# 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<br>Rule Registrations Section, MSWLF Review Team | Regular, Certified, Priority Mail:<br>Mail Code 163, P.O. Box 13087,<br>Austin, Texas 78711-3087<br>or<br>Hand Delivery, Overnight Mail:<br>Mail Code 163, 12100 Park 35 Circle,<br>Building C, Third Floor, Reception<br>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 | 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 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 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,<br>Air Permits Division, TCEQ | Regular, Certified, Priority Mail:<br>Mail Code 161, P.O. Box 13087,<br>Austin, Texas 78711-3087<br>OR Hand Delivery, Overnight Mail:<br>Mail Code 161, 12100 Park 35 Circle,<br>Building C, Third Floor, Reception<br>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 | 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 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 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:<br>Mail Code 171, P.O. Box 13087,<br>Austin, Texas 78711-3087<br>OR<br>Hand Delivery, Overnight Mail:<br>Mail Code 171, 12100 Park 35 Circle,<br>Building A, Second Floor, Reception<br>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 | 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 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 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**<br>*(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 $M^3$ 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 |

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**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**<br>(*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**
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## 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:<br>*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*<br>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**
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**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 |

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**Municipal Solid Waste Landfill**
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## 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).* | |

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## 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**
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## 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.* | |

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**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 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**
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**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 |

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## 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 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 |

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## 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 |

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## 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**
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## 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 | |

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## 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**
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**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 |

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**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. |
| |
| |

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## 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**
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**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: | |

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