

Standard Permit Certification Municipal Solid Waste Landfills and Transfer Stations Application Form and Instructions Texas Commission on Environmental Quality

General:

This Texas Commission on Environmental Quality (TCEQ) form has been created and should be used by any Municipal Solid Waste Landfill (MSWLF) or Transfer Station site, which needs to establish preconstruction authorization status and update or apply for a standard. Print or type all information.

When to use this Form:

This form has been created to offer a streamlined submittal approach to the multiple aspects of compliance with state and federal air permitting requirements. This form serves several functions and may be used for a combination of purposes:

- A. **For confirmation or establishing appropriate preconstruction authorization:** This form is intended to be used to establish existing state air preconstruction authorizations or to apply for a registration or certification to establish new state air preconstruction authorizations. The options for available mechanisms are listed on the form. If a case-by-case regular state or federal air preconstruction permit is required, applicants may not use this form, but instead should use the PI-1 General Air Permit Application form which can be found on the TCEQ website at: www.tceq.texas.gov/permitting/air/guidance/newsourcereview/nsrapp-tools.html
- B. **For confirmation of federal standards applicability and determinations:** This form is also intended to be used to establish applicability of, and compliance with, the most likely federal regulations for landfills. [NSPS 40 CFR Part 60 Federal New Source Performance Standards \(NSPS\)](#). There are two commonly applicable NSPS for Landfills. Subpart WWW ([40 CFR § 60.750-759](#)), Standard of Performance for Municipal Solid Waste Landfills, applies to landfills constructed, reconstructed, modified, physical or operational changes made to existing landfills after May 30, 1991 but before July 17, 2014. NSPS XXX ([40 CFR § 60.760-769](#)), Standards of Performance for Municipal Solid Waste Landfills, applies to landfills constructed, reconstructed, modified, physical or operational changes made to an existing landfill after July 17, 2014. Under NSPS WWW and XXX there are a number of reports that require submittal to the administrator (the TCEQ is the delegated administrator). Particularly, the GCCS design plans and AMOC require approval before proceeding.

Additional Federal Regulations, 40 CFR Part 63, Subpart AAAA (40 CFR § 63.1930-1990) may apply to a MSWLF site if it: (1) accepted waste since November 8, 1987, or has additional capacity for waste deposition, **and** (2) is a major source defined in [40 CFR § 63.2](#) (10 tons of a single HAP or 25 tons combined), or (3) is co-located with a major source, or (4) has a design capacity greater than 2.5 MMg and 2.5M³ and uncontrolled NMOC equal to or greater than 50 Mg/yr, or (5) includes a bioreactor as defined in § 63.1990, or (6) has a design capacity greater than 2.5 MMg and 2.5M³ and is not permanently closed as of January 16, 2003. This standard is commonly referred to as NESHAPS, Part 63, AAAA.

Although [NSPS WWW](#) and [XXX](#) and NESHAPS, Part 63, Subpart [AAAA](#) are current Federal Regulations that the TCEQ believes applies to applicable Municipal Solid Waste (MSW) landfills, TCEQ accepts no responsibility that it is a complete list. It is always the MSW landfill or Transfer Station owner's or operator's responsibility to determine compliance to any and all State Rules and Federal Regulations.

- C. **For Updating Contact/Company Information:** This form may be used for updating company control and contact information.
- D. **For Voiding Air Authorizations:** This form may be used to void a preconstruction permit authorization. The company must provide sufficient reasons for the agency to process this void request, such as equipment and units have been removed from a site, and that the site is now below the federally enforceable emission limits.

Other Agency Forms:

The TCEQ also requires that a Core Data Form be submitted on all incoming actions unless all of the following are met: the Regulated Entity Number (RN) and Customer Reference Numbers (CN) have been issued by the TCEQ and no core data information has changed. The Central Registry is a common record area of the TCEQ which maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred as, “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a site is moved to the Central Registry, two new identification numbers are assigned: the CN and the RN. The Core Data Form is required if site records are not yet part of the Central Registry or if core data for a site has changed. If this is the initial registration, permit, or license for a site, then the Core Data Form must be completed and submitted with the application or registration forms. If amending, modifying, or otherwise updating an existing record for a site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding Central Registry, go to the TCEQ website at, www15.tceq.texas.gov/crpub/.

