

County:



TCEQ Texas Commission on Environmental Quality FY 2016 MSW Annual Report for Landfills

Instructions (Please read before filling out the form)

This report form (20011a) is **only** for **MSW Landfills** (Type I, IAE, IV, IVAE, or IAE&IVAE). This form and **Instructions and Guidance** (20011-Inst) are available on the Texas Commission on Environmental Quality (TCEQ) website at www.tceq.texas.gov/goto/mswreporting.

MSW facility operators are required to submit an annual report in accordance with Title 30, Texas Administrative Code, Chapter 330, Subchapter P (relating to Fees and Reporting). **The fiscal year (FY) 2016 (September 1, 2015 through August 31, 2016) report is due to the TCEQ no later than November 10, 2016.**

Provide all data in this report that relate to the facility and its operations. If you have any questions, contact us at mswrpts@tceq.texas.gov or at (512)239-2335. Please note that individuals are entitled to request and review their personal information that the agency gathers on its forms and may request any errors in their information corrected.

Submit the report via e-mail to mswrpts@tceq.texas.gov, by fax at (512) 239-2007 or by mail to MC 124, MSW Permits Section, PO Box 13087, Austin, TX 78711-3087.

Section 1A - Facility Information

Facility Name		Site Operator/Permittee	
Facility Permit Number	Facility Type	Regulated Entity Number RN	

Section 1B - Contact Information

Contact Name		Title	
Company		Email	
Address			
City	State		Zip
Phone		Fax	

FY 2016 MSW Annual Report

Section 2 - Facility Status
Mark the status of your facility during FY 2016 (9/1/2015 to 8/31/2016). <input type="checkbox"/> Active - The facility operated this fiscal year. <input type="checkbox"/> Inactive New* - The facility is authorized, but never operated. <input type="checkbox"/> Inactive* - The facility did not operate this fiscal year. <input type="checkbox"/> Closed - Authorization to operate was cancelled or revoked. <input type="checkbox"/> Post-Closure Care *If the facility status is Inactive or Inactive New, the projected date of operation is

Section 3 - Signature	
The following affirmation must be completed and signed for your annual report to be accepted.	
<input type="checkbox"/> This facility is ACTIVE and “I affirm, as an authorized representative of the permit holder, that the information contained in this report is, to the best of my knowledge and understanding, complete and accurate.”	
<input type="checkbox"/> This facility is INACTIVE and “I affirm, as an authorized representative of the permit holder, that this facility was inactive for the entire FY 2016 and that the information contained in this report is, to the best of my knowledge and understanding, complete and accurate.”	
Printed Name	Signature
Title	Date
NOTE: If the facility did not operate during FY 2016, complete and submit only pages 1 and 2 of the form.	

FY 2016 MSW Annual Report

Section 4 - Facility Fees and Area Served											
<p>[1] Was accepted waste or feedstock material measured by weight?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>											
<p>[2] Was accepted waste or feedstock material measured by volume?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>											
<p>[3] Provide the average rate in dollar amount(s) for all applicable units of measure:</p> <table border="1"> <tbody> <tr> <td style="width: 50%;"></td> <td>Ton</td> </tr> <tr> <td></td> <td>Gallon</td> </tr> <tr> <td></td> <td>Pound</td> </tr> <tr> <td></td> <td>Compacted Cubic Yard (CY)</td> </tr> <tr> <td></td> <td>Uncompacted CY</td> </tr> </tbody> </table>			Ton		Gallon		Pound		Compacted Cubic Yard (CY)		Uncompacted CY
	Ton										
	Gallon										
	Pound										
	Compacted Cubic Yard (CY)										
	Uncompacted CY										
<p>[4] List all the Texas Counties or county codes* from which the facility accepted waste or feedstock material. If additional space is needed, include an attachment. Please include the county in which the facility is located, if applicable.</p>											
<p>[5] List all states or state codes*, other than Texas, from which the facility accepted waste or feedstock material.</p>											
<p>*County and state codes are available online at: www.tceq.texas.gov/permitting/waste_permits/waste_planning/wp_annual.html</p>											

