

County:

Texas Commission on Environmental Quality

FY 2011 MSW Annual Report for Landfills

Instructions: This form (TCEQ-20011a) is for **Landfills** (Type I, IAE, IV, IVAE or IAE & IVAE) **only**. This report form and forms for Processing Facilities (TCEQ-20011b) and Facilities Recovering Landfill Gas for Beneficial Use (20011c) as well as detailed **Instructions and Guidance** (TCEQ-20011-Inst) are available on the Texas Commission on Environmental Quality (TCEQ) website at http://www.tceq.texas.gov/permitting/waste_permits/waste_planning/wp_annual.html or can be obtained by contacting the TCEQ at (512)239-2626.

A report is required to be submitted for an MSW facility with an issued permit or registration, regardless of the facility's physical status (active, inactive, or post-closure care). The report is due into the agency **December 30, 2011**.

Fill in all fields that relate to this facility and its operations. If you have any questions on how to fill out this form or about the Municipal Solid Waste (MSW) Annual Reporting requirements, contact us at (512)239-2626. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.

Section 1 – General Information *(Required)*

Facility Information

Facility Permit Number _____
Facility Name: _____
Facility Type: _____
Regulated Entity Number (RN): _____
Site Operator/Permittee: _____

Contact Information

Contact Name: _____
Title: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail Address: _____

Section 2 – Facility Status *(Required)*

Mark the status of your facility during FY 2011 (9/1/10 to 8/31/11)

- Active – The facility operated this FY.
- Inactive New *– The facility is authorized, but never operated.
- Inactive *– The facility did not operate this FY.
- Closed – Authorization to operate was cancelled or revoked.
- Post-Closure Care.

*If facility status is Inactive or Inactive New, the projected date of operation is:

Section 3 – Signature *(Required)*

The following affirmation must be completed for your annual report to be accepted.

- 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.”
- This facility is INACTIVE and “I affirm, as an authorized representative of the permit holder, that this facility was inactive for the entire Fy2011 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 has not accepted any waste during FY 2011 and none of the values reported in other sections of the form have changed from the prior year (such as permitted acreage, method of leachate management, etc.), complete pages 1 & 2 and submit the form to the TCEQ. If facility characteristics have changed, please complete the applicable questions and submit the additional pages with pages 1 & 2.

Section 4 – Facility Fees and Areas Served

[1] Does this facility use scales for incoming waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[2] Does this facility use vehicular volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[3] What was the average rate charged for incoming waste? Enter dollar amount(s) for all applicable measuring systems listed below: Ton: _____ Gallon: _____ Pound: _____ Compacted Cubic Yards (CY): _____ Uncompacted CY: _____		
[4] Did you accept waste from any county other than the county (ies) in which your facility is located? If “Yes”, how many counties, including the county in which your facility is located? _____ List the counties or county codes:* _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[5] Did you accept waste from any state other than Texas? If “Yes”, how many? _____ List states or state codes*: _____ _____ _____ Note: If waste was accepted from out of state or Mexico, list amounts treated in Section 6 and amounts disposed in Section 7, in the applicable fields.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*County and state codes are available by calling 512/239-2626 or online at: www.tceq.texas.gov/permitting/waste_permits/waste_planning/wp_annual.html.

Section 5 – Diversion

[1] List the amount, **in tons**, for the following materials diverted from the landfill (i.e., recycled, reused, recovered). Do not include materials transferred via a registered Type V facility located within the landfill’s permitted boundary.

Yard Waste or Brush	tons
Metal	tons
Glass	tons
Plastic	tons
Construction/Demolition Waste	tons
Paper	tons
Electronic Materials	tons
White Goods	tons
Tires	tons
Other Wastes	tons

[2] Identify other material types diverted:

Section 6 – Solid Waste Treatment

[1] For each applicable method, list the amount, **in tons**, for wastes **received** and **treated** at the facility.

If applicable, please use conversion factors referenced in Title 30 Texas Administrative Code, Chapter 330, Subchapter P, Section 330.675(a)(2).

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 – Landfill Disposal

[1] Enter the amount, **in tons**, for each waste type disposed at your facility.

