



# Texas Commission on Environmental Quality

## FY 2018 MSW Annual Report for Facilities Recovering Landfill Gas for Beneficial Use

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

This report form (TCEQ-20011c) is only for Facilities Recovering Landfill Gas for Beneficial Use (Type IX facilities). 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)>.

Municipal solid waste (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 that relate to the facility and its operations in this report. 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 this report form by email to <[mswrpts@tceq.texas.gov](mailto:mswrpts@tceq.texas.gov)>, by fax to (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:

## FY 2018 MSW Annual Report

### Section 2 – Facility Status

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

- Active – The 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.

### 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:

### Section 4 – Beneficial Gas Recovery

Fill out the following information concerning beneficial gas recovery at this facility.

**[1]** Provide the Permit Number of the landfill from which this facility recovers gas.

**[2]** Estimated gas processed during this FY.

ft<sup>3</sup>

**[3]** Estimated gas distributed off-site during this FY.

ft<sup>3</sup>

**[4]** Power generated and sold this FY.

kWh

**[5]** Power generated and used on-site this FY.

kWh