

**Notice of Intent to Apply for a  
Compost Facility Permit or Registration  
(Compost Form No. 2 and 3, Consolidated)**

Submit Original and Two Copies of All Application  
Documents, Including This Form

**Permit/Registration Application No. MSW** \_\_\_\_\_ **(for TCEQ use)**

**Applicant Information:**

Applicant Name: \_\_\_\_\_

Customer Reference Number – if known\* (\*9 digits): **CN** \_\_\_\_\_

*\* If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

**Facility Information:**

Facility Name: \_\_\_\_\_

Regulated Entity Reference Number – if known\* (\*9 digits): **RN** \_\_\_\_\_

*\* If you do not have this number, complete the regulated entity information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

**Applicant's Agent Information:**

Authorized Agent's Name: \_\_\_\_\_

Authorized Agent's Title: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Public Place Where Administratively Complete Permit Application Will Be Located:**

Identify the public place in the county (e.g., public library, county court house, city hall, etc.) including the address, where the application will be made available for review and copying by the public. (Applicants for new permits and major amendments must make a copy of the administratively complete application available at a public place in the county where the facility is, or will be, located for review and copying by the public.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owners Information:**

Name: \_\_\_\_\_

Customer Reference Number – if known\* (\*9 digits): CN \_\_\_\_\_

*\* If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.*

**Geographic Coordinates of Permanent Site Benchmark:**

Latitude: N \_\_\_\_\_

Longitude: W \_\_\_\_\_

Elevation (above sea level): \_\_\_\_\_

**Deed Information:**

County: \_\_\_\_\_

Book: \_\_\_\_\_

Volume: \_\_\_\_\_

**Easement Holders of On-Site Easements are:**

Name	Address	Contact Person	Area Code/Telephone & FAX

Name of Applicant: \_\_\_\_\_

**Local Government Jurisdiction:**

Within City Limits of: \_\_\_\_\_

Within Extraterritorial Jurisdiction (ETJ) of: \_\_\_\_\_

**The Facility is Located:**

\_\_\_\_\_ feet \_\_\_\_\_ (*direction*) of the nearest road

\_\_\_\_\_ miles \_\_\_\_\_ (*direction*) of the nearest airport/airfield; and

\_\_\_\_\_ feet/miles \_\_\_\_\_ (*direction*) of the nearest occupied structure.

**Waste Acceptance Rate, and Site Life:**

It is estimated that the site will receive an average of approximately \_\_\_\_\_ tons / cubic yards / gallons (circle one) of municipal solid waste, and have an estimated life of \_\_\_\_\_ years.

**List the nature, type and estimated quantity of waste:**

<b>Feed Stock Type</b>	<b>Quantity</b>
Mixed Municipal Solid Waste	
Municipal Sewage Sludge	
Septage	
Grease Trap	
Paper Sludge	
Positively Sorted Paper	
Positively Sorted Cardboard	
Positively Sorted Yard Trimmings	
Positively Sorted Wood	
Positively Sorted Vegetative Food Matter	
Positively Sorted Cloth	
Other Feedstock ( <i>describe</i> )	

Name of Applicant: \_\_\_\_\_

**Waste to be specifically excluded:**

30 TAC §332.4(11), Hazardous waste. All hazardous wastes, any nonhazardous industrial solid wastes not listed in subsection 30 TAC §332.4(10), and any of the materials listed in subsection 30 TAC §332.4(10) of this section which are not managed in accordance with the requirements of this chapter, shall be managed in accordance with 30 TAC Chapter 335 (relating to Industrial Solid Waste and Municipal Hazardous Waste).

**Traffic Impact:**

The primary access routes to the site are (list roads within one mile of site to be used for site access)

Initial traffic impact is estimated to be \_\_\_\_\_ vehicles/day with an estimated ultimate traffic impact of \_\_\_\_\_ vehicles/day.

**The site is located in Texas Department of Transportation District:**

TxDOT District Name and Number: \_\_\_\_\_

District Engineer's Name: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**The local governmental authority or agency responsible for road maintenance is:**

Contact Person's Name: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**Consulting Engineer:**

Responsible Engineer's Name: \_\_\_\_\_

Name of Engineering Firm: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Provide the following information for the State Senators and Representatives who represent the area in which the municipal solid waste facility is located:**

**State Representative:**

District Number: \_\_\_\_\_

State Representative's Name: \_\_\_\_\_

District Office Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**State Senator:**

District Number: \_\_\_\_\_

State Senator's Name: \_\_\_\_\_

District Office Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**Provide the following information for the appropriate regional Council of Governments (COG), River Basin Information, and U.S. Army Corps of Engineers District which represents the area that the municipal solid waste facility is to be located:**

**COG Name:**

COG Representative's Name: \_\_\_\_\_

COG Representative's Title: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**River Basin Information:**

River Authority: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Watershed Sub-Basin Name: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**U.S. Army Corps of Engineers District:**

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

**List all other permits or construction approvals:**

List all other permits or construction approvals, required, received or applied for to this or any government agency, whether local, state, or federal which pertain to this facility. Be specific, include permit numbers and other relevant identifiers. Also indicate RQD (required), APP (applied for), REC (received), or N/A (not applicable).

\_\_\_\_\_ Hazardous Waste Management program under the Texas Solid Waste Disposal Act;

\_\_\_\_\_ Underground Injection Control (UIC) program under the Texas Injection Well Act;

\_\_\_\_\_ National Pollutant Discharge Elimination System (NPDES) program under the Federal Clean Water Act (CWA) and Waste Discharge program under the Texas Water Code, Chapter 26;

\_\_\_\_\_ Prevention of Significant Deterioration (PSD) Program under the Federal Clean Air Act;

\_\_\_\_\_ Nonattainment Program under the Federal Clean Air Act;

\_\_\_\_\_ National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act;

\_\_\_\_\_ Ocean dumping permits under the Marine Protection Research and Sanctuaries Act;

\_\_\_\_\_ Dredge or fill permits under of the Federal Clean Water Act;

\_\_\_\_\_ NPDES Stormwater Pollution Control §402 Permit;

\_\_\_\_\_ U. S. Army Corps of Engineers Dredge and Fill Permit §404;

\_\_\_\_\_ TCEQ Air Quality Permit or Registration;

\_\_\_\_\_ Other environmental permits (list below).

\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Applicant's Certification:**

"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." [30 TAC §305.44(b)]

Signature of Applicant: \_\_\_\_\_

Type or Print Name and Title: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**Notary Public's Certificate:**

Subscribed and sworn to before me, by the said

\_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
\_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas

My Commission Expires \_\_\_\_\_

**Submit completed Application and a TCEQ Core Data Form (TCEQ-10400) to:**

Municipal Solid Waste Permits Section, MC 124  
Waste Permits Division  
Texas Commission on Environmental Quality  
P.O. Box 13087  
Austin, Texas 78711-3087