**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Form For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Report Submittal Address Number 1.**

| **Who** | **Where** | **What** |
| --- | --- | --- |
| **Air Permits Division, TCEQ**  **Rule Registrations Section, MSWLF Review Team** | **Regular, Certified, Priority Mail:**  **Mail Code 163, P.O. Box 13087,**  **Austin, Texas 78711-3087**  **or**  **Hand Delivery, Overnight Mail:**  **Mail Code 163, 12100 Park 35 Circle,**  **Building C, Third Floor, Reception**  **Austin, Texas 78753** | **One Original Copy of this Submittal Form; Cover Letter; and the MSWLF Report** |
| **Electronic Web Based Forms** | **[www.tceq.texas.gov/nav/permits/air\_permits](https://www.tceq.texas.gov/cgi-bin/comm_exec/forms.pl" \l "Air)** | **TCEQ website** |
| **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**](https://www.tceq.texas.gov/agency/directory/region) **or you can call (512) 239-1250** | **One Copy of this Submittal Form; Cover Letter; and the MSWLF Report** |
| **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/permitting/air/local\_programs.html**](https://www.tceq.texas.gov/permitting/air/local_programs.html) **or you can call (512)** **239-1250** | **One Copy of this Submittal Form; Cover Letter; and the MSWLF Report** |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Report Submittal Address Number 2**

| **Who** | **Where** | **What** |
| --- | --- | --- |
| Air Permits Initial Review Team,  Air Permits Division, TCEQ | Regular, Certified, Priority Mail:  Mail Code 161, P.O. Box 13087,  Austin, Texas 78711-3087  OR Hand Delivery, Overnight Mail:  Mail Code 161, 12100 Park 35 Circle,  Building C, Third Floor, Reception  Austin, Texas 78753 | One Original Copy of this Submittal Form; Cover Letter; and the MSWLF Report |
| Electronic Web Based Forms | [www.tceq.texas.gov/agency/directory/region](https://www.tceq.texas.gov/agency/directory/region) | TCEQ website |
| 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](https://www.tceq.texas.gov/agency/directory/region) or you can call (512) 239-1250 | One Copy of this Submittal Form; Cover Letter; and the MSWLF Report |
| 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/permitting/air/local\_programs.html](https://www.tceq.texas.gov/permitting/air/local_programs.html) or you can call (512) 239-1250 | One Copy of this Submittal Form; Cover Letter; and the MSWLF Report |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request Submittal Address Number 3**

| **Who** | **Where** | **What** |
| --- | --- | --- |
| Emissions Measurement Support Program, TCEQ  Regulatory Compliance Section | Regular, Certified, Priority Mail:  Mail Code 171, P.O. Box 13087,  Austin, Texas 78711-3087  OR  Hand Delivery, Overnight Mail:  Mail Code 171, 12100 Park 35 Circle,  Building A, Second Floor, Reception  Austin, Texas 78753 | One Original Copy of this Submittal Form; Cover Letter; and the MSW Flare Performance Test Waiver Request |
| Electronic Web Based Forms | [www.tceq.texas.gov/agency/directory/region](https://www.tceq.texas.gov/agency/directory/region) | TCEQ website |
| 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](https://www.tceq.texas.gov/agency/directory/region) or call  (512) 239-1250 | One Copy of this Submittal Form; Cover Letter; and the MSW Flare Performance Test Waiver Request |
| 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/permitting/air/local\_programs.html](https://www.tceq.texas.gov/permitting/air/local_programs.html) or call  (512) 239-1250 | One Copy of this Submittal Form; Cover Letter; and the MSW Flare Performance Test Waiver Request |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill (MSWLF)**

**40 CFR Part 60, Subpart XXX Reporting Submittal Form For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Design Capacity Report**

All MSWLF sites subject to Federal Regulations NSPS Subpart XXX, must submit an Initial Design Capacity report in accordance § 60.767(a) to the Administrator (delegated authority to the TCEQ). ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account No.: | |
| Customer Reference No.: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  *(Place an “X” in the appropriate boxes and fill in numbers.****)*** | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill (MSWLF)**

