

June 16, 2020
SCS Project No. 16216088.00

Ms. Dawn Dollins
Business & Program Services Section
Waste Permits Division (MC-126)
Texas Commission on Environmental Quality
12100 Park 35 Circle, Bldg. F
Austin, TX 78753

Re: Administrative Notice of Deficiency Letter, Parts III and IV
City of Waco Landfill
Waco, McLennan and Limestone Counties, Texas
Proposed Municipal Solid Waste Permit Number: 2400
Tracking No. 23201563; RN110471307/CN600131940
New Type I Municipal Solid Waste Landfill

Dear Ms. Dollins:

On behalf of the City of Waco, SCS Engineers has prepared the following response to the Texas Commission on Environmental Quality's (TCEQ's) June 12, 2020 Administrative Notice-of-Deficiency (NOD) letter, related to submittal of Parts III and IV of a permit application for the proposed City of Waco Landfill, TCEQ Permit No. MSW-2400. Attached to this response letter, we have included one original and three copies of all revised pages for use as replacement pages in the permit application.

For ease of review, we have included your original comment from the June 12, 2020 Administrative NOD, followed by our response and/or revision in ***bold/italics***.

- A1. Please update the information for the Waco-McLennan Health District. The contact name is incorrect according to their website.

In response to this comment we have updated the following in the Part I Form:

- ***City Health Authority – we have updated the contact information on Page 6 to include the Director of the Waco-McLennan County Public Health District.***
- ***County Health Authority – we have updated the contact information on Page 7 with the current Health Authority for Waco-McLennan County Public Health District. Documentation showing the Certificate of Appointment and Oath of Office for E. Farley Verner, M.D. is attached to this response.***

- A2. Please correct the street name as per their website.

In response to a follow-up email on 6/12/2020 related to this comment, we have updated the Part 1 Form on Page 7A to correct the street address for the Limestone County Judge.

- A3. Please provide an electronic set of mailing labels. Names and addresses must be typed in the format required by the U.S. Postal Service for machine readability. The list is to be 30 names, addresses, etc. (10 per column) per page (MS WORD Avery Standard 5160).

This comment has been addressed as requested.

Ms. Dawn Dollins

June 16, 2020

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Note, mailing labels provided reflect changes made to property ownership as documented in Technical NOD-1 response for Parts I/II, dated 1/8/2019.

We trust that our responses will assist you in the completion of your administrative review. If you have any questions or need additional information, please do not hesitate to contact Ryan Kuntz, P.E. at (817) 358-6117.

Sincerely,

A handwritten signature in blue ink, appearing to read 'R. Kuntz', with a stylized flourish at the end.

Ryan Kuntz, P.E.

Vice President/Project Director

SCS Engineers

TBPE Registration No. F-3407

Attachments: as described herein

cc: Mr. Charles Dowdell, City of Waco
Mr. Jeffrey Reed, Lloyd Gosselink Rochelle & Townsend, P.C.

**UPDATED PART I FORM FOR NEW PERMIT/REGISTRATION
AND AMENDMENT APPLICATIONS FOR AN MSW FACILITY**

Facility Name: City of Waco Landfill
Permittee/Registrant Name: City of Waco
MSW Authorization #:2400
Initial Submittal Date: 8/7/2018
Revision Date: 6/15/2020



Texas Commission on Environmental Quality
**Part I Form for New Permit/Registration and
Amendment Applications for an MSW Facility**

1. Reason for Submittal
<input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Notice of Deficiency (NOD) Response
2. Authorization Type
<input checked="" type="checkbox"/> Permit <input type="checkbox"/> Registration
3. Application Type
<input checked="" type="checkbox"/> New <input type="checkbox"/> Major Amendment <input type="checkbox"/> Major Amendment (Limited Scope)
4. Application Fees
<input type="checkbox"/> Pay by Check <input checked="" type="checkbox"/> Online Payment If paid online, e-Pay Confirmation Number: 582EA000311862
5. Application URL
Is the application submitted for Type I Arid Exempt (AE) and/or Type IV AE facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If the answer is "No", provide the URL address of a publicly accessible internet web site where the application and all revisions to that application will be posted. http://http://www.waco-texas.com/landfill-application-process.asp
6. Application Publishing
Party Responsible for Publishing Notice: <input type="checkbox"/> Applicant <input type="checkbox"/> Agent in Service <input checked="" type="checkbox"/> Consultant Contact Name: Ryan R. Kuntz, P.E. Title: Vice President /Project Director

7. Alternative Language Notice

Is an alternative language notice required for this application? (For determination refer to Alternative Language Checklist on the Public Notice Verification Form TCEQ-20244-Waste)

Yes No

8. Public Place Location of Application

Name of the Public Place: **Waco-McLennan County Central Library**

Physical Address: **1717 Austin Avenue**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76701**

(Area code) Telephone Number: **254.750.5941**

9. Consolidated Permit Processing

Is this submittal part of a consolidated permit processing request, in accordance with 30 TAC Chapter 33?

