Texas Commission on Environmental Quality

Application for a Medical Waste Registration

[Facility Name]

Registration [number, if issued]

[City], [County] County, Texas

[Initial Application Date]

[Application Revision Date, if applicable]

Prepared for

[Name of Applicant]

[Applicant Street Address]

[Applicant City, State, Zip Code]

Prepared by

[Contact Name, Title]

[Firm Name]

[TBPE Firm Registration Number]

[Firm Street Address]

[City, State, Zip Code]

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# General Information

## Facility Information (must match regulated entity information on Core Data Form)

Facility Name:

Regulated Entity Reference No. (if issued): RN

Physical or Street Address (if available):

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

Latitude (Degrees, Minutes, Seconds, or Decimal Degrees):

Longitude (Degree, Minutes, Seconds, or Decimal Degrees):

Activities Conducted at the Facility (check all that apply)

Storage  Treatment  Transfer  Other:

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

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

## Applicant Information

The owner of a facility is the applicant, to whom the registration would be issued.

### Owner of Facility (must match customer information on Core Data Form)

Owner Name:

Contact Person’s Name:       Title:

Customer Reference No. (if issued): CN

Mailing Address:

City:       County:       State:       Zip Code:

(Area Code) Telephone Number:       Email Address:

### 

### Operator of Facility (if not the same as Owner of Facility)

Operator Name:

Contact Person’s Name:       Title:

Customer Reference No. (if issued): CN

Mailing Address:

City:       County:       State:       Zip Code:

(Area Code) Telephone Number:       Email Address:

### Consultant (if applicable)

Firm Name:

Texas Board of Professional Engineers Firm Registration Number:

Contact Person’s Name:       Title:

Texas Board of Professional Engineers License Number (if applicable):

Mailing Address:

City:       County:       State:       Zip Code:

(Area Code) Telephone Number:       Email Address:

## Governmental Entities Information

### Texas Department of Transportation

District:

District Engineer’s Name:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### Local Government Authority Responsible for Road Maintenance (if applicable)

Agency Name:

Contact Person’s Name:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### City Mayor

City Name:

City Mayor’s Name:

Mailing Address:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### Council of Governments (COG)

COG Name:

COG Representative’s Name:

COG Representative’s Title:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### Local Government Jurisdiction

Is the facility located outside the territorial limits or extraterritorial jurisdiction of a city or town? (30 TAC §326.67(a)) Yes  No

If yes, and county requires a license, you must obtain a license from the county, and the county must send a copy of the license to the appropriate TCEQ regional office.

### City Health Authority (if applicable)

Agency Name:

Contact Person’s Name:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### County Judge Information

County Judge’s Name:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### County Health Authority (if applicable)

Agency Name:

Contact Person’s Name:

Street Address or P.O. Box:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### State Representative

House District Number:

Representative’s Name:

District Office Address:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

### State Senator

Senate District Number:

State Senator’s Name:

District Office Address:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:       Email Address:

## Posting of Application on Website [30 TAC §326.69(e)]

Provide the web address (URL) of the publicly accessible internet website where the application and all revisions will be posted:

http://

## Copy of Application for Public Viewing

Name of the Public Place:

Physical Address:

City:       County:       State: TX Zip Code:

(Area Code) Telephone Number:

## Notice of Opportunity to Request Public Meeting

### Notice Requirement

The owner or operator is required by 30 TAC §326.73 to provide notice of the opportunity to request a public meeting, and to post notice signs.

Indicate the party responsible for publishing notice:

Applicant (Owner or Operator)  Consultant

### Alternative Language Requirement

Use the Alternative Language Checklist on Public Notice Verification form [TCEQ-20244-Waste-NAORPM](https://www.tceq.texas.gov/downloads/permitting/waste-permits/forms/20244-waste-naorpm.pdf)[[1]](#footnote-1) to determine if an alternative language notice is required.

Is an alternative language notice required for this application?

Yes  No

Indicate the alternative language:

## Application Fee [30 TAC §330.59(h)(2)]

The application fee for a registration is $150.

