



Texas Commission on Environmental Quality

Part I Application Form for New Permit, Permit Amendment, or Registration for a Municipal Solid Waste Facility

Application Tracking Information

Facility Name: _____

Permittee or Registrant Name: _____

MSW Authorization Number: _____

Initial Submission Date: _____

Revision Date: _____

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr](#)¹. Include a [Core Data Form \(TCEQ 10400\)](#)² with the application for the facility owner, and another Core Data Form for the operator if different from the owner. If you have questions, contact the Municipal Solid Waste Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335.

Application Data

1. Submission Type

Initial Submission Notice of Deficiency (NOD) Response

2. Authorization Type

Permit Registration

3. Application Type

New Permit
 Permit Major Amendment Permit Limited Scope Major Amendment
 New Registration

¹ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf

² www.tceq.texas.gov/goto/coredata

4. Application Fee

Amount

- \$2,050—New Landfill Permits, and Landfill Permit Major Amendments Described in 30 TAC [305.62\(j\)\(1\)](#)
- \$150—Other Permits, Landfill Limited Scope Major Amendments, Permit Amendments for Storage and Processing Facilities, and Registrations

Payment Method

- Check
- Online through ePay portal www3.tceq.texas.gov/epay/

If paid online, enter ePay Trace Number: _____

5. Application URL

For applications other than those for arid exempt landfills, provide the URL address of a publicly accessible internet web site where the application and all revisions to the application will be posted.

6. Party Responsible for Publishing Notice

Indicate who will be responsible for publishing notice:

- Applicant Agent in Service Consultant

Contact Name: _____

Title: _____

Email Address: _____

7. Alternative Language Notice

Use the Alternative Language Checklist on Public Notice Verification Form TCEQ-20244-Waste-NORI, TCEQ-20244-Waste-NAPD, or TCEQ-20244-Waste-NAORPM available at www.tceq.texas.gov/permitting/waste_permits/msw_permits/msw_notice.html to determine if an alternative language notice is required.

Is an alternative language notice required for this application?

- Yes No

Indicate the alternative language: _____

8. Public Place for Copy of Application

Name of the Public Place: _____
Physical Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____

9. Consolidated Permit Processing

Is this submittal part of a consolidated permit processing request, in accordance with 30 TAC Chapter 33?

Yes No

If "Yes", indicate the other TCEQ program authorizations requested:

10. Confidential Documents

Does the application contain confidential documents?

Yes No

If "Yes", reference the confidential documents in the application, but submit the confidential documents as an attachment in a separate binder marked "CONFIDENTIAL."

11. Permits and Construction Approvals

Mark the following table to indicate status of other permits or approvals.

Table 1. Permits and Construction Approvals.

Permit or Approval	Received	Pending	Not Applicable
Hazardous Waste Management Program under Texas Solid Waste Disposal Act			
Underground Injection Control Program under Texas Injection Well Act			
National Pollutant Discharge Elimination System Program under Clean Water Act; Waste Discharge Program under Texas Water Code, Chapter 26			
Prevention of Significant Deterioration Program under Federal Clean Air Act (FCAA); Nonattainment Program under the FCAA			
National Emission Standards for Hazardous Air Pollutants Preconstruction Approval under the FCAA			

Permit or Approval	Received	Pending	Not Applicable
Ocean Dumping Permits under Marine Protection Research and Sanctuaries Act			
Dredge or Fill Permits under Clean Water Act			
Licenses under the Texas Radiation Control Act			
Other (describe):			
Other (describe):			

12. Facility General Information

Facility Name: _____

Contact Name: _____ Title: _____

MSW Authorization Number (if existing): _____

Regulated Entity Reference Number: **RN** _____

Physical or Street Address (if available): _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Latitude (Degrees, Minutes Seconds): _____

Longitude (Degrees, Minutes Seconds): _____

Benchmark Elevation (above mean sea level): _____ feet

Description of facility location with respect to known or easily identifiable landmarks:

Access routes from the nearest United States or state highway to the facility:

Coastal Management Program

Is the facility within the Coastal Management Program boundary?

Yes No

13. Facility Types

- Type I Type IV Type V
 Type IAE Type IVAE Type VI

14. Activities Conducted at the Facility

- Storage Processing Disposal

15. Facility Waste Management Units

Check the box for each type of waste management unit proposed.

- | | |
|---|---|
| <input type="checkbox"/> Landfill Unit(s) | <input type="checkbox"/> Container(s) |
| <input type="checkbox"/> Incinerator(s) | <input type="checkbox"/> Roll-off Boxes |
| <input type="checkbox"/> Class 1 Landfill Unit(s) | <input type="checkbox"/> Surface Impoundment |
| <input type="checkbox"/> Process Tank(s) | <input type="checkbox"/> Autoclave(s) |
| <input type="checkbox"/> Storage Tank(s) | <input type="checkbox"/> Refrigeration Unit(s) |
| <input type="checkbox"/> Tipping Floor | <input type="checkbox"/> Mobile Processing Unit(s) |
| <input type="checkbox"/> Storage Area | <input type="checkbox"/> Compost Pile(s) or Vessel(s) |
| <input type="checkbox"/> Other (specify): | |

16. Description of Proposed Facility or Changes to Existing Facility

Provide a brief description of the proposed activities if application is for a new facility, or the proposed changes to an existing facility or permit conditions if the application is for an amendment.

