANGE IN LOCATION OF REG ENTITY |
| <b>2. Customer Reference Number</b> (if issued)  | <a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a> | <b>3. Regulated Entity Reference Number</b> (if issued)            |
| CN<br>600434427  |   | RN<br>107138687  |

## SECTION II: Customer Information

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>4. General Customer Information</b>  |  | <b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy) |  |   |  |
| <input type="checkbox"/> New Customer <input checked="" 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>         |  |  |  |   |  |
| <b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)  |  |  |  | <i>If new Customer, enter previous Customer below:</i>              |  |
| GILCO CONTRACTING, INC  |  |  |  |   |  |
| <b>7. TX SOS/CPA Filing Number</b>  |  | <b>8. TX State Tax ID</b> (11 digits)                                  |  | <b>9. Federal Tax ID</b><br>(9 digits)                              | <b>10. DUNS Number</b> (if applicable)   |
| 0138941900  |  | 17526390707  |  | 752639070   | 957170314  |
| <b>11. Type of Customer:</b>  |  | <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"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other |  | <input type="checkbox"/> Sole Proprietorship                           |  | <input type="checkbox"/> Other:                                     |  |
| <b>12. Number of Employees</b>  |  |  |  | <b>13. Independently Owned and Operated?</b>                        |  |
| <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input checked="" type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher                      |  |  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>14. Customer Role</b> (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  |  |  |  |   |  |
| <b>15. Mailing Address:</b>   |  | 6331 SOUTHWEST BLVD  |  |   |  |
| City  |  | BENBROOK   |  | State   | TX   |
| ZIP   |  | 76132  |  | ZIP + 4   |  |
| <b>16. Country Mailing Information</b> (if outside USA)   |  |  |  | <b>17. E-Mail Address</b> (if applicable)                           |  |
|   |  |  |  | LEIA@GILCOCONTRACTING.COM   |  |
| <b>18. Telephone Number</b>   |  | <b>19. Extension or Code</b>   |  | <b>20. Fax Number</b> (if applicable)                               |  |
|   |  |  |  |   |  |

## SECTION III: Regulated Entity Information

|  |  |   |  |     |  |         |  |
|--|--|---|--|-----|--|---------|--|
| <b>21. General Regulated Entity Information</b> <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>                             |  |   |  |     |  |         |  |
| <input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> 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>      |  |   |  |     |  |         |  |
| <b>22. Regulated Entity Name</b> <i>(Enter name of the site where the regulated action is taking place.)</i>   |  |   |  |     |  |         |  |
| ORCHARD VILLAGE 1B   |  |   |  |     |  |         |  |
| <b>23. Street Address of the Regulated Entity:</b><br><i>(No PO Boxes)</i>   |  | <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |  |     |  |         |  |
| City   |  | State   |  | ZIP |  | ZIP + 4 |  |
| <b>24. County</b>  |  |   |  |     |  |         |  |

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

|  |          |   |        |   |         |   |  |
|--|----------|---|--------|---|---------|---|--|
| <b>25. Description to Physical Location:</b>   |          | 620FT NORTHWEST OF RENDON RD & OAK GROVE-SHELBY RD  |        |   |         |   |  |
| <b>26. Nearest City</b>  |          |   |        | <b>State</b>  |         | <b>Nearest ZIP Code</b>   |  |
| FORT WORTH   |          |   |        | TX  |         | 76140   |  |
| <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> |          |   |        |   |         |   |  |
| <b>27. Latitude (N) In Decimal:</b>  |          |   |        | <b>28. Longitude (W) In Decimal:</b>                            |         |   |  |
| Degrees  | Minutes  | Seconds   |        | Degrees   | Minutes | Seconds   |  |
| 32°37'7.23"N   |          |   |        | 97°16'16.90"W   |         |   |  |
| <b>29. Primary SIC Code</b><br><small>(4 digits)</small>   |          | <b>30. Secondary SIC Code</b><br><small>(4 digits)</small>  |        | <b>31. Primary NAICS Code</b><br><small>(5 or 6 digits)</small> |         | <b>32. Secondary NAICS Code</b><br><small>(5 or 6 digits)</small> |  |
| 3273   | 3273     | 327320  | 327320 |   |         |   |  |
| <b>33. What is the Primary Business of this entity?</b> <i>(Do not repeat the SIC or NAICS description.)</i>   |          |   |        |   |         |   |  |
| TEMPORARY CONCRETE BATCH PLANT   |          |   |        |   |         |   |  |
| <b>34. Mailing Address:</b>  |          | <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |        |   |         |   |  |
|  |          | 6331 SOUTHWEST BLVD   |        |   |         |   |  |
| City   | BENBROOK | State   | TX     | ZIP   | 76132   | ZIP + 4   |  |
| <b>35. E-Mail Address:</b>   |          | LEIA MCQUIEN  |        |   |         |   |  |
| <b>36. Telephone Number</b>  |          | <b>37. Extension or Code</b>  |        | <b>38. Fax Number</b> <i>(if applicable)</i>                    |         |   |  |
| ( ) 817-735-1600   |          | 302   |        | ( ) 817-735-1613  |         |   |  |

**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 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 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**

|                             |                      |                       |                            |                   |                   |
|-----------------------------|----------------------|-----------------------|----------------------------|-------------------|-------------------|
| <b>40. Name:</b>            | MARY GRANADOS        |                       |                            | <b>41. Title:</b> | ADMIN COORDINATOR |
| <b>42. Telephone Number</b> | <b>43. Ext./Code</b> | <b>44. Fax Number</b> | <b>45. E-Mail Address</b>  |                   |                   |
| ( ) 817-735-1600            | 333                  | ( 817-735-1613        | MARYG@GILCOCONTRACTING.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.

|                         |   |  |                   |                   |                |
|-------------------------|---|--|-------------------|-------------------|----------------|
| <b>Company:</b>         | GILCO CONTRACTING, INC  |  | <b>Job Title:</b> | ADMIN COORDINATOR |                |
| <b>Name (In Print):</b> | MARY GRANADOS   |  |                   | <b>Phone:</b>     | ( 817-735-1600 |
| <b>Signature:</b>       |  |  |                   | <b>Date:</b>      | 03/20/2025     |