Yes No Not Applicable

If "Yes", state the other TCEQ program authorizations requested:

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", cross-reference the confidential documents throughout the application and submit as a separate attachment in a binder clearly marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under the Texas Solid Waste Disposal Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground Injection Control Program under the Texas Injection Well Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Pollutant Discharge Elimination System Program under the Clean Water Act and Waste Discharge Program under Texas Water Code, Chapter 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prevention of Significant Deterioration Program under the Federal Clean Air Act (FCAA). Nonattainment Program under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ocean Dumping Permits under the Marine Protection Research and Sanctuaries Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Permit or Approval	Received	Pending	Not Applicable
Dredge or Fill Permits under the CWA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licenses under the Texas Radiation Control Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. General Facility Information	
Facility Name: City of Waco Landfill	
Contact Name: Charles Dowdell	Title: Director of Solid Waste
MSW Authorization No. (if available): 2400	
Regulated Entity Reference No. (if issued)*: RN110471307	
Physical or Street Address (if available): 4730 T K Parkway	
City: Axtell County: McLennan & Limestone State: TX Zip Code: 76624	
(Area Code) Telephone Number: (254) 750-1601	
Latitude (Degrees, Minutes Seconds): N 31° 42' 05.31"	
Longitude (Degrees, Minutes Seconds): W 96° 55' 52.07"	
Benchmark Elevation (above mean sea level): ft.	
Provide a description of the location of the facility with respect to known or easily identifiable landmarks: approximately 0.4 mile south of the intersection of TK Parkway and State Highway 31 in McLennan County	
Detail access routes from the nearest United States or state highway to the facility: approximately 0.4 mile south of the intersection of TK Parkway and State Highway 31 in McLennan County	
*If this number has not been issued for the facility, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Facility as the Regulated Entity.	

13. Facility Type(s)		
<input checked="" type="checkbox"/> Type I	<input type="checkbox"/> Type IV	<input type="checkbox"/> Type V
<input type="checkbox"/> Type I AE	<input type="checkbox"/> Type IV AE	<input type="checkbox"/> Type VI

14. Activities Conducted at the Facility		
<input type="checkbox"/> Storage	<input type="checkbox"/> Processing	<input checked="" type="checkbox"/> Disposal

15. Facility Waste Management Unit(s)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Landfill Unit(s) | <input type="checkbox"/> Incinerator(s) |
| <input type="checkbox"/> Class 1 Landfill Unit(s) | <input type="checkbox"/> Autoclave(s) |
| <input type="checkbox"/> Process Tank(s) | <input type="checkbox"/> Refrigeration Unit(s) |
| <input type="checkbox"/> Storage Tank(s) | <input type="checkbox"/> Mobile Processing Unit(s) |
| <input type="checkbox"/> Tipping Floor | <input type="checkbox"/> Type VI Demonstration Unit |
| <input type="checkbox"/> Storage Area | <input type="checkbox"/> Compost Pile(s) and/or Vessel(s) |
| <input type="checkbox"/> Container(s) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Roll-off Boxes | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Other (Specify) |

16. Description of Proposed Facility or Changes to Existing Facility

Provide a brief description of the proposed activities if application is for a new facility, or the proposed changes to an existing facility or permit conditions if the application is for an amendment.

Proposed Type I Municipal Solid Waste Landfill located on 502.5 acres of land in McLennan and Limestone Counties, designed in accordance with Title 30, Texas Administrative Code, Chapter 330. The primary purpose of this landfill is to serve as a replacement for the current City of Waco landfill (MSW Permit No. 948A). The landfill will provide disposal capacity for residences, businesses, and industries primarily in the communities of McLennan and Limestone Counties and other nearby counties. The landfill will provide disposal of household waste, yard waste, commercial waste, Class 2/3 non-hazardous industrial wastes, C/D waste, and special wastes authorized by TCEQ. Includes submittal of Parts III and IV of the permit application.

