



# Municipal Solid Waste (MSW) Facility Supervisor Licensing Application Supplement

MC 178, PO Box 13087, Austin, TX 78711-3087  
Phone: (512) 239-6133 Fax: (512) 239-6272 Website: www.tceq.texas.gov/licensing

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSN (Last 4 digits): \_\_\_\_\_

### License level the applicant is applying for:

- MSW A  MSW B  MSW A Provisional (not renewable)  MSW B Provisional (not renewable)  Upgrade from Provisional

### Type of permitted and registered MSW facility the applicant will be operating, managing, or supervising:

- |   |   |
|---|---|
| <input type="checkbox"/> Type I Landfill  | <input type="checkbox"/> Type IX energy or material recovery facility (other) |
| <input type="checkbox"/> Type IAE Landfill  | <input type="checkbox"/> Type IX landfill mining facility                     |
| <input type="checkbox"/> Type IV Landfill   | <input type="checkbox"/> Permitted compost facilities                         |
| <input type="checkbox"/> Type IVAE Landfill   | <input type="checkbox"/> Registered compost facility                          |
| <input type="checkbox"/> Type V storage and processing facility not otherwise specified | <input type="checkbox"/> Medical Waste facility                               |
| <input type="checkbox"/> Type VI demonstration facility                                 | <input type="checkbox"/> Other _____  |

Do you hold a Manager of Landfill Operations (MOLO) certification?  Yes  No

**Work Experience** (actual experience gained from participating as a principal operator, foreman, supervisor, or manager of a solid waste facility appropriate to the respective class of license or other solid waste management experience approved by the executive director)

Current Employer: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Job Title:  principal operator  foreman  supervisor  manager  other \_\_\_\_\_

Your dates of employment (MM/DD/YYYY): From: \_\_\_\_\_ To: \_\_\_\_\_

Facility's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**Job Tasks** (check all job duties performed at a permitted and registered solid waste site under your current employer)

#### Landfill Disposal:

- |   |              |
|---|--------------|
| <input type="checkbox"/> perform daily and weekly covering                  | Other: _____ |
| <input type="checkbox"/> identify medical waste                             | _____        |
| <input type="checkbox"/> maintain buffer zones and disposal area boundaries | _____        |

#### Landfill Theory and Design:

- |  |              |
|--|--------------|
| <input type="checkbox"/> identify landfill health hazards            | Other: _____ |
| <input type="checkbox"/> implement a site/operation/development plan | _____        |
| <input type="checkbox"/> make landfill operations decision           | _____        |

#### Landfill Gas Control:

- |   |              |
|---|--------------|
| <input type="checkbox"/> perform preventive maintenance on passive or active landfill gas systems | Other: _____ |
| <input type="checkbox"/> operate gas-collection device  | _____        |
| <input type="checkbox"/> collect test samples   | _____        |

#### Composting and Mulching:

- |   |              |
|---|--------------|
| <input type="checkbox"/> screen compost and mulch materials | Other: _____ |
|---|--------------|

**Composting and Mulching - Continued:**

- shred or grind materials
- pulverize and transport compost and mulch

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**MSW Disposal Processing:**

- screen MSW waste
- report hazardous waste

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

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**Medical Waste Handling:**

- approve or reject loads based on content
- route special waste/hazardous materials to proper disposal areas

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

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**Leachate Control:**

- monitor leachate
- keep leachate records
- record quantity and quality of daily leachate

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

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**Environmental Issues:**

- ensure effective use of landfill space
- ensure daily cover
- reduce discharge to ground and surface waters

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

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**Collection:**

- collect and screen household and commercial waste
- plans routes, & develop collections strategies

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

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**Recycling:**

- screen for special waste
- dispose of non-recyclable waste
- sort/separate/collect/store recyclables
- recycle electronics
- implement recycling plan

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

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**Transfer Station:**

- screen contents of collection vehicle
- unload and reload vehicle
- remove special waste and recyclables

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

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**Commercial Waste Processing:**

- screen and separate commercial waste
- route commercial waste to proper disposal area

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

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**Industrial Waste Handling:**

- screen and separate industrial waste
- route industrial waste to proper disposal area

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

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**Residential (Municipal) Waste Handling:**

- screen and separate residential waste
- route residential waste to proper disposal area

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

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**Other** (add additional pages as needed): \_\_\_\_\_

I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Tex. Admin. Code §30.33 or revocation of my license pursuant to Tex. Water Code §7.303.

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

Entering your name in the Signature box constitutes an electronic signature and is legally equivalent to your written signature.

**FOR TCEQ USE ONLY**

| MSW Facility   | Experience                             | Training   | Fees  | Education                   |
|--|--|--|---|-----------------------------|
| Type I<br>Type IAE<br>Type IV<br>Type IVAE<br>Type V | Type VI<br>Type IX<br>Compost<br>Other | MSW A:___<br>MSW B:___<br>MSW Specialized training<br>Medical Waste:___<br>Compost:___ | Amount Paid:____<br>Date Paid: ___<br>Reviewer:___<br>Military: ___ | HS/GED___<br>BS___<br>MS___ |
| Lic#:  | Issue Date:                            |  | Reviewed By:  |                             |

**PREVIOUS EMPLOYER SECTION**

*Complete this section ONLY if you have multiple employers or positions you would like us to consider.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SSN (Last 4 digits):** \_\_\_\_\_

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