



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of 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 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 checked="" type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Customer Reference Number (if issued)		4. Regulated Entity Reference Number (if issued)	
CN 603432295		RN 104208210	

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		02/1/2009	
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:			
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party	
<input type="checkbox"/> Owner & Operator		<input type="checkbox"/> Voluntary Cleanup Applicant	
<input type="checkbox"/> Other: _____			
7. General Customer Information			
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)		<input type="checkbox"/> Change in Regulated Entity Ownership	
		<input type="checkbox"/> No Change**	
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:		<input checked="" type="checkbox"/> Corporation	
		<input type="checkbox"/> Individual	
		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government	
		<input type="checkbox"/> Federal Government	
		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership	
		<input type="checkbox"/> Limited Partnership	
		<input type="checkbox"/> Other: _____	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)			End Date:
Natural Waste Solutions, Inc. dba Nature's Way Resources			
10. Mailing Address:			
101 Sherbrook Circle			
City	Conroe	State	TX
ZIP	77385	ZIP + 4	7750
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
usa		jcfergus@ix.netcom.com	
13. Telephone Number		14. Extension or Code	
(936) 273-1200			
		15. Fax Number (if applicable)	
		(936) 273-1655	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
582681979		32014201910	
		18. DUNS Number (if applicable)	
		19. TX SOS Filing Number (if applicable)	
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (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 checked="" type="checkbox"/> Update to Regulated Entity Information	
		<input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			

Nature's Way Resources								
24. Street Address of the Regulated Entity: (No P.O. Boxes)	101 Sherbrook Circle							
	City	Conroe	State	TX	ZIP	77385	ZIP + 4	7750
25. Mailing Address:	same							
	City		State		ZIP		ZIP + 4	
26. E-Mail Address:	jcfergus@ix.netcom.com							
27. Telephone Number	28. Extension or Code			29. Fax Number (if applicable)				
(936) 273-1200				(936) 273-1655				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)		32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
2875			325314		422910			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)								
MULCH, COMPOST, SOILS								

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	1 BLOCK FROM I-45 & FM 1488, east from I-45 feeder to Sherbrook Circle, right turn and follow to entrance of facility							
36. Nearest City	County			State		Nearest ZIP Code		
Conroe	Montgomery			TX		77385		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:							
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	14	16	95	27	19			

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 or the updates may not be made. If your Program is not listed, check other and write it in. 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"/> Industrial Hazardous Waste	<input checked="" type="checkbox"/> Municipal Solid Waste
				47028
<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 type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other: composting

SECTION IV: Preparer Information

40. Name:	John Ferguson	41. Title:	President
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(936) 273-1200		(936) 273-1655	jcfergus@ix.netcom.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 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Natural Waste Solutions, Inc.	Job Title:	President
Name (In Print):	John C. Ferguson	Phone:	(936) 273-1200
Signature:		Date:	9/2/2008

