



# Texas Commission on Environmental Quality

## Notice of Intent to Operate a Citizens' Collection Station

### Who Should Use This Form

Use this form to notify the Texas Commission on Environmental Quality (TCEQ) of your intent to operate a citizens' collection station. This notification is required by Title 30 Texas Administrative Code (30 TAC) Chapter 330, Section 330.11(e)(1).

Submit an original and a copy of this form 90 days prior to commencement of operations to Municipal Solid Waste Permits Section MC 124, TCEQ, P.O. Box 13087, Austin, TX 78711-3087; send another copy directly to the TCEQ regional office and any local pollution control agency for your area; look up regional offices at [www.tceq.texas.gov/goto/region](http://www.tceq.texas.gov/goto/region). If you have any questions about this form, contact the Municipal Solid Waste Permits Section at (512) 239-2335.

### Facility Information (must match regulated entity information on Core Data Form)

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

### Facility Owner Information (must match customer information on Core Data Form)

Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Attach a completed Core Data Form for the facility owner. The Core Data Form and instructions are available at [www.tceq.texas.gov/goto/coredata](http://www.tceq.texas.gov/goto/coredata).

### Property Owner Information

Is the property owner different from the facility owner?  Yes  No

If yes, include a separate Core Data Form for the property owner with this application.

### Applicant Contact Information

Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### General Information

Provide the expected start date for receipt of waste at the facility: \_\_\_\_\_

Provide directions to the site from the nearest U.S or state highway:

Provide as an attachment a legible city or county roadway map with the site shown and labeled.

### Waste Types

Check all waste streams that will be accepted; if wastes in addition to those listed are to be accepted, check "Other" and describe.

- Household waste                       Yard waste                       Recyclable materials  
 Brush                                       Furniture  
 Commercial waste in small quantities (for communities without regular collections)  
 Other-Describe:

### Waste Containers

Indicate types of containers that will be used at the facility:

- Reusable containers       Nonreusable containers

Indicate how containers will be handled:

- Mechanically handled       Manually handled

Indicate the number of waste containers on site: \_\_\_\_\_

Total capacity of all containers on site: \_\_\_\_\_  Cubic Yards     Tons     Pounds

### Facility Operations

Indicate the frequency of waste removal (if collecting putrescible waste, containers must be emptied at least once per week in accordance with 30 TAC §330.103(a)): \_\_\_\_\_

Provide the name and TCEQ municipal solid waste (MSW) authorization number for the landfill or transfer station where waste will be taken.

Facility Name: \_\_\_\_\_ MSW Number: \_\_\_\_\_

In accordance with 30 TAC §330.11(a), describe how waste will be received, stored, and removed (attach additional page to this form if more space is needed):

**Attachment Checklist**

Indicate the attachment number for each attachment.

- Core Data Form(s) Attachment \_\_\_\_\_
- Site Location Map Attachment \_\_\_\_\_
- Facility Operations (attach additional page if needed) Attachment \_\_\_\_\_

**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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Notary Public's Certification:**

Subscribed and sworn to before me, by the said \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for

\_\_\_\_\_ County, Texas.

(Note: Application Must Bear Signature & Seal of Notary Public)