

# PERMIT/REGISTRATION APPLICATION FORM FOR AN ENCLOSED STRUCTURE OVER A CLOSED MUNICIPAL SOLID WASTE LANDFILL (CMSWLF - PART A APPLICATION FORM)

PERMIT/REGISTRATION APPLICATION NO. MSW-C<sub>(P or R)</sub> \_\_\_\_\_ (for TCEQ use only).

<b>REQUESTING (CHECK ONE):</b>	<b>NEW PERMIT</b>		<b>REGISTRATION OF EXISTING STRUCTURE</b>	
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**Facility Information:**

Facility Name:	
Regulated Entity Reference Number - if known* (9 digits)	<b>RN</b>

\* 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 Information:**

Applicant Name:	
Customer Reference Number - if known* (9 digits)	<b>CN</b>

\* 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.

<b>Applicant's Agent</b>				
(Authorized Agent's Name)				
(Authorized Agent's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

<b>Elevation (above msl)</b>	
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**Property Owner** [pursuant to 30 TAC §330.957(f)]:

(Name of Property Owner of Record)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**Deed Information:**

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(County) (Book) (Volume) (Page)

**Consulting Engineer:**

(Responsible Engineer's Name & P.E. Registration N <sup>o</sup> )				
(Name of Engineering Firm)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**Consulting Engineer Who Performed Soils Test: [pursuant to 30 TAC §330.953(c)]**

(Responsible Engineer's Name & P.E. Registration N <sup>o</sup> )				
(Name of Engineering Firm)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**Within Extraterritorial Jurisdiction of City of:** \_\_\_\_\_

**County Judge: [pursuant to 30 TAC §330.953(d)(3)]**

County				
(County Judge's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**County Engineer:** [pursuant to 30 TAC §330.953(d)(3)]

(County Engineer's Name & P.E. Registration N <sup>o</sup> )				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**City/County Health Department:** [pursuant to 30 TAC §330.953(d)(3)]

(Agency Name:)				
(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**Local Floodplain Administrator With Jurisdiction Over The Site:** [pursuant to 30 TAC §330.953(d)(3)]

(Jurisdiction or District Name)				
(Floodplain Administrator's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**City Mayor:** [pursuant to 30 TAC §330.953(d)(3)]

City of :				
(Mayor's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**Fire Chief, Fire Marshal or Fire Inspector** [pursuant to 30 TAC §330.953(d)(3)]:

(Fire Chief/Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**Director of Public Works:** [pursuant to 30 TAC §330.953(d)(3)]

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**Director of Utilities:** [pursuant to 30 TAC §330.953(d)(3)]

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**Director of Planning:** [pursuant to 30 TAC §330.953(d)(3)]

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**Building Inspector** [pursuant to 30 TAC §330.953(d)(3)]:

(Contact Person's Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**List All Other Local Government Officials With The Authority To Disapprove The Application For Development.** [pursuant to 30 TAC §330.953(d)(3)] *Also, please provide address and phone number.*


**State Senator and Representative who represent the area in which the site is located.**

**State Representative**

District Number:				
State Representative's Name:				
(District Office Address)				
(City)(County) (State)(Zip)			TX	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**State Senator**

District Number:				
State Senator's Name:				
(District Office Address)				
(City)(County) (State)(Zip)			TX	
(Area Code) (Phone #)				
(Area Code) (FAX #)				

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

**Provide the following information for the appropriate regional Council of Governments (COG) and River Basin Information which represents the area where the Municipal Solid Waste facility is located.**

<b>COG Name:</b>	[pursuant to 30 TAC §330.953(d)(4)]			
(COG Representative's Name)				
(COG Representative's Title)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			<b>TX</b>	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

**River Basin Information:** [pursuant to 30 TAC §305.45(d)(7)]

(River Authority)				
(Contact Person's Name)				
(Watershed Sub-Basin Name)				
(Street or P. O. Box)				
(City)(County) (State)(Zip)			<b>TX</b>	
(Area Code)(Phone #)				
(Area Code)(FAX #)				

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

**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 identifiers. [pursuant to 30 TAC §305.45(a)(7)]**

RQD = Required  
 APP = Applied For

REC = Received  
 N/A = Not Applicable

	Zoning Approval
	Preliminary Subdivision Plan Approval
	Final Plat Approval
	Fire Inspector's Approval
	Building Inspector's Approval of Plans
	Water Service Tap Approval
	Wastewaste Service Tap Approval
	On-site Wastewater Disposal System Approval
	Other Environmental Permits (provide list):

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**FOR REGISTRATIONS PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Information Required	Date	Pursuant to TCEQ Rule
Date Enclosed Structure was Built		30 TAC §330.954(c)(1)
Date Owner Determined that an Enclosed Structure Overlies a CMSWLF		30 TAC §330.954(c)(3)

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

**FOR PERMITS PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION:**

**Location of Application for Public Viewing [pursuant to 30 TAC §330.954(a)(6)]**

<b>Name of Public Building</b>			
Physical Address of Public Building			
(City)(County) (State)(Zip)			TX
Mailing Address of Public Building			
(City)(County) (State)(Zip)			TX
Normal Operating Hours and Days Open			
<b>The facilities where the public hearing will be held and where the permit can be viewed shall be in compliance with all applicable requirements of the Americans With Disabilities Act.</b>			

**Location of Public Hearing [pursuant to 30 TAC §330.954(a)(6)]**

<b>Name of Building</b>			
Physical Address of Public Building			
(City)(County) (State)(Zip)			TX
Mailing Address of Public Building			
(City)(County) (State)(Zip)			TX
Building Contact Person's Name			
(Area Code)(Phone #)			
(Area Code)(FAX #)			
<b>The facilities where the public hearing will be held and where the permit can be viewed shall be in compliance with all applicable requirements of the Americans With Disabilities Act</b>			

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

**Adjacent Landowners List** [pursuant to 30 TAC §330.954(a)(6)]

Name:	Mailing Address : (city, state, zip code)

**Easement Holders of On-Site Easements are:** [pursuant to 30 TAC §330.956(g)(5)(E)]

Name:	Mailing Address: (City, state, zip code)

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)				
(Area Code)(Phone #)				
(Area Code)(FAX #)				
DATE				

**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 \_\_\_\_\_

[NOTARY SEAL]

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

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
Waste Permits Division  
MC 124 / Municipal Solid Waste Permits Section  
P.O. Box 13087  
Austin, Texas 78711-3087**