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 On: Nov 30, 2021 at 01:30P  
 Receipt# - 166116

Generosa Gracia Ramon  
 County Clerk, Val Verde County, TX

By Mary Aguirre **TCEQ Core Data Form**

TCEQ Use Only

For detailed instructions regarding completion of 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 type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)	
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 604153775	RN 101985398

**SECTION II: Customer Information**

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		10/29/21	
<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)					
<b>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).</b>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)			If new Customer, enter previous Customer below:		
Ingram Readymix No. 87 LLC					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
801200945		32040782131		27-1423093	
<b>11. Type of Customer:</b>		<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
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		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>			<b>13. Independently Owned and Operated?</b>		
<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		
<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"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:	
<b>15. Mailing Address:</b>		3580 FM 482			
City		New Braunfels		State TX	
ZIP		78132		ZIP + 4 5012	
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable) gary@irmtx.com		
<b>18. Telephone Number</b>			<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)
( 830 ) 625 9156			224		( ) -

**SECTION III: Regulated Entity Information**

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
<b>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).</b>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)	
Del Rio Gravel Plant	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>	1968 Cienegas Road						
	City	Del Rio	State	Tx	ZIP	78840	ZIP + 4
24. County	Val Verde						

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City	Del Rio				State	Tx	Nearest ZIP Code
							78840
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	21	12.2358	-100	57	56.8728		
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)			
1442		423810					
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
Sand and gravel production for concrete.							
34. Mailing Address:	3580 FM 482						
	City	New Braunfels	State	Tx	ZIP	78132	ZIP + 4 5012
35. E-Mail Address:	gary@irmtx.com						
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
(830) 625-9156					( ) -		

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:	Gary Johnson		41. Title:	VP
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address	
(830) 625-9156	224	( ) -	gary@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:	VP
Name <i>(In Print)</i> :	Gary Johnson	Phone:	(830) 625-9156
Signature:		Date:	