FY 2016 MSW Annual Report

Section 5 - Diverted Materials	
<p>[1] Enter the amount, in tons, for the materials the facility received and then diverted from being disposed. If diverted materials are also treated/processed at the facility, record applicable amounts in the "Solid Waste Treatment" section (Section 6) of the report. However, do not include materials transferred via a registered Type V facility located within the landfill's permitted boundary.</p>	
Material Type	Tons
Yard Waste or Brush	
Aluminum	
Metal	
Glass	
Plastic	
Plastic Bottles	
Paper/Cardboard	
Construction/Demolition Waste	
Electronic Materials	
White Goods	
Tires	
Automotive	
Shingles	
Used Oil	
Other Materials	
TOTAL TONS	
<p>[2] Identify other material types diverted.</p>	

FY 2016 MSW Annual Report

Section 6 - Solid Waste Treatment				
[1] For each applicable method, list the amount, in tons , and by origin for wastes received and treated at the facility.				
Treatment Method	In-State	Out-of-State	Mexico	TOTAL
Incineration				
Autoclave				
Composting				
Digestion				
Other				
TOTAL TONS				
[2] Identify other solid waste treatment methods.				

FY 2016 MSW Annual Report

Section 7 - Landfill Disposal				
<p>[1] Enter the amount, in tons, and by origin for each waste type disposed at the facility. If applicable, please use the following volume to weight conversion factors:</p> <ul style="list-style-type: none"> * For medium compacted cubic yards (CCY), divide total CCY by 3 * For heavy compacted cubic yards, divide total CCY by 2.5 * For uncompacted cubic yards (UCCY), divide total UCCY by 5 				
Waste Type	In-State	Out-of-State	Mexico	TOTAL
Municipal				
Brush				
Construction/Demolition				
Litter				
Tires ¹				
Contaminated Soils				
Medical Waste				
Dead Animals / Slaughterhouse				
RACM ²				
Non-RACM				
Pesticide Containers				
CESQG ³				
Sludges				
Grease Trap				
Grit Trap				
Used Oil Filters				
Class 2 and 3 NHIW ⁴				
Septages				
Incinerator Ash				
Other				
TOTAL TONS				
<ol style="list-style-type: none"> 1. Tires – only split, quartered, or shredded tires may be disposed of in a landfill. 2. RACM – Regulated Asbestos Containing Material 3. CESQG – Municipal Solid Waste from Conditionally Exempt Small Quantity Generators 4. NHIW – Non Hazardous Industrial Waste 				
<p>[2] Identify other waste types.</p>				

FY 2016 MSW Annual Report

Section 8 - Landfill Characteristics and Management	
Provide all information applicable to the facility for this FY	
[1] Total Permitted Area	acres
[2] Non-fill Areas (areas not designated for disposal)	acres
[3] Fill Areas in Post-Closure	acres
[4] Facility's Permanent Benchmark Elevation	feet
[5] Permitted Max Elevation at Final Cover	feet
[6] Permitted Max Elevation at Deepest Excavation (A negative number indicates the elevation is below mean sea level)	feet
[7] Is an Alternative Liner used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[8] Is this facility using Alternative Daily Cover? * If "Yes", what type(s)? Select all that are currently being used. <input type="checkbox"/> Contaminated Soils <input type="checkbox"/> Tarp <input type="checkbox"/> Sludges <input type="checkbox"/> Spray On <input type="checkbox"/> Other	<input type="checkbox"/> Yes* <input type="checkbox"/> No
[9] Does this facility have a Gas Collection Control System? * If "Yes", please answer Questions [10] and/or [11].	<input type="checkbox"/> Yes* <input type="checkbox"/> No
[10] Amount of Gas Flared	ft ³
[11] Amount of Gas Vented	ft ³
[12] Indicate Method of Leachate Management	<input type="checkbox"/> N/A <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site
[13] Estimated Amount of Leachate removed and disposed offsite	gallons
[14] Does this facility conduct Groundwater Monitoring? * If "Yes", please answer questions [15] and [16].	<input type="checkbox"/> Yes* <input type="checkbox"/> No
[15] Number of Point of Compliance Wells	
[16] Number of Background Wells	
[17] Does this facility conduct Landfill Gas Monitoring? * If "Yes", please answer question [18].	<input type="checkbox"/> Yes* <input type="checkbox"/> No
[18] Number of Landfill Gas Monitoring Wells/Probes	
[19] Amount of Class 1 NHIW disposed	tons
[20] Class 1 NHIW Remaining Capacity	tons

