

For TCEQ use only: TS \_\_\_\_\_ / \_\_\_\_\_ / INITIAL-UPDATE

Expiration Date: \_\_\_\_\_



## Application to Claim a Permit by Rule for a Stationary Compactor

For a Generator operating a Stationary Compactor that is only used to compact waste to be disposed of at a Type IV Landfill facility.

**Bold items** required for all notifications. *\* Items marked are required for all new notifications.* Please print clearly or type.

[Instructions for filling out this form.](#)

Permit by Rule TS# (required for all updates and renewals): TS \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Submission Reason:**      New              Renewal              Update

### Part A: Site Information (refers to the location for the container)

1. Regulated Entity Number: RN \_\_\_\_\_

2. **Physical Site Name:** \_\_\_\_\_

Site Address:\*

3. Street Address: \_\_\_\_\_

OR (if site does not have a street address)

4. Site description: \_\_\_\_\_

AND

5. City\*: \_\_\_\_\_

6. State\*: \_\_\_\_\_

7. Zip+4\*: \_\_\_\_\_ - \_\_\_\_\_

8. County\*: \_\_\_\_\_

### Part B: Contact Information (mailing address for the company registering)

9. First name:\* \_\_\_\_\_ 10. Last name:\* \_\_\_\_\_

11. Title:\* \_\_\_\_\_

12. Company Name:\* \_\_\_\_\_

13. Street Address:\* \_\_\_\_\_

14. City:\* \_\_\_\_\_

15. State:\* \_\_\_\_\_

16. Zip+4:\* \_\_\_\_\_ - \_\_\_\_\_

17. Telephone:\* \_\_\_\_\_

18. Fax: \_\_\_\_\_

19. Email: \_\_\_\_\_

For TCEQ use only: TS/ \_\_\_\_\_ / \_\_\_\_\_ / INITIAL-UPDATE

Expiration Date: \_\_\_\_\_

Permit by Rule TS# (required for all updates and renewals): TS \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Submission Reason:**      New      Renewal      Update

**Part C: Customer Information (for the facility registering)**

20. Customer number: CN \_\_\_\_\_

21. Owner/operator name:\* \_\_\_\_\_

(Legal name or legal business name as filed with the Secretary of State's office)

22. Type of customer:\*

Corporation

State Government

Individual

Other Government

City Government

General Partnership

County Government

Limited Partnership

Federal Government

Other: \_\_\_\_\_

Tax information (for individual ownership type, go to #26)

23. Federal Tax ID: \_\_\_\_\_

24. TX State Franchise Tax ID: \_\_\_\_\_

25. Texas Secretary of State Filing Number:\* \_\_\_\_\_

26. Number of Employees:	0-20	21-100
101-250	251-500	501 and higher

**Part D: Application Fee Information**

The application fee for a Stationary Compactor Permit by Rule claim is \$75.00, payable with the application. Indicate method of payment:

Check

Money order

Electronic payment via our EPay Online Website  
at <https://www3.tceq.texas.gov/epay/>

Are there any outstanding fees or penalties due to the TCEQ from this owner?      Yes      No

If yes, provide the amount \$ \_\_\_\_\_ and the identifying account number \_\_\_\_\_

The registration form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

For TCEQ use only: TS/ \_\_\_\_\_ / \_\_\_\_\_ / INITIAL-UPDATE

Expiration Date: \_\_\_\_\_

Permit by Rule TS# (required for all updates and renewals): TS \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Submission Reason:**      New      Renewal      Update

**Part E: Stationary Compactor Information**

27. Container Size:\* \_\_\_\_\_

28. Compaction Capability, in pounds per cubic yard:\* \_\_\_\_\_ lbs/cy

29. Contract Renewal Date, if applicable:\* \_\_\_\_\_

30. Description of waste stream to enter compactor:\*

**Part F: Municipal Solid Waste Type IV Facility Information**

31. Permit Number:\* \_\_\_\_\_

32. Facility Name:\* \_\_\_\_\_

33. Street Address:\* \_\_\_\_\_

34. City:\* \_\_\_\_\_

35. State:\* \_\_\_\_\_

36. Zip+4:\* \_\_\_\_\_ - \_\_\_\_\_

37. Contact Person:\* \_\_\_\_\_

38. Mailing Address:\* \_\_\_\_\_

39. City:\* \_\_\_\_\_

40. State:\* \_\_\_\_\_

41. Zip+4:\* \_\_\_\_\_ - \_\_\_\_\_

42. Contact Telephone:\* \_\_\_\_\_

For TCEQ use only: TS/ \_\_\_\_\_ /CO/ \_\_\_\_\_ /INITIAL-UPDATE

Permit by Rule TS# (required for all updates and renewals): TS \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Submission Reason:**        New            Renewal            Update

**Part G: Certification and Acknowledgement of Fees** (Must be included with all submissions; items marked with \* are required.)

I certify that the contents of the compactor at the location listed in Part A are free of and shall be maintained free of putrescible, hazardous, infectious, and any other waste not allowable in an MSW Type IV landfill.

Name:\* \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone:\* \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature:\* \_\_\_\_\_

**Mail completed form to:**  
Texas Commission on Environmental Quality  
Cashier's Office MC-214  
PO Box 13088  
Austin, TX 78711-3087

**Please use the following address for any submissions sent via overnight services:**

Texas Commission on Environmental Quality  
Registration and Reporting Section MC-129  
12100 Park Circle 35 Bldg D  
Austin, TX 78753

Fax **only updates or renewals that were paid online** to (512) 239-6410. Any renewals requiring payment or new registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the [instructions](#), or for information about the Stationary Compactor Permit by Rule Program, please contact us at (512) 239-6413 or [wasteval@tceq.texas.gov](mailto:wasteval@tceq.texas.gov).

Individuals are entitled to request and review their personal information the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, please contact the TCEQ Public Information Section at (512) 239-3282.