Who and where to send this form once completed:

Who	Where	What
MSW Section Waste Permits Division, TCEQ	Regular, Certified, Priority Mail: Mail Code 124, P.O. Box 13087, Austin, Texas 78711-3087 or Hand Delivery, Overnight Mail: Mail Code 124, 12100 Park 35 Circle, Building F, Fifth Floor, Reception Austin, Texas 78753	One original copy of the form; attachments and the TCEQ Core Data Form
Appropriate TCEQ Regional Office	Appropriate TCEQ Regional Office addresses can be obtained using the search feature on the TCEQ website at: www.tceq.texas.gov/agency/directory/region or you can call (512) 239-1250.	One copy of the form; attachments, and the TCEQ Core Data Form
Appropriate Local Air Pollution Control Program Having Jurisdiction Over the Site	Appropriate Local Air Pollution Control Program address can be obtained using the search feature for “Local Air Pollution Control Programs” at www.tceq.texas.gov or you can call (512) 239-1250	One copy of the form; attachments and the TCEQ Core Data Form

Specific Instructions:

I. Company Identifying Information

- A. Company Name: Enter the name of the company, corporation, organization, individual, etc. applying for or holding the referenced permit.
- B. Account No.: Enter the primary TCEQ account number for the site if issued.
- C. CN: Enter the Customer Reference Number (CN) if issued. This number is issued by the TCEQ as part of the Central Registry process. If a CN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space.
- D. RN: Enter the Regulated Entity Reference Number (RN) for the site if issued. This number is issued by the TCEQ as part of the Central Registry process. If an RN has not yet been issued, leave this space blank. Do not enter permit numbers, project numbers, account numbers, etc. in this space.

II. Site Information

- A. Site/Area Name: Enter the site name, and if applicable your area name.
- B. Delivery Address: Enter the delivery address for the site/area (no post offices box numbers). Include the city, state, and ZIP code.
- C. Physical Location: If no delivery address exists, provide a description of the physical location of the site/area. (*Example: Highway 100, 2 miles west of County Road 12.*)

III. Submittal Type

Indicate the type of submittal by marking all the boxes that apply in each section and list registration number(s).

IV. Additional Attachments and Information

Attach to this form all checklists and detailed information which demonstrates how the landfill or transfer station meets the requirements for authorization(s) and compliance with state and federal regulations.

V. Responsible Official (RO) Identifying Information

Responsible Official: Select this option if this form is being used as certification.

- A. RO Name: Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the RO pursuant to [30 TAC § 122.165](#) (Last Name, First Name, MI).
- B. RO Title: Enter the title of the RO
- C. Employer Name: Enter the name of the company, firm, etc. that employs the RO.
- D. Mailing Address: Enter the RO mailing address, including city, state, and ZIP code. If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP code.

Telephone Number: Enter the RO telephone number with area code.
Fax Number: Enter the RO fax number with area code.
Email Address: Enter the electronic mail address for the RO or DAR. Leave blank if the electronic mail address is not available or electronic mail is not used.

- E. **Effective Date:** The signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO certifying to the change. A RO cannot certify information unless the RO has signature authority. The effective date of the RO change will be based on the date of submittal of initial applications and the effective date as listed on the form for other types of applications.

VI. Duly Authorized Representative (DAR) Identifying Information

- A. **DAR Name:** Place an "X" next to the appropriate conventional title (Mr./Mrs./Ms./Dr.). Enter the name of the RO or DAR pursuant to [30 TAC § 122.132\(e\)](#) and 30 [TAC § 122.165](#) (Last Name, First Name, MI).
- B. **DAR Title** Enter the title of the RO or DAR.
- C. **Employer Name:** Enter the name of the company, firm, etc. that employs the RO or DAR.
- D. **Mailing Address:** Enter the RO or DAR mailing address, including city, state, and ZIP code. If the mailing address is not within the United States, enter the territory, country, and foreign postal code, rather than the state and ZIP code.
- Telephone Number: Enter the RO or DAR telephone number with area code.
- Fax Number: Enter the RO or DAR fax number with area code.
- E-mail Address: Enter the electronic mail address for the RO or DAR. Leave blank if the electronic mail address is not available or electronic mail is not used.
- E. **Effective Date:** The signature date will be used to validate the signature authority of the DAR and must be on or after the effective date of the DAR certifying to the change. A DAR cannot certify information unless the DAR has signature authority. The effective date of the DAR change will be based on the date of submittal of initial applications and the effective date as listed on the form for other types of applications.