FY 2016 MSW Annual Report

Section 9A - Landfill Capacity Assessment	
If an aerial or ground survey was conducted on or between March 1, 2016, and August 31, 2016 , please complete the following section of the report. If not, skip to “Section 9B - Landfill Remaining Capacity Estimation”.	
[1] Date of Survey	
[2] Surveyed Capacity	yds ³
[3] Assessed Capacity as of 8/31/2016	yds ³
[4] Estimated Compaction Rate	lbs/yds ³
[5] FY 2016 Remaining Capacity <ul style="list-style-type: none"> • Multiply the quantity in [3] by the quantity in [4] and divide by 2000 lbs/ton. 	tons
[6] Remaining Years at Current Performance (estimated)	years
The following information pertaining to the engineer that completed the capacity assessment is required.	
[7] Engineer’s Firm Name	
[8] Engineer’s Firm Registration Number	
[9] Engineer’s Name	
[10] Engineer’s License Number	
[11] Engineer’s Telephone Number	
[12] Engineer’s E-mail Address	

FY 2016 MSW Annual Report

Section 9B - Landfill Remaining Capacity Information	
If you did not assess capacity for your facility this FY or the landfill survey was conducted prior to March 2016, complete this section.	
[1] Total Tons Disposed (Enter the sum of the total tons from Section 7 and Class 1 NHIW disposed [Item 19] from Section 8)	tons
[2] Estimated Compaction Rate	lbs/yds ³
[3] Estimated Volume of Cover Placed <ul style="list-style-type: none"> If [3] is not recorded separately for your facility, but is accounted for in Item [4], please assume "0" for [3]. 	yds ³
[4] Total of Airspace used this FY <ul style="list-style-type: none"> Multiply [1] by 2000 lbs/ton, then divide the total by [2] and add [3] 	yds ³
[5] Last FY's Remaining Capacity	yds ³
[6] Airspace Changed by Permit Amendment this FY	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> No Change
[7] Indicate the Amount of Change, if applicable	yds ³
[8] This FY's Remaining Capacity <ul style="list-style-type: none"> If [6] is checked for "Decreased", then subtract [4] from [5], then subtract [7]. If [6] is checked for "Increased", then subtract [4] from [5], then add [7]. If [6] is checked for "No Change", then subtract [4] from [5] 	yds ³
[9] This FY's Remaining Capacity <ul style="list-style-type: none"> Multiply [2] by [8], then divide by 2000 lbs/ton. 	tons
[10] Estimated Remaining Years of Capacity at Current Performance	years

FY 2016 MSW Annual Report

Section 10 – Other Activities	
Please indicate all other TCEQ authorized activities that occurred within the boundary or are associated with the facility, and provide the authorization (permit, registration, notification, etc.) numbers.	
[1] Solidification/Dewatering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[2] Composting?	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt

If authorized, provide the Composting Facility Authorization Number.	
[3] Recycling?	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt

If authorized, provide the Recycling Facility Authorization Number.	
[4] Citizen’s Collection Station Authorization Number	
[5] Low Volume Transfer Station Authorization Number	
[6] Transfer Station Authorization Number	
[7] Grease/Grit Processor Authorization Number	
[8] Medical Waste Facility Authorization Number	
[9] Landfill Gas Recovery Beneficial Use Authorization Number	
[10] Is the authorized Landfill Gas Recovery Facility for Beneficial Use owned by the landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[11] Tire Storage/Processing	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt

If authorized, provide the Tire Storage/Processing Authorization Number.	
[12] Air Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No

If authorized, provide the Air Authorization Number.	
[13] Storm Water Authorization Number	
[14] Air Curtain Incinerator Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No