

Texas Commission on Environmental Quality Part I Application Form for New Permit, Permit Amendment, or Registration for a Municipal Solid Waste Facility

Application Tracking Information

Facility Name:	
Permittee or Registrant Name:	
MSW Authorization Number:	_
Initial Submission Date:	
Revision Date:	

Instructions for completing this Part I Application Form are provided in <u>TCEQ 00650-instr</u>¹. Include a <u>Core Data Form (TCEQ 10400)</u>² with the application for the facility owner, and another Core Data Form for the operator if different from the owner. If you have questions, contact the Municipal Solid Waste Permits Section by email to <u>mswper@tceq.texas.gov</u>, or by phone at 512-239-2335.

Application Data

1. Submission Type	
Initial Submission	Notice of Deficiency (NOD) Response

2. Authorization Type	
🗌 Permit	Registration

3. Application Type	
🗌 New Permit	
Permit Major Amendment	Permit Limited Scope Major Amendment
New Registration	

¹ <u>www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf</u>

² www.tceq.texas.gov/goto/coredata

4. Application Fee

Amount

\$2,050—New Landfill Permits, and Landfill Permit Major Amendments Described in 30 TAC <u>305.62(j)(1)</u>

□ \$150—Other Permits, Landfill Limited Scope Major Amendments, Permit Amendments for Storage and Processing Facilities, and Registrations

Payment Method

Check

Online through ePay portal <u>www3.tceq.texas.gov/epay/</u>

If paid online, enter ePay Trace Number: _____

5.	Application URL
publ	applications other than those for arid exempt landfills, provide the URL address of a icly accessible internet web site where the application and all revisions to the ication will be posted.

6. Party Responsible	for Publishing Notice		
Indicate who will be responsible for publishing notice:			
Applicant	Agent in Service	Consultant	
Contact Name:			
Title:			
Email Address:			

7. Alternative Language Notice
Use the Alternative Language Checklist on Public Notice Verification Form TCEQ-20244- Waste-NORI, TCEQ-20244-Waste-NAPD, or TCEQ-20244-Waste-NAORPM available at <u>www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html</u> to determine if an alternative language notice is required.
Is an alternative language notice required for this application?
□ Yes □ No
Indicate the alternative language:

8. Public Place for Copy of <i>I</i>

Name of the Public Place: _____

Physical Address:

City: _____ County: _____ State: <u>TX</u> Zip Code: _____

Phone Number:

9. **Consolidated Permit Processing**

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

No Yes

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

10. Confidential Documents

Does the application contain confidential documents?

Yes □ No

If "Yes", reference the confidential documents in the application, but submit the confidential documents as an attachment in a separate binder marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Mark the following table to indicate status of other permits or approvals.

Table 1. Permits and Construction Approvals.

Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under Texas Solid Waste Disposal Act			
Underground Injection Control Program under Texas Injection Well Act			
National Pollutant Discharge Elimination System Program under Clean Water Act; Waste Discharge Program under Texas Water Code, Chapter 26			
Prevention of Significant Deterioration Program under Federal Clean Air Act (FCAA); Nonattainment Program under the FCAA			
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA			

Permit or Approval	Received	Pending	Not Applicable
Ocean Dumping Permits under Marine Protection Research and Sanctuaries Act			
Dredge or Fill Permits under Clean Water Act			
Licenses under the Texas Radiation Control Act			
Other (describe):			
Other (describe):			

12. Facility General Information	on
Facility Name:	
Contact Name:	Title:
MSW Authorization Number (if existing	ıg):
Regulated Entity Reference Number:	RN
Physical or Street Address (if availab	e):
City: Cou	nty: State: <u>TX</u> Zip Code:
Phone Number:	-
Latitude (Degrees, Minutes Seconds)	:
Longitude (Degrees, Minutes Second	s):
Benchmark Elevation (above mean se	ea level): feet
Description of facility location with re	spect to known or easily identifiable landmarks:
Access routes from the nearest Unite	d States or state highway to the facility:
Coastal Management Program	
Is the facility within the Coastal Mana	gement Program boundary?

13. Facility Types		
🗌 Туре I	🗌 Type IV	🗌 Type V
🗌 Туре ІАЕ	🗌 Type IVAE	Type VI

14. Activit	ies Conducted at the Facility
Storage	Processing Disposal

15. Facility Waste Management Units			
Check the box for each type of waste management unit proposed.			
Landfill Unit(s)	Container(s)		
Incinerator(s)	Roll-off Boxes		
Class 1 Landfill Unit(s)	Surface Impoundment		
Process Tank(s)	Autoclave(s)		
Storage Tank(s)	Refrigeration Unit(s)		
Tipping Floor	Mobile Processing Unit(s)		
Storage Area	Compost Pile(s) or Vessel(s)		
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.