**40 CFR Part 60, Subpart XXX Reporting Submittal Form For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Design Capacity Report**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | | |
| --- | --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | | |
|  | | | | |
| RO or DAR Title: | | | Effective Date: | |
| Employer Name: | | | | |
| Mailing Address: | | | | |
| City: | | County: | | |
| State: | | ZIP Code: | | |
| Telephone No.: | | Fax No.: | | |
| Email Address: | | | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | | |
| Signature | | | | |
| Signature Date: | Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | | **Response** |
| Was report submitted within time required § 60.767(a)(1)? | | | | |
| No later than 90 days of the date of construction or operating permit; or | | | | YES  NO |
| Within 30 days of the date of construction or reconstruction (defined General Provisions of NSPS Subpart A) | | | | YES  NO |
| Within 30 days of the date of the initial acceptance of landfill waste. | | | | YES  NO |
| *Note: The initial Design Capacity Report will fulfill notification requirement of the date of construction is started under*§ 60.7(a)(1). | | | | |
| Does the report contain the following? | | | | |
| Map or plot of the landfill, providing size and location of the landfill. | | | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill (MSWLF)**

**40 CFR Part 60, Subpart XXX Reporting Submittal Form For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Design Capacity Report**

| **Check each line in the appropriate boxes, as applicable** | **Response** |
| --- | --- |
| Identify areas where solid waste deposited per according to the State permit. | YES  NO |
| Maximum design capacity: § 60.767(a)(2)(ii) | YES  NO |
| With copy of the permit if the State permit specifies the maximum design capacity, or | YES  NO |
| If the State permit does not specify the maximum design capacity, then the maximum design capacity must be calculated using good engineering practices. The calculations must be provided along with parameter such as depth or refuse, refuse acceptance rate, compaction practices, etc. | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Amended Design Capacity Report**

All MSWLF subject to Federal Regulations NSPS Subpart XXX Regulations are required to submit an amended design capacity report if there is an increase up to or above 2.5 million mega grams and 2.5 million cubic meters, or if there is an increase in permitted volume, or an increase in density as documented in the annual recalculation required in § 60.768(f) to the Administrator (delegated authority to the TCEQ). ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place and “X” in the appropriate boxes and fill in numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Amended Design Capacity Report**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | **Response** |
| Was Report Submitted within time frame given below? | | | |
| No later than 90 days of the date of construction or operating permit; or | | | YES  NO |
| No later than 90 days of the placement of waste in additional land; or | | | YES  NO |
| No later than 90 days of a change in operating procedures this will result in an increase in the maximum design capacity. | | | YES  NO |
| Does the report contain the following, as applicable? | | | |
| Notification of any increase in size of the landfill due to permitted increased area, of depth of the landfill; | | | YES  NO |
| A change in operating procedures; or | | | YES  NO |
| Any other conditions which would produce an increase in the maximum design capacity | | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**NMOC Emission Rate Report**

All MSW landfills subject to Federal Regulations NSPS Subpart XXX Regulations that have initial or amended design capacity greater than 2.5 million Mg or 2.5 million M3 must submit this report. Once a collection system has been installed, this report is no longer required. ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**NMOC Emission Rate Report**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | |
| Effective Date: | | |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |
| **Check each line in the appropriate boxes, as applicable** | | **Response** |
| Was the report submitted within 90 days of the date waste acceptance commenced? | | YES  NO |
| *Note: This report can be combined with the Initial Design Report required in § 60.767(a)(1). Subsequent reports are to be submitted annually unless the owner/operator elects to submit the estimated NMOC emission rate for the next five (5) years in lieu of the Annual Report under § 60.767(b)(1)(ii), if estimated emission for the previous five (5) years have been less than 34 megagrams per year(34 Mg/yr).* | | |
| Does the Annual Report include the following? | | **Response** |
| Current amount of solid-waste-in-place; | | YES  NO |
| Estimate waste acceptance rate. | | YES  NO |
| Emission estimate; | | YES  NO |
| All data and calculations, reports, and measurements upon which the estimate is based. | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Gas Collection and Control System Design Plan**

MSWLF that have NMOC emission rate greater of equal to 34 mega grams/year (34 Mg/yr) must submit a landfill Gas Collection and Control System Design Plan (GCCSDP) per § 60.767(c) unless the owner or operator elects to recalculate the NMOC emission rate after NMOC sampling and analysis, where the resulting rate is less than 34 Mg/yr. Under the provisions of § 60.762(b)(2)(i)(D) the GCCSDP must be approved by the Administrator (delegated to TCEQ). ***Submit this form to the Report Submittal Address Number 2.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | Customer Reference Number: |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Gas Collection and Control System Design Plan**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | Effective Date: |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Gas Collection and Control System Design Plan**

| **Check each line in the appropriate boxes, as applicable** | | |
| --- | --- | --- |
| Please provide the following information: | | |
| Design Capacity Report Date: | | |
| LF Capacity: | | |
| MMg: | | |
| Tier 1 Report Date: | | |
| NMOC: | | |
| Calculated: | | |
| Mg/yr: | | |
| NMOC default used: | | |
| ppmv: | | |
| Tier 2 Report Date: | | |
| NMOC: | | |
| Calculated: | | |
| Mg/yr: | | |
| NMOC default used: | | |
| ppmv: | | |
| Comments: | | |
| Was the GCCS Design plan prepared and signed by a professional engineer (P.E.) § 60.762(b)(2)(i)? | | YES  NO |
| P.E. Seal Number: | State: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Gas Collection and Control System Design Plan**

| **Check each line in the appropriate boxes, as applicable** | **Response** |
| --- | --- |
| Was the design plan submitted within one year of the first report of an emission exceeding the 50 Mg/yr standard? | YES  NO |
| Does the Design Plan include either of the following? | |
| A collection and control system conforming to the provisions of § 60.769, or | YES  NO |
| An alternate collection system design plan meeting the requirements of § 60.762(b)(2)(i); or | YES  NO |
| Alternatives to operational standards specified in § 60.762(b)(2) which states:  *The collection and control system design plan shall include any alternatives to the operational standards, test methods, procedures, compliance measures, monitoring, recordkeeping or reporting provisions of §§. 60.763 through 60.768 proposed by the owner or operator*  This provision allows the owner/operator to have procedures in their GCCSDP to deal with low gas producing wells and set standards to the removed from any further NSPS monitoring requirements until such time the well recovers, or it is determined that the well should be abandoned. | YES  NO |
| If an active collection system is planned, does it meet the following requirements in § 60.762(b)(2)(ii). | |
| Is the system designed to handle the maximum expected gas flow from the entire area of the landfill which requires control over the intended life of the equipment? | YES  NO |
| Maximum methane flow rate from EPA Land GEM model with site specific Lo, K and NMOC values. | |
| No Co-Disposal of Class I non-hazardous industrial waste | YES  NO |
| Co-Disposal of Class I non-hazardous industrial waste | YES  NO |
| Provide the Site Specific Values below: | |
| Lo: | |
| K: | |
| NMOC: | |
| Maximum Methane Flow Rate in scfm: scfm | |
| Maximum Methane Flow Rate per year: Mg/yr | |
| Methane per cent of LFG by volume: % | |
| Maximum LFG flow rate x 0.75 (%) capture efficiency: scfm | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Gas Collection and Control System Design Plan**

| **Check each line in the appropriate boxes, as applicable** | **Response** |
| --- | --- |
| Well Radius of Influence less than 300 feet? | YES  NO |
| Header Pipe Size Calculations: | YES  NO |
| Flare or Control Equipment blower match or exceeds § 60.762(c) Max LFG flow x 0.75 SCFM | YES  NO |
| Is the GCC system designed to collect gas from each area or cell in which initial solid waste was placed for a period of: 5 years or more if active; or 2 years or more if closed or at final grade? | YES  NO |
| Will gas be collected at a sufficient extraction rate? | YES  NO |
| Is it designed to minimize off-site migration of subsurface gas? | YES  NO |
| If a passive collection system is planned, does it meet the requirements of § 60.762(b)(2)(ii). | |
| Is the system designed to handle the maximum expected gas flow from the entire area of the landfill which requires control over the intended life of the equipment? | YES  NO |
| Is the system designed to collect gas from each area or cell in which initial solid waste was placed for a period of 5 years or more if active; or 2 years or more if closed or at final grade? | YES  NO |
| Will gas be collected at a sufficient extraction rate? | YES  NO |
| Does it have liners on the bottom and all sides of all areas where gas is to be collected? | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Revised NMOC Emission Rate Report (Tier 2) Submittal Form**

Landfills that have 34 Mg/year or greater of NMOC emission rate as determined by using the Tier 1 formulas and defaults must submit this report if they choose not to submit a Collection and Control System Design Plan but choose instead to use the Tier 2 procedures to recalculate the NMOC emission rate. ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Revised NMOC Emission Rate Report (Tier 2) Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | |
| Effective Date: | | |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |
| **Check each line in the appropriate boxes, as applicable** | | **Response** |
| Was the report submitted within 180 days of the first calculated exceedance of 34 Mg/yr? | | YES  NO |
| If the recalculated NMOC emission was less than 34 Mg/yr, then was annual period reporting resumed? | | YES  NO |
| If the recalculated NMOC emission rate is greater than 34 Mg/yr, did the owner/operator submit a Collection and Control System Design Plan, or recalculated the NMOC emission rate according to Tier 3 procedures? | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Revised NMOC Emission Rate Report (Tier 3) Submittal Form**

Landfills which have calculated emissions of 34 Mg/yr of NMOC or greater using the Tier 2 procedures must submit this report if they choose not to submit a Gas Collection and Control System Design Plan but choose instead to use the Tier 3 procedures to recalculated NMOC emission rate. ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Revised NMOC Emission Rate Report (Tier 3) Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: (  Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | **Response** |
| Was the report submitted within 1 year of the first calculated exceedance over 34 Mg/yr? | | | YES  NO |
| Did the report include the revised NMOC emission rate and the site-specific methane generation constant (k)? | | | YES  NO |
| If the annual emission rate is 34 Mg/yr or greater, was the report along with a Gas Collection and Control System Design Plan within 1 year of the first calculated exceedance? | | | YES  NO |
| If the facility submitted a Gas Collection and Control System Design Plan: | | | |
| Did the Plan show that the System will be to the specifications specified in § 60.769? | | | YES  NO |
| Did the Design Plan include detailed information if the system will have an alternative design? | | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Closure Report Submittal Form**

**Closed landfill must submit this report within 30 days of ceasing to accept waste as required by § 60.767(e). *Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Closure Report Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | **Response** |
| Was report submitted within 30 days of when the landfill stopped accepting MSWLF? | | | YES  NO |
| Does the Closure Report include the following? | | | |
| Date landfill last accepted waste. | | | YES  NO |
| Date Landfill closed. | | | YES  NO |
| Did the report indicate that closure is permanent? | | | YES  NO |
| *Note: If additional waste are to be place in the landfill then the owner/operator must file a modification under the provisions of § 60.75(a)(4).* | | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Control Equipment Removal Report Submittal Form**

Landfills that wish to remove their gas collection and control system must submit this report before removing or ceasing operation of their system. ***Submit this form to the Report Submittal Address Number 1.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and for Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Control Equipment Removal Report Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | **Response** |
| Was report submitted prior to removal or cessation of the operation of the control equipment? | | | YES  NO |
| Does the Control Equipment Removal Report include the following? | | | |
| A copy of the Closure Report? | | | YES  NO |
| A copy of the Initial Performance Test Report to how that the 15 year minimum control period has expired? | | | YES  NO |
| Dated copies of three successive NMOC emission rate reports which demonstrate the landfill no longer emits above 34 Mg/yr of NMOC. | | | YES  NO |
| *Note: Additional information may be requested to verify that all conditions for removal in § 60.762(b)(2)(v) have been met.* | | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Annual or Semi-Annual Reports Submittal Form**

Landfills that have installed collection and control systems must submit this Annual Report per § 60.767(g) or the Semi-Annual Report under NESHAP: MSWFL 40 CFR Part 63, Subpart AAAA, § 63.1930-1990, if applicable. ***Submit this form and a copy of the Report to the appropriate TCEQ Regional Office and the Appropriate Local*** ***Air Pollution Control Program Having Jurisdiction over the Site. Addresses can be obtained using the search feature on the TCEQ website at:*** [***www.tceq.texas.gov***](http://www.tceq.texas.gov/) ***or call (512) 239-1250.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Annual or Semi-Annual Reports Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| **Check each line in the appropriate boxes, as applicable** | | | **Response** |
| Was report submitted every 12 months beginning 6 months after submittal of the Initial Control System Performance Test as required by § 60.767(g)? | | | YES  NO |
| Does the report include the value and length of time for exceedance of the following? | | | YES  NO |
| The gauge pressure in the gas collection header, measured on a monthly basis. | | | YES  NO |
| The nitrogen or oxygen concentration in the landfill measured on a monthly basis. | | | YES  NO |
| The temperature of the landfill gas, measured on a monthly basis. | | | YES  NO |
| If an enclosed combustion device was used to comply, does the report include the following? | | | |
| The Value and length of time for exceedances of firebox temperature requirements based on continuous temperature monitoring unless the control devise is a boiler or process heater. | | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Annual or Semi-Annual Reports Submittal Form**

| **Check each line in the appropriate boxes, as applicable** | **Response** |
| --- | --- |
| Duration of periods control devise was by-passed? | YES  NO |
| Duration of the control device is not operating for periods exceeding 1 hour. | YES  NO |
| All periods when the gas collection system was not operating in excess of 5 days. | YES  NO |
| Locations, dates, and concentration of methane (CH4) exceeding 500 ppm for current and previous months. | YES  NO |
| Date and location of each well or collection system expansion. | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Performance Test Report for Control System Submittal Form**

Landfills that are required to install a landfill gas collection and control systems must submit a Control System Initial Performance Test Report Control System per § 60.767(h). ***Submit this form and a copy of the Report to the appropriate TCEQ Regional Office and the Appropriate Local*** ***Air Pollution Control Program Having Jurisdiction over the Site. Addresses can be obtained using the search feature on the TCEQ website at:*** [***www.tceq.texas.gov***](http://www.tceq.texas.gov/) ***or call (512) 239-1250***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Performance Test Report for Control System Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
| RO or DAR Title: | Effective Date: | |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |
| **Check each line in the appropriate boxes, as applicable** | | **Response** |
| Was the following information submitted with the Initial Control System Performance Test Report required under § 60.8 within 180 days of the emission control system start-up? | | YES  NO |
| Does the report include the following information? | | |
| A copy of the Closure Report? | | YES  NO |
| A diagram of the collection system showing extraction well spacing, including the locations of any areas excluded from Collection, and proposed sites for future addition of wells | | YES  NO |
| The data upon which the density of wells, or other extraction devices, and the gas mover equipment sizing are based. | | YES  NO |
| Documentation of the presence of asbestos or non-degradable material for each area of the landfill collection wells have been excluded. | | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Initial Performance Test Report for Control System Submittal Form**

| **Check each line in the appropriate boxes, as applicable** | **Response** |
| --- | --- |
| The calculated gas generation flow rates for each area where the collection wells have been excluded based on the presence of nonproductive material. | YES  NO |
| Provisions for increasing gas mover equipment capacity with increased gas generation flow rate, if the present gas mover equipment is inadequate to move the maximum flow rate expected over the life of the landfill. | YES  NO |
| The provisions for the control of off-site migration. | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Flare Performance Test Waiver Request Form**

**Background Information**

NSPS § 60.8(a)(4) provides the Administrator (TCEQ) with authority to waive a performance test required under NSPS Subpart A. Landfills that are subject NSPS part 60, Subpart XXX, which requires the installation of a Gas Collection and Control System have the option of using a Flare for a control device under § 60.762(b)(2)(iii)(A). That Flare must meet the requirements of § 60.18, and as such must be Performance Tested under § 60.8. However, under § 60.8(a)(4), the Administrator has the authority to completely waive the flare performance testing if the Administrator is satisfied that the facility complies with the standard. ***To apply for a waiver, submit the following information, with this form to the Report Submittal Address Number 3.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Flare Performance Test Waiver Request Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | Effective Date: |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |
| **Submit the following documentation along with this form and the cover letter.** | | |
| Cover letter Requesting Flare performance Testing Waiver under § 60.8(a)(4) | | |
| Landfill Gas BTU Analysis | | |
| Landfill Gas Measured Flow Rate | | |
| Method 22 Observation Documentation | | |
| Flare Manufacturer’s Design and Operating Parameters | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Means of Control (AMOC) for Gas Collection and Control System Submittal Form**

Under the provisions of § 60.766(d) the AMOC must be approved by the Administrator (delegated to TCEQ).

The AMOC for the landfill GCCS must address at least, but not limited to, the issues listed below. Check off each item below that is enclosed with the AMOC GCCS Design Plan, and included a detailed explanation for each missing item, or the AMOC request will not be reviewed, all documents will be returned, and the request will be voided. ***Submit this form and attachments to the Report Submittal Address Number 2.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Means of Control (AMOC) for Gas Collection and Control System Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | | |
| --- | --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | | |
|  | | | |
| RO or DAR Title: | | Effective Date: | |
| Employer Name: | | | |
| Mailing Address: | | | |
| City: | County: | | |
| State: | ZIP Code: | | |
| Telephone No.: | Fax No.: | | |
| Email Address: | | | |
| To the best of my knowledge and belief, the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | | |
| Signature | | | |
| Signature Date: | | | |
| Title: | | | |
| Answer the following questions before submitting this form and enclose back-up documentation to support the AMOC GCCS Design Plan. Include a detailed explanation for each missing items, or the AMOC request will not be reviewed, all documents will be returned, and the request will be voided. | | | |
| Was the AMOC GCC Design Plan prepared by a Professional Engineer (P.E.) § 60.762(B)(2)(i)? | | | YES  NO |
| P.E. Seal Number: | | | |
| State: | | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Means of Control (AMOC) for Gas Collection and Control System Submittal Form**

| Answer the following questions before submitting this form and enclose back-up documentation to support the AMOC GCCS Design Plan. Include a detailed explanation for each missing items, or the AMOC request will not be reviewed, all documents will be returned, and the request will be voided. | |
| --- | --- |
| **Check each line in the appropriate boxes, as applicable** | **Response** |
| Are the extraction devices at a sufficient density throughout all gas producing areas? | YES  NO |
| Are the collection devices within the interior and along the perimeter areas certified by a professional engineer to achieve comprehensive control of surface gas emissions? | YES  NO |
| Does the design plan address landfill gas migration issues? | YES  NO |
| Are landfill gas extraction components be constructed of polyvinyl chloride (PVC), high density polyethylene (HDPE) pipe, fiberglass, stainless steel, or other nonporous corrosion resistant material of suitable dimensions? | YES  NO |
| Does the collection system extend as necessary to comply with emission and migration standards | YES  NO |
| Will collection devices such as wells and horizontal collectors be perforated to allow gas entry without head loss sufficient to impair performance across the intended extent of control? | YES  NO |
| Does the plan address issues to prevent excessive air infiltration into the system? | YES  NO |
| Will vertical wells be placed so as not to endanger underlying liners and to address the occurrence of water within the landfill? | YES  NO |
| Will holes and trenches constructed for piped wells and horizontal collectors be of sufficient cross-section so as to allow for their proper construction and completion including, for example, centering of pipes and placement of gravel backfill? | YES  NO |
| Will collection devices be designed so as not to allow indirect short circuiting of air into the cover, or refuse into the collection system or gas into the air? | YES  NO |
| Is the gas flow data available on which the AMOC design is based? | YES  NO |
| Is the gas mover equipment sized to handle the maximum gas generation flow rate expected over the intended use period? | YES  NO |
| Does the plan have a landfill gas collection well Radius of Influence determination methodology? | YES  NO |
| Does the plan have Radius of Influence (ROI) plot of the landfill? | YES  NO |
| Does the plan have header and pipe size calculations? | YES  NO |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Means of Control (AMOC) for Gas Collection and Control System Submittal Form**

| Answer the following questions before submitting this form and enclose back-up documentation to support the AMOC GCCS Design Plan. Include a detailed explanation for each missing items, or the AMOC request will not be reviewed, all documents will be returned, and the request will be voided. |
| --- |
| Describe the operation of the control device. |
|  |
|  |
| Describe the operating parameters of the control device. |
|  |
|  |
| What operating parameters indicate that the control device is operating to design specifications of the device? |
|  |
|  |
| Describe the monitoring parameters, procedures, and corrective action plan and procedures for the control device. |
|  |
|  |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Timeline for Correcting Exceedance under § 60.765(a)(3) Submittal Form**

This is a request for an alternate timeline, when monitored well pressure, temperature, nitrogen, or oxygen concentration exceedances cannot be corrected in the allotted 120 days under § 60.765. Please attach to the form below a detailed explanation of your proposed alternate timeline, with a plan of action and delivery dates for approval by the Administrator (delegated to TCEQ) ***Submit this form and attachments to the Report Submittal Address Number 2.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type**  (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Timeline for Correcting Exceedance under § 60.765(a)(3) Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | Effective Date: |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Remedy for Correcting Exceedance under § 60.765(c)(4)(v) Submittal Form**

This is a request for an alternate remedy and installation timeline, in lieu of installing a new well or other collection device, if the exceedance cannot be corrected within 120 days of the initial exceedance. Please attach to the form below a detailed explanation of your proposal for approval by the Administrator (delegated to TCEQ). ***Submit this form and attachments to the Report Submittal Address Number 3.***

| **Company Identifying Information** | |
| --- | --- |
| Company Name: | |
| Primary Account Number: | |
| Customer Reference Number: | |
| Regulated Entity Number: | |
| **Site Information** | |
| Site/Area Name: | |
| Delivery Address: | |
| City: | County: |
| State: | ZIP Code: |
| Physical Location: | |
| Nearest City: | County: |
| State: | ZIP Code: |
| **Application and Certification Submittal Type** (*Place an “X” in the appropriate boxes and fill in the numbers.)* | |
| MSWLF Permit Number: | |
| Air Permit Number(s): | |
| MSWLF GOP Number: | |
| MSWLF SOP Number: | |

**Texas Commission on Environmental Quality**

**Municipal Solid Waste Landfill**

**40 CFR Part 60, Subpart XXX Reporting Submittal Forms For Landfills Constructed, Reconstructed, Modified, and Physical or Operational Changes Made to an Existing Landfill After July 17, 2014**

**Request for Alternate Remedy for Correcting Exceedance under § 60.765(c)(4)(v) Submittal Form**

| **Responsible Official (RO) or Duly Authorized Representative (DAR)** | | |
| --- | --- | --- |
| RO or DAR Name: ( Mr.  Mrs.  Ms.  Dr.) | | |
|  | | |
| RO or DAR Title: | | Effective Date: |
| Employer Name: | | |
| Mailing Address: | | |
| City: | County: | |
| State: | ZIP Code: | |
| Telephone No.: | Fax No.: | |
| Email Address: | | |
| To the best of my knowledge and belief the statements and information contained in the attached document are true, accurate, and complete. The facility will operate in compliance with all Regulations of the Texas Commission on Environmental Quality and with Federal Environmental Protection Agency Regulations governing air pollution. | | |
| Signature | | |
| Signature Date: | | |
| Title: | | |