Indicate how the application fee was paid. Attach a photocopy of the check or a copy of the electronic payment receipt.

Check  Online

If paid online, e-Pay confirmation number:

## Facility Supervisor’s License [30 TAC §326.71(c)]

Indicate the type of license that the Solid Waste Facility Supervisor (as defined in 30 TAC Chapter 30), will obtain prior to commencing facility operations:

Class A  Class B

# Facility Design Information

## Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)]

This section addresses the facility’s impacts on cities, communities, groups of property owners, or individuals (attach additional pages to answer the following questions, if necessary):

Describe the character of the surrounding area land uses within one mile of the facility:

Identify growth trends within five miles of the facility with directions of major development:

Indicate the approximate number of residences and other uses (e.g. schools, churches, cemeteries, historic structures and commercial sites, etc.) within one mile of the facility:

Indicate the distance to the nearest residence(s):        feet  miles

Provide directions to the nearest residence(s):

Indicate the distance to the nearest commercial establishment(s):        feet  miles

Provide directions to the nearest commercial establishment(s):

## Transportation [30 TAC §326.71(e)]

### Access Roads

Complete Table 1 regarding the roads that will be used to access the site.

Table 1. Roads That Will be Used to Access the Site.

| Name of Road | Surface Type and Number of Lanes |
| --- | --- |
|  |  |
|  |  |
|  |  |

### Daily Traffic Volume

Complete Table 2 regarding existing and expected volume of vehicular traffic on access roads within one mile of the facility, and the projected volume of traffic expected to be generated by the facility on access roads within one mile of the facility.

Table 2. Traffic Volume.

| Vehicle Traffic | Volume (vehicles per day) |
| --- | --- |
| Existing Vehicle Traffic |  |
| Expected Vehicle Traffic |  |
| Projected Vehicle Traffic Generated by Facility |  |

Describe the source of or method used to obtain the volumes (attach additional pages to answer this question if necessary):

If traffic volume was determined by counts in the field, indicate the locations where the counts were conducted (attach additional pages to answer this question if necessary):

## Floodplain and Wetlands [30 TAC §326.71(f)]

Will the facility be located within a 100-year floodplain?

Yes  No  Identify the floodplain zone

Attach a copy of the Federal Emergency Management Administration administrator (FEMA) flood map for the area.

If the facility will be within a 100-year floodplain, attach documentation demonstrating that the facility is designed and will be operated in a manner to prevent washout of waste during a 100-year storm event, or that the facility has obtained a conditional letter of map amendment from the FEMA.

Will the facility be located in wetlands?

Yes  No

If yes, attach documentation to the extent required under Clean Water Act, §404 or applicable state wetlands laws.

## Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)]

Is the buffer zone in any location at the facility less than 25 feet wide?

Yes  No

If yes, describe your alternative buffer zone and how it will allow access for emergency response and maintenance (attach additional pages to answer this question if necessary):

## Waste Management Unit Designs [30 TAC §326.71(i)]

### Waste Management Unit Details

List each waste management unit in Table 3. Include attachments documenting manufacturer specifications.

Table 3. Design Details and Manufacturer Specifications for Waste Management Units.

| Unit Type | Minimum Number of Units | Design Details | Approximate Dimensions | Approximate Capacity per Unit |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Foundations and Supports

Provide a generalized description of construction materials for slab and subsurface supports of all storage and processing components (attach additional pages to answer this question if necessary):

### Contaminated Water Management

Describe how storage and processing areas will be designed to control and contain spills and prevent contaminated water from leaving the facility. For unenclosed containment areas, also account for precipitation from a 25-year, 24-hour storm (attach additional pages to answer this question if necessary):

## Treatment Requirements [30 TAC §326.71(j)]

Attach a written procedure for the operation and testing of any equipment used, and for the preparation of any chemicals used in treatment.

# Facility Closure

## Closure Plan [30 TAC §326.71(k)]

The operator must comply with the closure requirements listed in 30 TAC §326.71(k).