17. Facility Contact Information

Site Operator (Permittee/Registrant) Name: City of Waco

Customer Reference No. (if issued)*: **CN600131940**

Contact Name: **Charles Dowdell**

Title: **Director of Solid**

Waste

Mailing Address: **501 Schroeder Drive**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76710**

(Area Code) Telephone Number: **(254) 750-1601**

Email Address: **charlesd@wacotx.gov**

TX Secretary of State (SOS) Filing Number:

*If the Site Operator (Permittee/Registrant) does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Site Operator (Permittee/Registrant) as the Customer.

Operator Name¹: same as Permittee

Customer Reference No. (if issued)*:

Contact Name: Title:

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address:

TX SOS Filing Number:

¹If the Operator is the same as Site Operator/Permittee type "Same as "Site Operator (Permittee/Registrant)".
*If the Operator does not have this number, complete a TCEQ Core Data Form (TCEQ-10400) and submit it with this application. List the Operator as the customer.

Consultant Name (if applicable): SCS Engineers, TBPE Registration No. F-3407

Texas Board of Professional Engineers Firm Registration Number:

Contact Name: **Ryan R. Kuntz, P.E.** Title: **Vice Pres., Pr. Director**

Mailing Address: **1901 Central Drive, Suite 550**

City: **Bedford** County: **Tarrant** State: **TX** Zip Code: **76021**

(Area Code) Telephone Number: **817.358.6117**

E-Mail Address: **rkuntz@scsengineers.com**

Agent in Service Name (required only for out-of-state):

Mailing Address:

City: County: State: Zip Code:

(Area Code) Telephone Number:

E-Mail Address:

18. Facility Supervisor's License

Select the Type of License that the Solid Waste Facility Supervisor, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, will obtain prior to commencing facility operations.

Class A Class B

19. Ownership Status of the Facility

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> City Government | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> County Government | <input type="checkbox"/> Military |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> State Government | <input type="checkbox"/> Other (Specify): |

Does the Site Operator (Permittee/Registrant) own all the facility units and all the facility property?

Yes No

If "No", provide the information requested below for any additional ownership.

Owner Name:

Street or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

Email Address (optional):

20. Other Governmental Entities Information

Texas Department of Transportation District: Waco

District Engineer's Name: **Stanley Swiatek, P.E.**

Street Address or P.O. Box: **100 S. Loop Drive**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76704-2858**

(Area Code) Telephone Number: **(254) 867-2700**

E-Mail Address (optional):

The Local Governmental Authority Responsible for Road Maintenance (if applicable): N.A.

Contact Person's Name:

Street Address or P.O. Box:

City: County: State: Zip Code:

(Area Code) Telephone Number:

E-Mail Address (optional):

City Mayor Information

City Mayor's Name: **Kyle Deaver**

Office Address: **300 Austin Ave**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76702**

(Area Code) Telephone Number: **(254) 750-5750**

E-Mail Address (optional): **kyle.deaver@wcotx.gov**

City Health Authority: Waco-McLennan County Public Health District

Contact Person's Name: **Dr. Brenda Gray, Director**

Street Address or P.O. Box: **225 W. Waco Drive**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76707**

(Area Code) Telephone Number: **(254) 750-5450**

E-Mail Address (optional):

County Judge Information

County Judge's Name: **Scott M. Felton**
Street Address or P.O. Box: **501 Washington Ave, Room 214**
City: **Waco** County: **McLennan** State: **TX** Zip Code: **76701**
(Area Code) Telephone Number: **(254) 757-5049**
E-Mail Address (optional):

County Health Authority: Waco-McLennan County Public Health District

Contact Person's Name: **E. Farley Verner, M.D.**
Street Address or P.O. Box: **7030 New Sanger Road, Suite 202**
City: **Waco** County: **McLennan** State: **TX** Zip Code: **76712**
(Area Code) Telephone Number: **(254) 855-9790**
E-Mail Address (optional): **farleyverner@gmail.com**

State Representative Information

District Number: **12**
State Representative's Name: **Kyle Kacal**
District Office Address: **3000 Briarcrest Dr., Ste 203**
City: **Bryan** County: **Brazos** State: **TX** Zip Code: **77802**
(Area Code) Telephone Number: **979-774-7276**
E-Mail Address (optional):