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 ²				
Pesticide Containers				
CESQG ³				
Sludge				
Grease Trap				
Grit Trap				
Used Oil Filters				
Class 2 and 3 NHIW ⁴				
Septage				
Incinerator Ash				
Other				
TOTAL TONS				

1. Tires - only split, quartered, or shredded tires may be disposed of in a landfill.
2. RACM (Regulated Asbestos Containing Material)
3. CESQG (Municipal Hazardous Waste from Conditionally Exempt Small Quantity Generator)
4. NHIW (Non Hazardous Industrial Waste)

[2] Identify “Other” waste types :

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:	acres	
[3]	Fill Areas in Post-Closure:	acres	
[4]	Facility Elevation (above MSL) at Ground Level:	ft	
[5]	Permitted Maximum Elevation (above MSL) above Ground Level:	ft	
[6]	Permitted Maximum Elevation (above MSL) below Ground Level:	ft	
[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 Soil <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 (GCCS)? 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:	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 questions [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	

Section 9A – Landfill Capacity Assessment

If an aerial survey was conducted in March 2011 or later, complete the following section of the report. If not, skip to "Section 9B – Landfill Remaining Capacity Estimation".

[1] Surveyed Capacity	yd ³	Survey Date (mm/dd/yyyy):	
[2] Assessed Capacity as of 8/31/11:	yd ³		
[3] Estimated Compaction Rate:	lbs/yd ³		
[4] FY2011 Remaining Capacity • Multiply the quantity in [2] by the quantity in [3] and divide by 2000 lbs/ton	tons		
[5] Remaining Years at Current Performance (estimated)	years		

The following information pertaining to the engineer that completed the surveyed capacity assessment is required.

[6] Engineer's Firm Name:			
[7] Engineer's Firm Registration Number:			
[8] Engineer's Name:			
[9] Engineer's License Number			
[10] Engineer's Telephone #:		[11] Engineer's E-mail:	

Section 9B – Landfill Remaining Capacity Estimation

If you did not assess capacity for your facility this FY or the landfill survey was conducted prior to March 2011, complete this Section 9B.

<p>[1] Total Tons Disposed:</p>	<p>tons</p>
<p>[2] Estimated Compaction Rate:</p>	<p>lbs/yd³</p>
<p>[3] Estimated Volume of Cover Placed:</p> <p>Note - If [3] is not recorded separately for your facility, but is accounted for in Item [4], please assume "0" for [3].</p>	<p>yd³</p>
<p>[4] Total of Airspace used this FY:</p> <ul style="list-style-type: none"> • Multiply [1] by 2,000 lbs/ton, then divide the total by [2] and add [3] 	<p>yd³</p>
<p>[5] Last FY's Remaining Capacity:</p>	<p>yd³</p>
<p>[6] Indicate, if permitted airspace changed:</p>	<p><input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> No Change</p>
<p>[7] Indicate the Amount of Change, if applicable:</p>	<p>yd³</p>
<p>[8] This FY's Remaining Capacity:</p> <ul style="list-style-type: none"> •If [6] is checked for "No Change", subtract [4] from [5] •If [6] is checked for "Increase", subtract [4] from [5], then add [7] •If, [6] is checked for "Decrease" subtract [4] from [5], then subtract [7] 	<p>yd³</p>
<p>[9] This FY's Remaining Capacity:</p> <ul style="list-style-type: none"> • Multiply [2] by [8], then divide by 2,000 lbs/ton 	<p>tons</p>
<p>[10] Remaining Years at Current Performance (estimated)</p>	<p>years</p>

Section 10 – Other Activities

Please indicate all other TCEQ authorized activities that occurred within the facility boundary or are associated with the facility, and provide the authorization (permit, registration, notification, etc.) numbers.

[11]	Solidification/Dewatering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[12]	Composting: If authorized, provide the Composting Facility Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
[13]	Recycling: If authorized, provide the Recycling Facility Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
[14]	Citizens' Collection Station Authorization No.:		
[15]	Low Volume Transfer Station Authorization No.:		
[16]	Transfer Station Authorization No.:		
[17]	Grease/Grit Processor Authorization No.:		
[18]	Medical Waste Facility Authorization No.:		
[19]	Landfill Gas Recovery Facility for Beneficial Use Authorization No.:		
[20]	Is the authorized Landfill Gas Recovery Facility for Beneficial Use owned by the landfill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[21]	Tire Storage/Processing: If authorized, provide the Tire Storage/Processing Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
[22]	Air Authorization? If authorized, provide the Air Authorization No.: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
[23]	Storm Water Authorization No.:		
[24]	Air Curtain Incinerator Authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No