

Texas Commission on Environmental Quality

Request for Voluntary Revocation of a Municipal Solid Waste Permit or Registration

When to use this form: Fill out and submit this form after completing closure activities for a processing facility, or post-closure care activities for a landfill facility, and receiving notification of an inspection by the TCEQ verifying closure [Title 30 Texas Administrative Code (30 TAC), Section 326.71(I) for medical waste processing facilities, or 30 TAC 330.459 through 330.465 for solid and liquid waste processing facilities and landfills].

| To the Executive Director of the Texas Commission on Environmental Quality: | | |
|--|-----------------------------------|--------------------|
| I,, representation | | , |
| hereby request that Permit or Registration | | |
| was issued by the TCEQ or its predecessor ag | | |
| for the operation of a | | |
| Texas. | _ has ceased operations and c | losed the facility |
| as required by applicable rules and does not | | |
| or registration. | | |
| I understand that by requesting the revocation | | |
| waive | es all right to notice and a hear | ring. The |
| Executive Director of the TCEQ, or authorized | d representative may revoke th | ne permit or |
| registration without a public hearing or any c | ommission action [30 TAC 305 | .67, 326.77(f) |
| (medical waste facilities), and 330.71(i) (other | er municipal solid or liquid was | te facilities)]. |
| I certify that I am authorized to sign this app | lication on behalf of the permi | tee or registrant |
| in accordance with 30 TAC 305.44. | | |
| Signature: | | |
| Date signed: | | |
| Mailing address: | | |
| City, state, zip: | | |
| Phone number: | | |

Submit completed form to MSW Permits Section MC 124, TCEQ, P.O. Box 13087, Austin, TX 78711-3087.