List other activities that the facility will conduct during closure, if any (attach additional pages to answer this question if necessary):

## Closure Cost Estimate [30 TAC §326.71(m)]

Provide itemized closure cost estimates in Table 4. The cost estimates must meet the requirements listed in 30 TAC §326.71(m).

Attach documents detailing any additional unit closure costs not itemized. Enter the total of those additional unit closure costs on line 13 of the closure cost worksheet in Table 4.

Table 4. Closure Cost Estimates Worksheet.

| Item No. | Item Description | Unit of Measure­ment | Quantity | Unit Cost | Total Cost |
| --- | --- | --- | --- | --- | --- |
| 1 | Site Evaluation and Engineering Review | NA |  |  |  |
| 2 | Bid Document and Procurement | NA |  |  |  |
| 3 | Contract Award and Administration | NA |  |  |  |
| 4 | Clean-Up, Removal and Transport of Waste Stored On-Site | NA |  |  |  |
| 5 | Disposal of Waste at an Authorized Facility |  |  |  |  |
| 6 | Waste Treatment |  |  |  |  |
| 7 | Process Units Dismantling | NA |  |  |  |
| 8 | Wash Down and Disinfection of Facility and Processing Units | NA |  |  |  |
| 9 | Vector Control | NA |  |  |  |
| 10 | Site Security | NA |  |  |  |
| 11 | Signs, Newspaper Notice and TCEQ Notice | NA |  |  |  |
| 12 | Facility Inspection and Closure Certification by Licensed Engineer | NA |  |  |  |
| 13 | Additional Storage and Processing Unit Closure Cost Items (describe in attachments) | Identify Attachments | NA | NA |  |
| 14 | Storage and Processing Unit Closure Costs Subtotal | NA | NA | NA |  |
| 15 | Contingency Cost | NA | NA | NA |  |
| 16 | Total Closure Cost Estimate | NA | NA | NA |  |

# Site Operating Plan

## General [30 TAC §326.75(a)]

Provide the function and minimum qualifications for each category of key personnel to be employed at the facility including supervisory personnel in the chain of command (attach additional pages to answer this question if necessary):

Describe the procedures that the operating personnel will follow for the detection and prevention regarding the receipt of prohibited wastes, including random inspections of packaging of incoming loads, records, and training (attach additional pages to answer this question if necessary):

## Waste Acceptance [30 TAC §326.75(b)]

Describe all sources and characteristics of medical wastes to be received for storage and processing or disposal (attach additional pages to answer this question if necessary):

Describe the sources and characteristics of recyclable materials, if applicable, to be received for storage and processing (attach additional pages to answer this question if necessary):

Maximum amount of waste to be received daily:        pounds/day  tons /day

Maximum amount of waste to be stored at any point in time:        pounds  tons

Maximum length of time waste is to remain at the facility:        hours  days

Specify the maximum time that unprocessed and processed wastes will be allowed to remain on-site:

Processed:        hours  days

Unprocessed:        hours  days

Identify the intended disposition of processed and unprocessed waste received at the facility (attach additional pages to answer this question if necessary):

## Generated Waste [30 TAC §326.75(c)]

Describe how all liquids and solid waste resulting from the facility operations will be disposed of in a manner that will not cause surface water and groundwater pollution (attach additional pages to answer this question if necessary):

## Access Control [30 TAC §326.75(g)]

Describe how public access to the facility will be controlled (attach additional pages to answer this question if necessary):

Describe how access roads and parking areas will be maintained to control dust and prevent mud from being track off-site (attach additional pages to answer this question if necessary):

Access to the facility will be controlled by a perimeter fence, with lockable gates. Identify or describe the type of fence that will be installed at the facility:

A four-foot-high barbed wire fence;

A six-foot-high chain-link fence; or

Other:

## Operating Hours [(30 TAC §326.75(i)]

Provide the operating hours of the facility; include justification for hours outside of 7:00 a.m. to 7:00 p.m., Monday through Friday:

List the alternative operating hours, if any, of up to five days in a calendar-year period:

# Other Site Operating Plan, Financial Assurance, and Closure Requirements

Attach additional pages describing how the facility will comply with the following requirements.