VII. Certification of Truth, Accuracy, and Completeness

For new delegations, this form must bear the signature of the RO and the DAR. Signature stamps can be accepted in place of an original signature. Faxes and photocopies can be accepted. The RO signature date will be used to validate the signature authority of the RO and must be on or after the effective date of the RO delegating to a specific DAR via this action. The effective date of the RO delegating to the DAR will be based on the date the initial application was submitted if the name of the RO delegating to the DAR was included in the initial application or will be based on the appointment effective date if the RO delegating to the DAR is not the original RO included in the initial application and the RO was changed via this form. The DAR signature date will be used to validate the signature authority of the DAR and must be on or after the delegation effective date of the DAR certifying the submittal. The DAR cannot certify information unless the DAR has signature authority

Enter the information for the current RO or DAR.

Certifier Name: Print or type the name of the RO or DAR.

Signature: Affix an original signature of the RO or DAR.

Signature Date: Enter the date this form was signed by the RO or DAR (MM/DD/YYYY).

Note: *The Signature Date will be used to validate the signature authority of the RO or DAR and must be on or after the effective date of the RO or DAR certifying to the change(s).*

Title: Enter the title of the RO or DAR.

Signatures on the Form: [Title 30 Texas Administrative Code § 122.132\(e\)](#) [[30 TAC § 122.132\(e\)](#)] (relating to “Application and Required Information for Initial Permit Issuance, Reopening, Renewal, or General Operating Permits”) and [30 TAC § 122.165](#) (relating to “Certification by a Responsible Official”) require that a Responsible Official (RO), or duly authorized representative (DAR), shall certify all documents submitted to the Texas Commission on Environmental Quality (TCEQ) in support of a Federal Operating Permit (FOP), or that are required by [30 TAC Chapter 122](#) or by an operating permit condition(s).

This MSW Standard Permit § 330 Subchapter U Certification form must bear the signature of the RO or DAR and a signature date in order for the certification to be valid. The signature date will be used to validate signature authority of the RO or DAR, and signature stamps can be accepted in place of an original signature. No electronic submittals can be accepted. Faxes and photocopies can be accepted in place of an original certification form; however, a follow-up submittal of the original certification form is requested. This certification does not extend to information which is designated by the TCEQ as “information for reference only.” Please refer to the TCEQ guidance document “Federal Operating Permit Application” for additional RO and DAR information.

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I. Company Identifying Information
A. Company Name:
B. Primary Account Number:
C. Customer Reference Number:
D. Regulated Entity Number:
II. Site Information
A. Site/Area Name:
B. Delivery Address:
City:
State:
ZIP Code:
C. Physical Location:
City:
State:
ZIP Code:

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III. Application and Certification Submittal Type *(Place an "X" in the appropriate boxes.)*

Preconstruction New Source Review Authorization/Certification	List Registration Number(s)
<input type="checkbox"/> Previous Standard Exemption/Permit by Rule (PBR) claims (attach detailed list of facilities, rule dates, and applicability demonstration) - <i>no changes or new authorizations</i>	
<input type="checkbox"/> PBR § 106.534 claim (attach PBR § 106.534 checklist)	
<input type="checkbox"/> PBR claims for additional units (attach detailed list of facilities, PBRs, and applicability/checklists) Previous § 116 Subchapter F, Standard Permit (SP) Registration (optional submittal).	
<input type="checkbox"/> Previous § 116 Subchapter F, Standard Permit (SP) Registration (optional submittal).	
<input type="checkbox"/> New § 330, Subchapter U , SP Initial Certification (attach checklist).	
<input type="checkbox"/> § 330 SP Amendment to Certification (attach detailed list of changes and checklist).	
<input type="checkbox"/> § 330 SP Renewal Certification (attach checklist).	