17. Facility Contact Information

Site Operator (Permittee or Registrant)

Name: _____

Customer Reference Number: **CN** _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ County: _____ State: ____ Zip Code: _____

Phone Number: _____

Email Address: _____

Texas Secretary of State (SOS) Filing Number: _____

Operator (if different from Site Operator)

Name: _____

Customer Reference Number: **CN** _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ County: _____ State: ____ Zip Code: _____

Phone Number: _____

Email Address: _____

Texas Secretary of State (SOS) Filing Number: _____

Consultant (if applicable)

Firm Name: _____

Consultant Name: _____

Texas Board of Professional Engineers Firm Registration Number: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ County: _____ State: ____ Zip Code: _____

Phone Number: _____

Email Address: _____

Agent in Service (required for out-of-state applicants)

Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

18. Facility Supervisor License

Indicate the level of Municipal Solid Waste Facility Supervisor license, as defined in 30 TAC Chapter 30, Occupational Licenses and Registrations, Subchapter F that the individual who supervises or manages the operations will obtain prior to commencing operations.

Class A Supervisor License Class B Supervisor License

19. Ownership Status of the Facility

Business Type

- | | |
|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> County Government |
| <input type="checkbox"/> Individual | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Other Government |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Military |
| <input type="checkbox"/> City Government | <input type="checkbox"/> Other (specify): _____ |

Facility Owner

Does the Site Operator (Permittee or Registrant) own all the facility units and all the facility property?

Yes No

If "No", provide the following information for other owners.

Owner Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

20. Other Government Entities Information

Texas Department of Transportation

District: _____

District Engineer's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

Local Government Authority Responsible for Road Maintenance (if applicable)

Government or Agency Name: _____

Contact Person's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

City Mayor Information

City Mayor's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

City Health Authority

Authority Name: _____

Contact Person's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

County Judge Information

County Judge's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

County Health Authority

Agency Name: _____

Contact Person's Name: _____

Mailing Address: _____

City: _____ County: _____ State: TX Zip Code: _____

Phone Number: _____

Email Address: _____

State Representative Information

District Number: _____
State Representative's Name: _____
District Office Mailing Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____
Email Address: _____

State Senator Information

District Number: _____
State Senator's Name: _____
District Office Mailing Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____
Email Address: _____

Council of Governments (COG)

COG Name: _____
COG Representative's Name: _____
COG Representative's Title: _____
Mailing Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____
Email Address: _____

River Basin Authority

Authority Name: _____
Contact Person's Name: _____
Watershed Sub-Basin Name: _____
Mailing Address: _____
City: _____ County: _____ State: TX Zip Code: _____
Phone Number: _____
Email Address: _____

U.S. Army Corps of Engineers District

Indicate the U.S. Army Corps of Engineers district in which the facility is located:

- Albuquerque, NM Galveston, TX
- Ft. Worth, TX Tulsa, OK

Local Government Jurisdiction

Within City Limits of: _____

Within Extraterritorial Jurisdiction of: _____

Is the facility located in an area in which the governing body of the municipality or county has prohibited the storage, processing, or disposal of municipal or industrial solid waste?

Yes No

If "Yes", provide a copy of the ordinance or order as an attachment.

Signature Page

Site Operator or Authorized Signatory

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Title: _____

Email Address: _____

Signature: _____ Date: _____

Operator or Principal Executive Officer Designation of Authorized Signatory

To be completed by the operator if the application is signed by an authorized representative for the operator.

I hereby designate _____ as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and/or appear for me at any hearing or before the Texas Commission on Environmental Quality in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. I further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application.

Operator or Principal Executive Officer Name: _____

Email Address: _____

Signature: _____ Date: _____

Notary

SUBSCRIBED AND SWORN to before me by the said _____

On this ____ day of _____, ____

My commission expires on the ____ day of _____, ____

Notary Public in and for

_____ County, Texas

Note: Application Must Bear Signature & Seal of Notary Public

Part I Attachments

Refer to instruction document 00650-instr for professional engineer seal requirements.

Attachments Table 1. Required attachments.

Required Attachments	Attachment Number
Supplementary Technical Report	
Property Legal Description	
Property Metes and Bounds Description	
Facility Legal Description	
Facility Metes and Bounds Description	
Metes and Bounds Drawings	
On-Site Easements Drawing	
Land Ownership Map	
Landowners List	
Mailing Labels (printed and electronic)	
Texas Department of Transportation (TxDOT) County Map	
General Location Map	
General Topographic Map	
Verification of Legal Status	
Property Owner Affidavit	
Evidence of Competency	

Attachments Table 2. Additional attachments as applicable.

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> TCEQ Core Data Form(s)	
<input type="checkbox"/> Signatory Authority Delegation	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances	
<input type="checkbox"/> Final Plat Record of Property	

Additional Attachments as Applicable (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> Certificate of Fact (Certificate of Incorporation)	
<input type="checkbox"/> Assumed Name Certificate	
Other (describe):	
Other (describe):	
Other (describe):	