State Senator Information

District Number: **22**
State Senator's Name: **The Honorable Brian Birdwell**
District Office Address: **900 Austin Ave, Suite 500**
City: **Waco** County: **McLennan** State: **TX** Zip Code: **76701**
(Area Code) Telephone Number: **(254) 772-6225**
E-Mail Address (optional):

Council of Government (COG) Name: Heart of Texas

COG Representative's Name: **Falen Bohannon**
COG Representative's Title: **Solid Waste Program Manager**
Street Address or P.O. Box: **1514 S. New Road**
City: **Waco** County: **McLennan** State: **TX** Zip Code: **76711**
(Area Code) Telephone Number: **(254)292-1800**
E-Mail Address (optional): **Falen.Bohannon@hotmail.com**

County Judge Information

County Judge's Name: **Limestone County Judge: Honorable Richard Duncan**

Street Address or P.O. Box: **200 W. State ST., Ste 101**

City: **Groesbeck** County: **Limestone** State: **TX** Zip Code: **76642**

(Area Code) Telephone Number: **254-729-3810**

E-Mail Address (optional):

County Health Authority: Limestone Medical Center

Contact Person's Name: **Dr. Jeffrey Rettig**

Street Address or P.O. Box: **204 W. Trinity Street**

City: **Groesbeck** County: **Limestone** State: **TX** Zip Code: **76642**

(Area Code) Telephone Number: **254-729-3740**

E-Mail Address (optional):

State Representative Information

District Number: **12**

State Representative's Name: **Kyle Kacal**

District Office Address: **3000 Briarcrest Dr., Ste 203**

City: **Bryan** County: **Brazos** State: **TX** Zip Code: **77802**

(Area Code) Telephone Number: **979-774-7276**

E-Mail Address (optional):

State Senator Information

District Number: **5**

State Senator's Name: **Charles Schwertner**

District Office Address: **3000 Briarcrest Drive, Suite 202**

City: **Bryan** County: **Brazos** State: **TX** Zip Code: **77802**

(Area Code) Telephone Number: **979-776-0222**

E-Mail Address (optional):

Council of Government (COG) Name: Heart of Texas

COG Representative's Name: **Falen Bohannon**

COG Representative's Title: **Solid Waste Program Manager**

Street Address or P.O. Box: **1514 S. New Road**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76711**

(Area Code) Telephone Number: **(254)292-1800**

E-Mail Address (optional): **Falen.Bohannon@hot.cog.tx.us**

River Basin Authority Name: Brazos River Authority

Contact Person's Name: **Phil Ford**

Watershed Sub-Basin Name:

Street Address or P.O. Box: **4600 Cobbs Drive**

City: **Waco** County: **McLennan** State: **TX** Zip Code: **76710**

(Area Code) Telephone Number: **(888) 922-6272**

E-Mail Address (optional):

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

U.S. Army Corps of Engineers

The facility is located in the following District of the U.S. Army Corps of Engineers:

Albuquerque, NM Galveston, TX
 Ft. Worth, TX Tulsa, OK

Local Government Jurisdiction

Within City Limits of:

Within Extraterritorial Jurisdiction of:

Is the facility located in an area in which the governing body of the municipality or county has prohibited the storage, processing or disposal of municipal or industrial solid waste?

Yes No

(If "Yes", provide a copy of the ordinance or order as an attachment):

Signature Page

I, Wiley Stem III, _____, City Manager,
(Site Operator (Permittee/Registrant)'s Authorized Signatory) (Title)

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: [Handwritten Signature] Date: 6-16-20

gr

TO BE COMPLETED BY THE OPERATOR IF THE APPLICATION IS SIGNED BY AN AUTHORIZED REPRESENTATIVE FOR THE OPERATOR

I, _____, hereby designate _____
(Print or Type Operator Name) (Print or Type Representative Name)

as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and/or appear for me at any hearing or before the Texas Commission on Environmental Quality in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. I further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application.

Printed or Typed Name of Operator or Principal Executive Officer

Signature

SUBSCRIBED AND SWORN to before me by the said Wiley Stem III

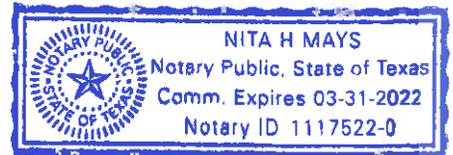
On this 16th day of June, 2020

My commission expires on the 31st day of March, 2022

Nita H Mays

Notary Public in and for
McKernan County, Texas

(Note: Application Must Bear Signature & Seal of Notary Public)



Part I Attachments

(See Instructions for P.E. seal requirements.)

