



Local Emergency Planning Committee Membership Update Form

State Emergency Response Commission
c/o TDEM Operations Section
1033 La Posada Dr
Austin, TX 78752
(512) 424-2208
E-Mail: soc@tdem.texas.gov



BOX A	
<i>Box A must be filled in <u>and signed</u> by the County Judge or an appointed EMC before returning form(s) to the SERC)</i>	
Legal Name of LEPC: Lavaca County LEPC	
County/Counties: Lavaca	Is this your entire LEPC membership listing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
County Judge's First Name: Mark	Last Name: Myers
County Judge's Approval (signature required):	Date: 11/07/2022

LEPC Membership Categories

(In accordance with Public Law 99-499, Section 301(c))

Note: Information may be released to the public under the Texas Open Records Act. Use your work address and phone number.

Community Group	CG	Health	HE	Information Coordinator	IC
Emergency Management	EM	Hospital	HO	Print/Broadcast Media	PBM
Emergency Medical Service	EMS	Law Enforcement	LE	State/Local Official	SLO
Facility Owners/Operators	FO	Local Environmental Group	LEG	Transportation Personnel	TP
Firefighters	FF	Health	HE	Other	OTH

Box 1: Chairperson Update Information		
Salutation: Mr.	First Name: Mark	Last Name: Herchek
Job Title: Fire Chief / EMC		[Redacted]
Organization/Agency: Yoakum Fire Department / Yoakum EMS		LEPC Membership Category: CP
[Redacted]		
City: Yoakum	State: TX	Zip Code: 77995

Box 2: Vice Chairperson Update Information		
Salutation: Mr.	First Name: Egon	Last Name: Barthels
Job Title: Emergency Management Coordinator		[Redacted]
Organization/Agency: Lavaca County Office of Emergency Management		LEPC Membership Category: CV
[Redacted]		
City: Hallettsville	State: TX	Zip Code: 77964

Please provide a point-of-contact in the event there are questions about the information contained on these forms. Thank you.

[Redacted]

LEPC Member Updates

Reproduce this page if necessary.

Box A and Box 1 on first page must be completed when submitting member updates.

Salutation: MRS.	First Name: SUSAN	Last Name: KUTZER
Job Title: EMERGENCY ROOM MANAGER	[REDACTED]	
Organization/Agency: YOAKUM COMMUNITY HOSPITAL	LEPC Membership Category: HO	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: MR.	First Name: JASON	Last Name: SMITH
Job Title: REFRIGERATION/MAINTENANCE SUPERINT	[REDACTED]	
Organization/Agency: EDDY FOODS	LEPC Membership Category: FO	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: MR	First Name: DARRYLL	Last Name: LANGHOFF
Job Title: PLANT MANAGER	[REDACTED]	
Organization/Agency: ENETERPRISE - YOAKUM	LEPC Membership Category: FO	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: MRS	First Name: THERESA	Last Name: BOWE
Job Title: CITY CLERK / YOAKUM PIO	[REDACTED]	
Organization/Agency: CITY OF YOAKUM	LEPC Membership Category: SLO	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: MR	First Name: MICHAEL	Last Name: BENNETT
Job Title: PUBLIC WORKS DIRECTOR	[REDACTED]	
Organization/Agency: CITY OF YOAKUM	LEPC Membership Category: OTH	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: MR	First Name: ANTHONY	Last Name: VALDEZ
Job Title: ENVIROMENTAL HEALTH/SAFETY	[REDACTED]	
Organization/Agency: EDDY FOOD	LEPC Membership Category: FO	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		

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Salutation: MR	First Name: DARRELL	Last Name: SLATTER
Job Title: LEAD SAFETY	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: ENTERPRISE PRODUCTS	LEPC Membership Category: FO	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MR	First Name: MICAH	Last Name: HARMON
Job Title: LAVACA COUNTY SHERIFF	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: LAVACA COUNTY SHERIFFS OFFICE	LEPC Membership Category: LE	
Did this person replace a previous member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name: TIMOTHY PAWLIK
Salutation: MR	First Name: MICHAEL	Last Name: PIERMAN
Job Title: LIEUTENANT	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: YOAKUM POLICE DEPARTMENT	LEPC Membership Category: LE	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MR	First Name: KARL	Last Name: VAN SLOOTEN
Job Title: POLICE CHIEF	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: YOAKUM POLICE DEPARTMENT	LEPC Membership Category: LE	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MR	First Name: NICHOLAS	Last Name: KRESTA
Job Title: EMS DIRECTOR / ASST FIRE CHIEF	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: CITY OF YOAKUM FIRE EMS	LEPC Membership Category: EMS	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MRS	First Name: LORREN	Last Name: CASON
Job Title: DIRECTOR PT, RT, EMERGENCY PREPAR	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: YOAKUM COMMUNITY HOSPITAL	LEPC Membership Category: HO	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:

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Salutation: MR	First Name: CARKIS	Last Name: BRIONES
Job Title: CORP VP / HUMAN RESOURCES	[REDACTED]	
[REDACTED]	Is this person a new member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Organization/Agency: EDDY PACKING COMPANY INC (EDDY FOODS)	LEPC Membership Category: FO	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MRS	First Name: LINDA	Last Name: HYBNER
Job Title: EHS & HR Coordinator	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: Spoetzl Brewery	LEPC Membership Category: FO	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous member's name:
Salutation: MRS	First Name: LAUREN	Last Name: WERNER
Job Title: PUBLIC HEALTH NURSE	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: DSHS PHR 8	LEPC Membership Category: HE	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MRS	First Name: RACHEL	Last Name: WARNS
Job Title: PUBLIC HEALTH PLANNER	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: TX DSHS PHR 8	LEPC Membership Category: HE	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MR	First Name: TIM	Last Name: DECKER
Job Title: LAVACA EMS ASST CHIEF	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: LAVACA COUNTY EMS	LEPC Membership Category: EMS	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:
Salutation: MR	First Name: MICHAEL	Last Name: FURRH
Job Title: CHIEF	[REDACTED]	
[REDACTED]	Is this person a new member?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Organization/Agency: LAVACA COUNTY EMS	LEPC Membership Category: EMS	
Did this person replace a previous member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous member's name:

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Salutation: MRS	First Name: SHEILA	Last Name: JANSKY
Job Title: COMMUNITY HEALTH WORKER	[REDACTED]	
[REDACTED]	Is this person a new member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: DSHS PHR 8	LEPC Membership Category: HE	
Did this person replace a previous member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous member's name:

