



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

Internet address: www.tceq.state.tx.us

Please check the appropriate box: **New*** **Renewal** **Update***

Permit by Rule Number: TS - _____

*A TCEQ Core Data Form (CDF), [TCEQ-10400](#), must be submitted with a new claim, and when any change occurs within the owner, operator or regulated entity information (for additional information, see the CDF [instructions](#))

Expires: _____
(Leave blank for TCEQ staff completion)

If you have questions on how to fill out this form or about the Stationary Compactor Permit by Rule program, please contact us at 512/239-6001, select Option 2.

Applicant Information (To be completed by the owner or operator. If completed by the operator, include the owner's written authorization with an original signature)

Customer Number: CN _____ (9-digit numbers) Regulated Entity Number: RN _____
(if no CN or RN has been issued, leave blank; if you are uncertain, search the TCEQ Central Registry at <http://www4.tceq.state.tx.us/crpub/>)

Applicant/Title: _____

Company Name: _____

Company Telephone: _____ () _____ Fax: _____ () _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Contact Person/Title: _____

Contact Telephone: _____ () _____ Fax: _____ () _____

Stationary Compactor Information

Container Location: _____

Contract Renewal Date, if applicable: _____ Container Size: _____ Compaction Capability, in pounds per cubic yard: _____

Description of waste stream to enter compactor: _____

Municipal Solid Waste Type IV Facility Information

Permit Number: _____

Facility Name: _____

Telephone: _____ () _____ Fax: _____ () _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Contact Person/Title: _____

Contact Telephone: _____ () _____ Fax: _____ () _____

Generator Certification

I, [name] _____, [title] _____ of [company name] _____, located at [street address] _____ in [city] _____, certify that the contents of the compactor located at the location stated herein are free of and shall be maintained free of putrescible, hazardous, infectious, and any other waste not allowable in an MSW Type IV landfill.

Generator Signature: _____

Date: _____

Application Fee Information

The application fee for a Stationary Compactor Permit By Rule claim is \$75.00, payable with the application. Please check the appropriate box.

Paid: \$_____ Payment type: check money order electronic payment via our EPay Online Web site at <https://www6.tceq.state.tx.us/epay/>
 Are there any outstanding fees or penalties due to the TCEQ from this owner? If yes, provide the amount \$_____; nature of the fee or penalty _____; and the identifying account number _____. The application form will not be processed until all delinquent fees and/or penalties owed to the TCEQ are paid.

Mailing Instructions

An incomplete application will be returned. Retain a copy of your application for your records. Mail your completed application and a check or money order, or a copy of the confirmation of an electronic payment, to the address listed below.

**Cashier's Office (MC 214)
Texas Commission on Environmental Quality
P. O. Box 13088
Austin, Texas 78711-3088**