17. Facility Contact Information

-				
Site Operator (Permitt	ee or Registrant)			
Name:				
Customer Reference Num	ber: CN			
Contact Name:		Title:		
Mailing Address:				
City:	County:		State:	_ Zip Code:
Phone Number:				
Email Address:				
Texas Secretary of State	(SOS) Filing Number: _			
Operator (if different f	rom Site Operator)			
Name:				
Customer Reference Num				
Contact Name:		Title:		
Mailing Address:				
City:				Zip Code:
Phone Number:				
Email Address:				
Texas Secretary of State	(SOS) Filing Number: _			
Consultant (if applicab	le)			
Firm Name:				
Consultant Name:				
Texas Board of Profession				
Contact Name:		Title:		
Mailing Address:				
City:				_ Zip Code:
Phone Number:				
Email Address:				
Agent in Service (requ	ired for out-of-state a	applicants)		
Name:				
Mailing Address:				
City:				Zip Code:
Phone Number:				
Email Address:				

18. Facility Supervisor License

Indicate the level of Municipal Solid Waste Facility Supervisor license, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, Subchapter F that the individual who supervises or manages the operations will obtain prior to commencing operations.

Class A Supervisor License Class B Supervisor License

19. Ownership Status of the Facility			
Business Type			
Corporation	County Government		
🗌 Individual	State Government		
Sole Proprietorship	Federal Government		
General Partnership	Other Government		
Limited Partnership	Military		
City Government	Other (specify):		
Facility Owner			
Does the Site Operator (Permittee or Registrant) own all the facility units and all the facility property?			
Yes No			
If "No", provide the following information for other owners.			
Owner Name:			
Mailing Address:			
	County: State: <u>TX</u> Zip Code:		
Phone Number:			
Email Address:			
20. Other Government I	Entities Information		

Texas Department of Transp	ortation	
District:		
District Engineer's Name:		_
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		

Local Government Authority	Responsible for Road Main	tenance (if applicable)
Government or Agency Name:		
Contact Person's Name:		
Mailing Address:		
City:	_ County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
City Mayor Information		
City Mayor's Name:		
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
City Health Authority		
Authority Name:		
Contact Person's Name:		
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
County Judge Information		
County Judge's Name:		
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
County Health Authority		
Agency Name:		
Contact Person's Name:		
Mailing Address:		
City:	_ County:	_ State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		

State Representative Inform	nation	
District Number:		
State Representative's Name:		
District Office Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
State Senator Information		
District Number:		
State Senator's Name:		
District Office Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
Council of Governments (CO	G)	
COG Name:		
COG Representative's Name:		
COG Representative's Title:		
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
River Basin Authority		
Authority Name:		
Contact Person's Name:		
Watershed Sub-Basin Name:		
Mailing Address:		
City:	County:	State: <u>TX</u> Zip Code:
Phone Number:		
Email Address:		
U.S. Army Corps of Engineer	s District	
Indicate the U.S. Army Corps o	f Engineers district in which the	e facility is located:
🗌 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

Site Operator or Authorized Signatory

I 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.

Name:	Title:
Email Address:	
Signature:	Date:

Operator or Principal Executive Officer Designation of Authorized Signatory

To be completed by the operator if the application is signed by an authorized representative for the operator.

I hereby designate	as my representative
and hereby authorize said representative to sign any application as may be requested by the Commission; and/condition of the Texas Commission on Environmental Quality is for a Texas Water Code or Texas Solid Waste Disposal Act por a methonized for the contents of this application, for oration authorized representative in support of the application, and and conditions of any permit which might be issued based up	or appear for me at any hearing n conjunction with this request ermit. I further understand that I statements given by my for compliance with the terms
Operator or Principal Executive Officer Name:	
Email Address:	-
Signature:	Date:
Notary	
SUBSCRIBED AND SWORN to before me by the said	
On this day of,	
My commission expires on the day of,	
Notary Public in and for	
County, Texas	
Note: Application Must Bear Signature & Seal of Notary Pub	lic

Part I Attachments

Refer to instruction document 00650-instr for professional engineer seal requirements.

Required Attachments	Attachment Number
Supplementary Technical Report	
Property Legal Description	
Property Metes and Bounds Description	
Facility Legal Description	
Facility Metes and Bounds Description	
Metes and Bounds Drawings	
On-Site Easements Drawing	
Land Ownership Map	
Landowners List	
Mailing Labels (printed and electronic)	
Texas Department of Transportation (TxDOT) County Map	
General Location Map	
General Topographic Map	
Verification of Legal Status	
Property Owner Affidavit	
Evidence of Competency	

Attachments Table 1. Required attachments.

Attachments Table 2. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
TCEQ Core Data Form(s)	
Signatory Authority Delegation	
Fee Payment Receipt	
Confidential Documents	
Waste Storage, Processing and Disposal Ordinances	
Final Plat Record of Property	

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
Certificate of Fact (Certificate of Incorporation)	
Assumed Name Certificate	
Other (describe):	
Other (describe):	
Other (describe):	