



# Texas Commission on Environmental Quality

## Application Form for Municipal Solid Waste Permit or Registration Modification or Temporary Authorization

### Application Tracking Information

Facility Name: \_\_\_\_\_

Permittee or Registrant Name: \_\_\_\_\_

MSW Authorization Number: \_\_\_\_\_

Initial Submission Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

Instructions for completing this form are provided in [form TCEQ-20650-instr](#)<sup>1</sup>. If you have questions, contact the Municipal Solid Waste Permits Section by email to [mswper@tceq.texas.gov](mailto:mswper@tceq.texas.gov), or by phone at 512-239-2335.

### Application Data

<b>1. Submission Type</b>
<input type="checkbox"/> Initial Submission <input type="checkbox"/> Notice of Deficiency (NOD) Response
<b>2. Authorization Type</b>
<input type="checkbox"/> Permit <input type="checkbox"/> Registration
<b>3. Application Type</b>
<input type="checkbox"/> Modification with Public Notice <input type="checkbox"/> Modification without Public Notice <input type="checkbox"/> Temporary Authorization (TA) <input type="checkbox"/> Modification for Name Change or Transfer
<b>4. Application Fee</b>
<p><b>Amount</b></p> <p>The application fee for a modification or temporary authorization is \$150.</p> <p><b>Payment Method</b></p> <input type="checkbox"/> Check <input type="checkbox"/> Online through ePay portal <a href="http://www3.tceq.texas.gov/epay/">www3.tceq.texas.gov/epay/</a> If paid online, enter ePay Trace Number: _____

<sup>1</sup> [www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf](http://www.tceq.texas.gov/downloads/permitting/waste-permits/msw/forms/20650-instr.pdf)

## 5. Electronic Versions of Application

For modifications that require notice, TCEQ will publish electronic versions of the application online. Applicants must provide a clean copy of the administratively complete application and technically complete application. TCEQ will also publish electronic versions of NOD responses online.

## 6. Party Responsible for Mailing Notice

For modifications that require notice, indicate who will be responsible for mailing notice:

Applicant  Agent in Service  Consultant

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 7. 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."

## 8. Facility General Information

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

MSW Authorization Number (if existing): \_\_\_\_\_

Regulated Entity Reference Number: **RN** \_\_\_\_\_

Physical or Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Latitude (Degrees, Minutes, Seconds): \_\_\_\_\_

Longitude (Degrees, Minutes, Seconds): \_\_\_\_\_

## 9. Facility Types

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

## 10. Description of the Revisions to the Facility

Provide a brief description of revisions to permit or registration conditions and supporting documents referred to by the permit or registration, and a reference to the specific provisions under which the modification or temporary authorization application is being made. Also, provide an explanation of why the modification or temporary authorization is needed:

## 11. 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: \_\_\_\_\_

**12. Ownership Status of the Facility**

Is this a modification that changes the legal description, the property owner, or the Site Operator (Permittee or Registrant)?

Yes  No

If the answer is "No", skip this section.

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: \_\_\_\_\_

## 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 and Seal of Notary Public

## Attachments for Permit or Registration Modification with Public Notice

Refer to instruction document **200650-instr** for professional engineer seal requirements.

### ***Attachments Table 1. Required attachments.***

<b>Required Attachments</b>	<b>Attachment Number</b>
Land Ownership Map	
Landowners List	
Marked (Redline/Strikeout) Pages	
Unmarked Revised Pages	

### ***Attachments Table 2. Additional attachments as applicable.***

<b>Additional Attachments as Applicable (select all that apply and add others as needed)</b>	<b>Attachment Number</b>
<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	

## Attachments for Permit or Registration Modification without Public Notice, or Temporary Authorization

Refer to instruction document **200650-instr** for professional engineer seal requirements.

### ***Attachments Table 3. Required attachments for modifications.***

Required Attachments for Modification	Attachment Number
Marked (Redline/Strikeout) Pages	
Unmarked Revised Pages	

### ***Attachments Table 4. Additional attachments for modifications and temporary authorizations, 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	

## Attachments for Permit or Registration Name Change or Transfer Modification

Refer to instruction document **200650-instr** for professional engineer seal requirements.

### **Attachments Table 5. Required attachments.**

<b>Required Attachments</b>	<b>Attachment Number</b>
TCEQ Core Data Form(s)	
Property Legal Description	
Property Metes and Bounds Description	
Metes and Bounds Drawings	
On-Site Easements Drawing	
Land Ownership Map	
Land Ownership List	
Property Owner Affidavit	
Verification of Legal Status	
Evidence of Competency	

### **Attachments Table 6. Additional attachments as applicable.**

<b>Additional Attachments as Applicable (select all that apply and add others as needed)</b>	<b>Attachment Number</b>
<input type="checkbox"/> Signatory Authority Delegation	
<input type="checkbox"/> Fee Payment Receipt	
<input type="checkbox"/> Confidential Documents	
<input type="checkbox"/> Final Plat Record of Property	
<input type="checkbox"/> Assumed Name Certificate	