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II. Application and Certification Submittal Type *(Place an "X" in the appropriate boxes.)
(continued)*

Federal Standards and Requirements (Optional Submittals as Applicable)	
<input type="checkbox"/>	NSPS WWW Initial Design Capacity Report
<input type="checkbox"/>	NSPS WWW Amended Design Capacity Report
<input type="checkbox"/>	NSPS XXX Initial Design Capacity Report
<input type="checkbox"/>	NSPS XXX Amended Design Capacity Report

Change of Information Only	List Registration Certification and Permit Number
<input type="checkbox"/> Ownership/Name Change (attach Core Data Form)	
<input type="checkbox"/> Change of Responsible Official (RO) and /or Duly Authorized Representative (DAR) or Change of RO and/or DAR contact information only . (If so, complete only this form.)	
Voiding of Authorizations	List Registration Certification and Permit Number(s)
<input type="checkbox"/> PBR Void	
<input type="checkbox"/> § 116 SP Void	
<input type="checkbox"/> § 330 SP Void	

Justification/Reason for PBR, § 116 SP, and § 330 SP Voids (attach additional pages if needed)

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IV. Additional Attachments and Information (check all that apply)

Attachment:	Number of Checklist for Unit Type:
<input type="checkbox"/> PBR §106.534 Checklist	
<input type="checkbox"/> PBR §106._____ Checklist	
<input type="checkbox"/> SP §330 Checklist	
<input type="checkbox"/> NMOC Emissions Excel Spreadsheet	
<input type="checkbox"/> Initial Design Capacity Report	
<input type="checkbox"/> NMOC Emission Report	
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 2)	
<input type="checkbox"/> Closure Report	
<input type="checkbox"/> Annual or Semi-Annual Reports	
<input type="checkbox"/> Flare Performance Test Waiver Request	
<input type="checkbox"/> GOP Checklist	
<input type="checkbox"/> Stationary Internal Combustion Engines	
<input type="checkbox"/> Stationary Turbines	
<input type="checkbox"/> Process Heaters	
<input type="checkbox"/> Loading and Unloading Operations	
<input type="checkbox"/> Process Vents	
<input type="checkbox"/> Degreasing Units	
<input type="checkbox"/> PBR §106._____	
<input type="checkbox"/> Emission Calculations	
<input type="checkbox"/> NSPS WWW Applicability Checklist	
<input type="checkbox"/> NSPS XXX Applicability Checklist	
<input type="checkbox"/> Amended Design Capacity Report	
<input type="checkbox"/> Gas Collection and Control System Design Plan	
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 3)	

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IV. Additional Attachments and Information (check all that apply) (continued)

Attachment:	Number of Checklist for Unit Type:
<input type="checkbox"/> Control Equipment Removal Report	
<input type="checkbox"/> Initial Performance Test Report for Control System	
<input type="checkbox"/> Request Alternate Means of Control (AMOC) Gas Collection and Control System	
<input type="checkbox"/> Flares	
<input type="checkbox"/> Boiler/Steam Generation	
<input type="checkbox"/> Storage Tanks	
<input type="checkbox"/> MSWLF/Waste Disposals	
<input type="checkbox"/> Surface Coating	
<input type="checkbox"/> Oil/Water Separators	
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 4)	

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V. Responsible Official (RO) Identifying Information
A. RO Name: (Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>)
B. RO Title:
C. Employer Name:
D. Mailing Address:
City:
State:
ZIP Code:
Telephone No.:
Fax No.:
Email Address:
E. Effective Date:
VI. Duly Authorized Representative (DAR) Identifying Information
A. DAR Name: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
B. DAR Title:
C. Employer Name:
D. Mailing Address:
City:
State:
ZIP Code:
Telephone No.:
E. Effective Date:

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VII. Certification of Truth, Accuracy, and Completeness

All representations in this Certification are conditions upon which stationary sources will operate in compliance with all Texas Commission on Environmental Quality and the U.S Environmental Protection Agency regulations governing air pollution, and that this Certification further affirms that no stationary source is authorized by a New Source Review case-by-case permit under the provisions of [30 TAC § 116.110](#).

I, _____
(Name printed or typed)

certify that, based on information and belief formed after reasonable inquiry, the statements and information stated above and contained in the attached documents are true, accurate, and complete. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7, Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC §§ 7.177-7.183, which defines CRIMINAL OFFENSES for certain violations, including intentionally or knowingly making or causing to be made false material statements or representations in this application, and TWC §§ 7.187, pertaining to CRIMINAL PENALTIES. The attached GOP Checklists identify the applicable regulatory requirements for each unit or facility, and the attachment of the indicated GOP checklists to this Certification form certifies that the owner will comply with each regulatory requirement identified by the checklist.

Responsible Official (RO)

Signature:

Title:

Date:

Duly Authorized Representative (DAR)

Signature:

Title:

Date: