



# Texas Commission on Environmental Quality

## FY 2018 MSW Annual Report for Processing Facilities

### Instructions (please read before filling out form)

This report form (TCEQ-20011b) is only for municipal solid waste (MSW) Processing Facilities, including transfer station (5TS), autoclave (5AC), liquid waste processor (5GG), composting (5RC), recycling and recovery (5RR), liquid waste transfer station (5TL), waste incinerator (5WI), medical waste processor (5MW), and medical waste transfer station (5MWTS). This form and Instructions and Guidance (TCEQ-20011-Inst) are available on the TCEQ website at <[www.tceq.texas.gov/goto/mswreporting](http://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 report for fiscal year 2018 (FY 2018, September 1, 2017, through August 31, 2018) is due to the TCEQ no later than November 10, 2018.**

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](mailto: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](mailto: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

County:

Facility Name:

Facility Permit Number:

Facility Type:

Site Operator/Permittee:

### Section 1B – Contact Information

Contact Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

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**Section 2 – Facility Status**

Mark the status of your facility during FY 2018 (9/1/2017 to 8/31/2018).

- Active – Facility operated this fiscal year.
- Inactive New – Facility authorized, but never operated. Projected date of operation: \_\_\_\_\_
- Inactive – Facility did not operate this fiscal year. Projected date of operation: \_\_\_\_\_
- Closed – Facility closed. Post-Closure Care not required.
- Post-Closure Care

**Section 3 – Signature**

The following affirmation must be completed and **signed** 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 FY 2018 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:

**If the facility did not operate during FY 2018, complete and submit only Sections 1A, 1B, 2, and 3 of this form.**

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**Section 4 – Facility Fees and Area Served**

**[1]** Was accepted waste or feedstock material measured by weight?  Yes  No

**[2]** Was accepted waste or feedstock material measured by volume?  Yes  No

**[3]** Provide the average rate in **dollar** amount(s) for all applicable units of measure:

	Ton
	Gallon
	Pound
	Compacted Cubic Yard (CY)
	Uncompacted CY

**[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. A list of county and state codes is available online at <[www.tceq.texas.gov/goto/msw-annrept](http://www.tceq.texas.gov/goto/msw-annrept)>.

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**[5]** List all states or state codes, other than Texas, from which the facility accepted waste or feedstock material. A list of county and state codes is available online at <[www.tceq.texas.gov/goto/msw-annrept](http://www.tceq.texas.gov/goto/msw-annrept)>.

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**Section 5 – Diverted Materials**

**[1]** In Table 5-1, enter the amount, **in tons**, of the materials that the facility **received** and then **diverted** from being disposed. If diverted materials are also treated or processed at the facility, record applicable amounts in Table 6-1 (Treated Solid Wastes) in Section 6.

Material Type	Tons Diverted
Yard Waste and Brush	
Aluminum	
Metal	
Glass	
Plastic	
Plastic Bottles	
Paper and Cardboard	
Construction or Demolition Waste	
Electronic Equipment	
White Goods	
Tires	
Automotive	
Shingles	
Used Oil	
Other Materials (identify in item 2 of this section)	
<b>Total Tons of Diverted Materials</b>	

**[2]** Identify other material types diverted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 6 – Solid Waste Treatment**

**[1]** In Table 6-1, for each applicable treatment method, list the amount **in tons** and by origin for wastes **received** and **treated** at the facility.

**Table 6-1. Treated Solid Wastes.**

Treatment Method	In-State	Out-of-State	Mexico	Total
Incineration				
Autoclave				
Composting				
Digestion				
Chemical Disinfection				
Chipping/Grinding Clean Wood Material for Mulch Purposes Only				
Other (identify in item 2 of this section)				
<b>Total Tons of Treated Solid Wastes</b>				

**[2]** Identify "Other" solid waste treatment methods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 7 – Liquid Waste Treatment**

**[1]** In Table 7-1, list the amount, **in tons**, and by origin for each liquid waste type **received** and **treated** at the facility.

**Composting facilities** should not report incoming feedstock in this section, but instead include the total amount of liquid and solid feedstock received and used for composting in the “Composting” row of Table 6-1 (in Section 6, Solid Waste Treatment).

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).

**Table 7-1. Liquid Waste Treatment.**

Waste Type	In-State	Out-of-State	Mexico	Total
Sludge				
Grease				
Grit				
Septage				
Class 1 Nonhazardous Industrial Waste (NHIW)				
Class 2 NHIW				
Other (identify in item 2 of this section)				
<b>Total Tons of Treated Liquid Wastes</b>				

**[2]** Identify “Other” liquid waste types treated:

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**Section 8 – Solid Waste Transfers**

**[1]** In Table 8-1, list the amount, **in tons**, and by origin for each waste type **accepted** and **transferred** to another facility for disposal.

For treated solid waste reported in Table 6-1 (in Section 6, Solid Waste Treatment), enter the amount *after treatment* of each waste type transferred from your facility to another facility in the "Treated Waste" row of Table 8-1.

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).

**Table 8-1. Solid Waste Transfers.**

Waste Type	In-State	Out-of-State	Total
Municipal			
NHIW			
Brush			
Construction or Demolition			
Special Waste			
Treated Waste			
Other (identify in item 2 of this section)			
<b>Total Tons of Solid Waste Transferred</b>			

**[2]** Identify "Other" solid waste types transferred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 9 – Liquid Waste Transfers**

**[1]** In Table 9-1, list the amount, **in tons**, and by origin for each waste type **accepted** and **transferred** to a liquid processing or disposal facility.

For treated liquid waste reported in Table 7-1 (in Section 7, Liquid Waste Treatment), enter the amount *after treatment* for each waste type transferred from your facility to another facility in the Treated Waste row of Table 9-1.

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).

**Table 9-1. Liquid Waste Transfers.**

Waste Type	In-State	Out-of-State	Total
Sludge			
Grease			
Grit			
Septage			
Class 1 NHIW			
Class 2 NHIW			
Treated Waste			
Other (identify in item 2 of this section)			
<b>Total Tons of Liquid Waste Transferred</b>			

**[2]** Identify "Other" liquid waste types transferred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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<b>Section 10 – Other Activities</b>	
<p>In this section please indicate all other TCEQ authorized activities that occurred within the facility boundary or are associated with the facility, and provide the permit, registration, notification, or other authorization numbers for those activities.</p>	
<p><b>[1]</b> Is the facility located at a permitted Wastewater Treatment Plant?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>[2]</b> Composting</p>	<p><input type="checkbox"/> Authorized    <input type="checkbox"/> Exempt</p>
<p>If authorized, provide the Composting Facility Authorization Number.</p>	
<p><b>[3]</b> Recycling</p>	<p><input type="checkbox"/> Authorized    <input type="checkbox"/> Exempt</p>
<p>If authorized, provide the Recycling Facility Authorization Number.</p>	
<p><b>[4]</b> Citizen’s Collection Station Authorization Number</p>	
<p><b>[5]</b> Low Volume Transfer Station Authorization Number</p>	
<p><b>[6]</b> Transfer Station Authorization Number</p>	
<p><b>[7]</b> Grease/Grit Processor Authorization Number</p>	
<p><b>[8]</b> Medical Waste Facility Authorization Number</p>	
<p><b>[9]</b> Tire Storage/Processing</p>	<p><input type="checkbox"/> Authorized    <input type="checkbox"/> Exempt</p>
<p>If authorized, provide the Tire Storage/Processing Authorization Number.</p>	
<p><b>[10]</b> Air Authorization</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>If authorized, provide the Air Authorization Number.</p>	
<p><b>[11]</b> Storm Water Authorization Number</p>	
<p><b>[12]</b> Air Curtain Incinerator Authorization</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>