Required Attachments	Attachment No.
Supplementary Technical Report	X
Property Legal Description	X
Property Metes and Bounds Description	X
Facility Legal Description	X
Facility Metes and Bounds Description	X
Metes and Bounds Drawings	X
On-Site Easements Drawing	X
Land Ownership Map	X
Land Ownership List	X
Electronic List or Mailing Labels	X
Texas Department of Transportation (TxDOT) County Map	X
General Location Map	X
General Topographic Map	X
Verification of Legal Status	X
Property Owner Affidavit	X
Evidence of Competency	X
Additional Attachments as Applicable- Select all those apply and add as necessary	
<input checked="" type="checkbox"/> TCEQ Core Data Form(s)	X
<input checked="" type="checkbox"/> Signatory Authority Delegation	X
<input checked="" type="checkbox"/> Fee Payment Receipt	X
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input type="checkbox"/> Final Plat Record of Property	
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	

**WACO-MCLENNAN COUNTY PUBLIC HEALTH DISTRICT
CERTIFICATE OF APPOINTMENT AND OATH OF OFFICE**



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

Commissioners Court for _____ County

Governing Body for the Municipality of _____

Director, _____ Health Department

Director, Waco, McLennan County Public Health District

I, Sherry Williams, acting in my capacity as:

(Check the appropriate designation below)

County Judge or Designee

Mayor or Designee

Non-physician and the Local Health Department Director

Non-physician and the Public Health District Director

do hereby certify the physician, E. Farley Verner, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

Health Authority

Health Authority Designee

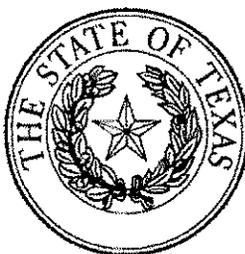
for the jurisdiction of McLennan County, Texas.

Date term of office begins January 1, 2018

Date term of office ends December 31, 2020 unless removed by law.

I certify to the above information on this the 25th day of January, 2018.

Sherry Williams
Signature of Appointing Official



OATH OF OFFICE For Health Authorities in the State of Texas

I, F. Farley VERNON MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

F. Farley Vernon MD
Affiant

7030 New Sanger Rd STE 202, Waco TX
Mailing Address ZIP 76712

254-855-9790
(Area Code) Phone Number (day and evening)

farleyvernon@gmail.com
Email Address

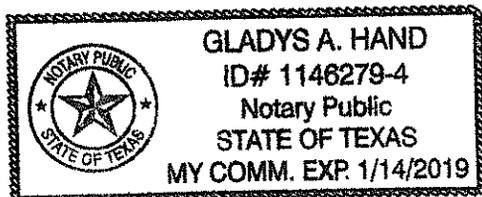
SWORN TO and subscribed before me this 23rd day of January, 2018.

Gladys A. Hand
Signature of Person Administering Oath

Gladys A. Hand
Printed Name

Notary
Title

(Seal)



LANDOWNERS AND MINERAL INTEREST OWNERS MAILING LABELS

City of Waco
300 Austin Avenue
Waco, TX 76702

Baugh Connally E
4396 TK Pkwy
Axtell, TX 76624

Dunlap Billie J
536 St Hwy 31
Mt. Calm, TX 76673

Griffin Kids Collectables
201 N 38th St
Waco, TX 76710

Dunlap Joe W & Cynthia
211 State Hwy 31
Mt. Calm, TX 76673

Reed David L
3444 TK Pkwy
Axtell, TX 76624

Trayler James F
796 LCR 114
Waco, TX 76705

Jameson Mary Jo Grubbs Trustee et al
1910 Channing Park Dr
Arlington TX 76013

Lee Mike Rex et al
3096 Happy Swaner Ln
Axtell, TX 76624

Coggin Mary Ruth
532 LCR 112
Axtell, TX 76624

Swaner Fred Lee Jr
4351 TK Pkwy
Axtell, TX 76624

Tant Horn
609 Norma
Waco, TX 76705

Swaner Troy Don
3132 Lovers Ln
Dallas, TX 75225

Paul Barenkamp
8233 Purdue
Tyler, TX 75701

Foster Jayme L
4418 TK Pkwy
Axtell, TX 76624

Jim B. Horn
Rt. 1, Box 60
Axtell, TX 76624