



Texas Commission on Environmental Quality

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

Instructions for completing this Part I Application Form are provided in [TCEQ 00650-instr¹](#). Include a [Core Data Form \(TCEQ 10400\)²](#) with the application for the facility owner, and Core Data Forms for the operator and property owner if different from the facility owner. If you have questions, contact the Municipal Solid Waste (MSW) Permits Section by email to mswper@tceq.texas.gov, or by phone at 512-239-2335. Rules cited on this form are in Title 30 Texas Administrative Code (30 TAC) and may be viewed online at www.tceq.texas.gov/goto/view-30tac.

Application Tracking Information

Facility Regulated Entity Name³:

Site Operator (Permittee or Registrant Name)⁴:

MSW Authorization Number: _____

Initial Submission Date: _____

Revision Date: _____

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

³ Facility Regulated Entity Name must match the Regulated Entity Name indicated on the TCEQ Core Data Form.

⁴ Site Operator is defined in 30 TAC 330.3(148) as the holder of, or the applicant for, an authorization (or license) for a municipal solid waste facility.

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, Permit Amendments, Limited Scope Major Amendments, and all Registrations

Payment Method

- ☐ Online through ePay portal www3.tceq.texas.gov/epay/
Enter ePay Trace Number: _____
- ☐ Check (send to TCEQ Financial Administration Division)
Payor Name: _____ Check Number: _____

5. Application URL

For applications other than those for arid exempt (AE) landfills, provide the URL address of a publicly accessible internet website 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			
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. General Information About the Facility

Facility Regulated Entity 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 (decimal degrees, six decimal places): _____

Longitude (decimal degrees, six decimal places): _____

Elevation (above mean sea level): _____ feet (benchmark elevation for landfills)

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

Facility types are described in 30 TAC [330.5\(a\)](#).

Indicate facility type (select all that apply):

☐ 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: _____

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: _____

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. Facility Ownership

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 the other owner, and include a Core Data Form for the other owner. Attach supplemental sheet if more than one other owner.

Other Owner Name: _____

What is Owned: ☐ Facility Units ☐ Property

☐ Other (describe): _____

Mailing Address: _____

City: _____ County: _____ State: _____ 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: _____

Contact Person's Title: _____

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: _____

Contact Person's Title: _____

Mailing Address: _____

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

Phone Number: _____

Email Address: _____

State Representative Information

House 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: _____

Local Drainage or Flood Management Authority

Authority Name: _____

Contact Person's 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

☐ Fort 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 as an attachment.

Applicant Signature Page

Site Operator (Permittee or Registrant Name) 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: _____

Authorization by Facility Owner for Operator to Submit Application

To be completed by the facility owner if the application is submitted by an operator who is not the facility owner.

I am the owner of the facility that is the subject of this application, and authorize the operator, _____ to submit this application pursuant to 30 TAC [305.43\(c\)](#).

Name: _____ Title: _____

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

_____ (notary's jurisdiction, including county and state)

Note: Application Must Bear Signature & Seal of Notary Public

Property Owner Affidavit

Property Owner Affidavit for Landfill Facility

I acknowledge in accordance with 30 TAC 330.59(d)(2) that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure and post-closure care of the facility. For a facility where waste will remain after closure, I acknowledge that I have a responsibility to file with the county deed records an affidavit to the public advising that the land will be used for a solid waste facility prior to the time that the facility actually begins operating as a municipal solid waste landfill facility, and to file a final recording upon completion of disposal operations and closure of the landfill units according to 30 TAC 330.19 (relating to Deed Recordation). I further acknowledge that the facility owner or operator and the State of Texas shall have access to the property during the active life and post-closure care period for the purpose of inspection and maintenance.

Name: _____

Email Address: _____

Signature: _____ Date: _____

Property Owner Affidavit for Processing Facility

I acknowledge in accordance with 30 TAC 330.59(d)(2) that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure of the facility. I further acknowledge that the facility owner or operator and the State of Texas shall have access to the property during the active life and post-closure care period for the purpose of inspection and maintenance.

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

_____ (notary's jurisdiction, including county and state)

Note: Application Must Bear Signature & Seal of Notary Public

Part I Attachments

Refer to instruction document [TCEQ 00650-instr⁵](#) for professional engineer seal requirements.

Attachments Table 1. Required attachments.

Required Attachments	Attachment Number
Supplementary Technical Report [30 TAC 305.45(a)(8)]	
Property Legal Description [30 TAC 330.59(d)(1)]	
Property Metes and Bounds Description [30 TAC 330.59(d)(1)]	
Facility Legal Description [30 TAC 330.59(d)(1)]	
Facility Metes and Bounds Description [30 TAC 330.59(d)(1)]	
Metes and Bounds Drawings [30 TAC 330.59(d)(1)]	
On-Site Easements Drawing [30 TAC 330.61(c)(10)]	
Land Ownership Map [30 TAC 330.59(c)(3)]	
Landowners List [30 TAC 330.59(c)(3)]	
Mailing Labels (in electronic file, in Avery 5160 format; see instructions) [30 TAC 281.5(7)]	
General Location Maps [30 TAC 330.59(c)(2)]	
Texas Department of Transportation (TxDOT) County Map [30 TAC 330.59(c)(2)]	
General Topographic Maps [30 TAC 330.61(e)]	
Verification of Legal Status / Legal Authority (certificate of incorporation) [30 TAC 281.5 and 330.59(e)]	
Evidence of Competency [30 TAC 330.59(f)]	
Signatory Authority Documentation [30 TAC 305.44 and 330.59(g)]	
TCEQ Core Data Form(s) TCEQ-10400⁶ [30 TAC 281.5(7)]	

⁵ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/00650-instr.pdf

⁶ www.tceq.texas.gov/permitting/central_registry/guidance.html

Attachments Table 2. Additional attachments as applicable.

Additional Attachments (select all that apply and add others as needed)	Attachment Number
<input type="checkbox"/> Plain Language Summary Form TCEQ-20947 ⁷ [30 TAC 39.405(k)]	
<input type="checkbox"/> Public Involvement Plan Form TCEQ-20960 ⁸	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Waste Storage, Processing and Disposal Ordinances [Texas Health and Safety Code, Section 363.112 ⁹]	
<input type="checkbox"/> Final Plat Record of Property Description [30 TAC 330.59(d)(1)(B)]	
Other (describe):	
Other (describe):	
Other (describe):	

⁷ www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20947-instr.pdf

⁸ www.tceq.texas.gov/downloads/agency/decisions/hearings/environmental-equity/pip-form-tceq-20960.pdf
www.tceq.texas.gov/downloads/agency/decisions/hearings/environmental-equity/instructions-for-pip-form-tceq-20960.pdf

⁹ statutes.capitol.texas.gov/Docs/HS/htm/HS.363.htm#363.112