

## INSTRUCTIONS FOR WORKSHEET 6: EXECUTIVE SUMMARY AND CERTIFICATE OF COMPLETENESS AND CORRECTNESS

The Waste Reduction Policy Act (WRPA) was implemented to intensify efforts to reduce pollution in the state of Texas by encouraging facilities to conduct long-range planning to prevent the generation of pollution, save money, and reduce liability and regulatory burden.

WRPA applies to:

- facilities that report on EPA's Toxic Release Inventory (TRI) Form R
- small quantity generators (SQG) of hazardous waste
- large quantity generators (LQG) of hazardous waste

WRPA requires a company to prepare a five-year Prevention Pollution (P2) Plan, to be kept on site and available for an investigator. In addition, the Executive Summary of the P2 Plan and a signed Certificate of Completeness and Correctness (C3) must be submitted to the TCEQ. For facilities that are LQG and/or TRI Form R reporters, an Annual Progress Report must be submitted to the TCEQ each year.

WRPA does not require you to utilize a certain format or submit a particular form for the P2 Plan or the Executive Summary as long as you have met all the requirements under the Texas Administrative Code Chapter 335.474. However, filling out Worksheet 6 completely, will ensure that your company provides all the required information for the Executive Summary. If your facility is a SQG and does not report on TRI Form R, Worksheet 6 can be used to fulfill the requirements for the P2 Plan, Executive Summary, and C3.

Once your facility's P2 Plan is complete, the owner of the facility should sign the C3. If a corporation owns the facility, then an officer of that corporation who has the authority to commit the corporation's resources to implement the plan should sign. By signing the certificate, the owner or officer is certifying that the P2 Plan is complete and correct and meets the requirements of the law.

TCEQ's *A Guide to Pollution Prevention Planning* (RG-409) provides additional information on the Texas Pollution Prevention Planning law and the process for developing P2 projects that will reduce waste and save money. Forms to document your P2 Plan and track progress, an example of a P2 plan, and tables outlining the minimum documentation requirements for SQG, LQG, and facilities that report on TRI Form R are all included in this guide.

Please send the Executive Summary and signed C3 to the address below:

Texas Commission on Environmental Quality  
Pollution Prevention Planning Team, MC-118  
PO Box 13087  
Austin, TX 78711-3087

Due dates are as follows:

Initial five-year P2 Plan including Executive Summary and C3: due and implemented within 90 days of submitting first TRI Form R or first Annual Waste Summary

Renewed five-year P2 Plan: due January 1 every five years

**If you have questions on how to fill out this form or about the Waste Reduction Policy Act program, please contact us at 512/239-3143.**

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

## Worksheet 6: Executive Summary and Certificate of Completeness and Correctness

Planning Cycle: \_\_\_\_\_ (1st year) to \_\_\_\_\_ (5th year, 1st year plus 4)

### EXECUTIVE SUMMARY, PART 1: FACILITY INFORMATION

Company name:	Facility name:
Mailing address:	Physical address: (if same as mailing, write "same")
City, State, Zip:	City, State, Zip:
County:	County:
WRPA contact:	E-mail:
Phone: - - Ext:	Fax: - -
TCEQ SWR ID:	Customer reference number: (Always begins with CN) CN
EPA ID:	Regulated entity number: (Always begins with RN) RN
TRI ID:	P2 Program ID (PNumber):
Primary SIC Code:	
NAICS code: (to convert SIC to NAICS, go to: <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a> )	
General description of facility:	

**EXECUTIVE SUMMARY, PART 2: FACILITY'S GENERATION AMOUNT**

List amount of all hazardous wastes generated for 20\_\_

*The data should be taken from your most recent Annual Waste Summary form (base-year data\*).*

Description of waste and TX waste code number:	Amount generated in tons:

List below all reportable TRI chemicals, CAS numbers, and the amount released or transferred for 20\_\_

*The data should be taken from your most recent TRI form R (base-year data\*)<sup>†</sup>*

TRI chemicals and CAS Number:	Amount released or transferred in tons:

Provide a prioritized list of pollutants and contaminants to be reduced during five-year period:


## EXECUTIVE SUMMARY, PART 3: P2 PROJECTS AND GOALS

Statement of facility's measurable reduction goals:

Explain the environmental and human health risks considered in determining reduction goals:

List of pollution prevention projects with an implementation schedule of each project:

Implementation schedule for future reduction goals:

Identify cases in which the implementation of source reduction or waste minimization activity may result in the release of a different pollutant or contaminant, or may shift the release to another medium.<sup>†</sup>

\* Base year is the year prior to the first year of your plan

† Not required for SQG that are non-TRI Form R reporters

**Certificate of Completeness and Correctness**

The person who signs the Certification of Completion should have the authority to commit the corporation's resources to implement the plan. This is usually the plant manager, owner of the facility, or whoever runs the facility.

This document certifies that the Pollution Prevention Plan has been completed and meets the specified requirements of the Waste Reduction Policy Act of 1991, the Solid Waste Disposal Act and 30 TAC §§335.471-335.480, and that the information provided herein is true, correct, and complete.

This certificate should not be signed by the environmental health and safety manager. Signatures from consultants or other third parties are not compliant.

This document also certifies that the person whose signature appears below has the authority to commit the corporate resources necessary to implement this plan.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print clearly)

Position (check one): ☐ Facility Owner ☐ Corporate Officer

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