

County:



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

Instructions (Please read before filling out form)

This report form (20011b) is **only** for **MSW Processing Facilities**, including transfer station (5TS), autoclave (5AC), liquid waste processor (5GG), composting (5RC), recycling & recovery (5RR), liquid waste transfer station (5TL), waste incinerator (5WI), and medical waste processor (5MW). 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 (30 TAC), Chapter 330, Subchapter P and Chapter 326, Subchapter G. **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/Registration 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 (9/1/15 to 8/31/16). <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. *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>	
	Tons
	Gallons
	Pounds
	Compacted Cubic Yards (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 that 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" table in Section 6.</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.				

Section 7 – Liquid Waste Treatment				
[1] List the amount, in tons , and by origin for each waste type received and treated at the facility.				
<p>Composting facilities should not report incoming feedstock in this section. Please include the total amount of liquid and solid feedstock received and used in the “Composting” row of the “Solid Waste Treatment” table in Section 6.</p> <p>If applicable, please use the conversion factors referenced in 30 TAC, Chapter 330, Subchapter P, §330.675(a)(2) and Chapter 326, Subchapter G, §326.89(a)(5).</p>				
Waste Type	In-State	Out-of-State	Mexico	TOTAL
Sludge				
Grease				
Grit				
Septage				
Class 1 NHIW ¹				
Class 2 NHIW				
Other				
TOTAL TONS				
[2] Identify “Other” liquid waste types treated.				

1. NHIW (Non Hazardous Industrial Waste)

FY 2016 MSW Annual Report

Section 8 – Solid Waste Transfers

[1] List the amount, **in tons**, and by origin for each waste type **accepted** and **transferred** to another facility for disposal.

For treated waste reported in the “Solid Waste Treatment” table in Section 6, enter the amount (after treatment) for each waste type transferred from your facility to another facility in the applicable “Treated Waste” field below.

If applicable, please use the conversion factors referenced in 30 TAC, Chapter 330, Subchapter P, §330.675(a)(2) and Chapter 326, Subchapter G, §326.89(a)(5).

Waste Type	In-State	Out-of-State	TOTAL
Municipal			
NHIW			
Brush			
Construction/Demolition			
Special Waste			
Treated Waste			
Other			
TOTAL TONS			

[2] Identify “Other” solid waste types transferred.

FY 2016 MSW Annual Report

Section 9 – Liquid Waste Transfers

[1] List the amount, **in tons**, and by origin for each waste type **accepted** and **transferred** to a liquid processing or disposal facility.

For treated waste reported in the “Liquid Waste Treatment” table in Section 7, enter the amount (after treatment) for each waste type transferred from your facility to another facility in the applicable “Treated Waste” field below.

If applicable, please use the conversion factors referenced in 30 TAC, Chapter 330, Subchapter P, §330.675(a)(2) and Chapter 326, Subchapter G, §326.89(a)(5).

Waste Type	In-State	Out-of-State	TOTAL
Sludge			
Grease			
Grit			
Septage			
Class 1 NHIW			
Class 2 NHIW			
Treated Waste			
Other			
TOTAL TONS			

[2] Identify “Other” liquid waste types transferred.

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] Is the facility located at a permitted Wastewater Treatment Plant?	<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] Tire Storage/Processing	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt
If authorized, provide the Tire Storage/Processing Authorization Number.	
[10] Air Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No
If authorized, provide the Air Authorization Number.	
[11] Storm Water Authorization Number	
[12] Air Curtain Incinerator Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No