



Request for a 30-Day Extension to Store Hazardous Waste

Introduction

Complete and submit this form if you would like to request an extension to store hazardous waste beyond your specified accumulation time limit. Submit the completed form For more information, see 40 Code of Federal Regulations [§262.14](#) [for Very Small Quantity Generators (VSQG)], [§262.16](#) [for Small Quantity Generators (SQG)], or [§262.17](#) [for Large Quantity Generators (LQG)].

Generator Information

Facility name:

Solid Waste Registration number (SWR):

Generator status:

VSQG

SQG

LQG

Waste Information

Texas Waste Code number:

H

EPA hazardous waste number(s):

Is the waste generated from a VSQG or SQG episodic event?

Yes*

No

**If "Yes", a 30-day extension cannot be granted. Instead, you must comply with the 60-day requirement in 40 CFR [§262.232](#).*

Waste description:

Storage Limit

What is the last date of the waste's accumulation limit (i.e., expiration date of storage)**?

***The 90th day for LQGs, 180th day for SQGs/VSQGs, 270th day for SQGs/VSQGs if transporting 200 miles or more*

Prior to this submission, have you submitted this same form before— listing the same waste and expiration date of storage?

Yes

No

If "Yes" – Date of TCEQ approval:

If "Yes" – Date of extension request expiration:

Waste Management Information (Attach an additional page, if more space is needed)

Location of the storage facility for this waste:

Description of storage conditions for the waste:

| | |
|--|--------------|
| Detailed reason for why a 30-day extension request is needed: | |
| Preventive measures, storing beyond expiration date of storage: | |
| If TCEQ region personnel contacted, enter name: | Date: |

| Generator/Representative | |
|---------------------------------|---------------|
| Name: | Title: |
| Company: | |
| Phone: | Email: |
| Mailing address: | |
| Signature: | Date: |

| TCEQ USE ONLY | | |
|---|----------------|----------------|
| Processed by: | Date: | IDA ID: |
| Request is: | Granted | Denied |
| If denied, enter reason: | | |
| Once granted or denied, copy going to TCEQ region office number: | | |
| Supervisor Signature: | Date: | |
| Submit the completed form to the IHW Permits Section via email to ihwper@tceq.texas.gov | | |