* 30 TAC §326.75(d), Storage
* 30 TAC §326.75(e), Recordkeeping and Reporting
* 30 TAC §326.75(f), Fire protection Plan
* 30 TAC §326.75(g)(2), Access Roads, Vehicle Parking, and Safety Measures
* 30 TAC §326.75(g), Access Control
* 30 TAC §326.75(h), Unloading of Waste
* 30 TAC §326.75(i)(3), Recording of Applicable Alternative Hours (if used)
* 30 TAC §326.75(j), Signs at Facility Entrances
* 30 TAC §326.75(k), Control of Windblown Material and Litter
* 30 TAC §326.75(l), Facility Access Roads
* 30 TAC §326.75(m), Noise Pollution and Visual Screening
* 30 TAC §326.75(n), Overloading and Breakdown
* 30 TAC §326.75(o), Sanitation
* 30 TAC §326.75(p), Ventilation and Air Pollution Control
* 30 TAC §326.75(q), Health and Safety
* 30 TAC 326.75(r), Disposal of Treated Medical Waste (if applicable)
* 30 TAC §326.71(n); Financial Assurance
* 30 TAC §326.71(l)(1); provide notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.
* 30 TAC §326.71(l)(2); install signs and barriers upon notification of final closure to the executive director.
* 30 TAC §326.71(l)(3); provide certification of closure, and a request for voluntary revocation of facility registration within 10 days after completion of final closure of the facility.

# Applicant Certification and Signature

The applicant is the person or entity who would be the owner of the facility and in whose name the registration would be issued. If the application is signed by an authorized representative for the applicant, the applicant must complete the delegation of signature authority.

Certification by Applicant or Authorized Signatory [30 TAC §305.44]

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 of applicant, or other person authorized to sign:

Title of person signing:

Signature:       Date:

Notarization

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

Applicant’s Delegation of Signature Authority [30 TAC §305.43]

I hereby delegate the person named below as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and appear for me at any hearing or before the Commission 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.

Name of applicant’s representative:

Name of person who is the applicant, or officer or official representing corporation or public agency that is the applicant:

Signature:       Date:

Notarization

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

# Property Owner Affidavit

Affidavit [30 TAC §326.71(b)]

This section must be completed by the owner of the property on which the facility would be located.

I am the owner of the land on which the proposed facility would be located. I acknowledge 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 after closure for the purpose of inspection and maintenance.

Property owner name:

Signature:       Date:

Notarization

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

Attachments

Table Att-1. Required Attachments

| Attachments | Attachment No. |
| --- | --- |
| General Location Map |  |
| Facility Access Map |  |
| Facility Layout Map |  |
| Land Use Map |  |
| Land Ownership Map |  |
| Land Ownership List |  |
| Land Ownership Hard Copy and Electronic Mailing List or Mailing Labels |  |
| Metes and Bounds Drawing and Description |  |
| Copy of Authorization to Discharge Wastewater to a Treatment Facility |  |
| Process Flow Diagrams and Narrative |  |
| Procedures for Operation and Testing of Treatment Equipment, if applicable |  |
| Procedures for Preparation of any Chemical used in Treatment, if applicable |  |
| Verification of Legal Status |  |
| Texas Department of Transportation Coordination Letters |  |
| Entity Exercising Maintenance Responsibility of Public Roadway, if applicable |  |
| FEMA Map |  |
| Facility Design Demonstration for Flood Management, or  Conditional Letter of Map Amendment from FEMA, if applicable |  |
| Wetland Documentation, if applicable |  |
| Council of Governments Review Request Coordination Letters |  |

Table Att-2. Additional Attachments; check all that apply.

| Attachments | Attachment No. |
| --- | --- |
| TCEQ Core Data Form(s) |  |
| Fee Receipt or copy of check |  |
| Published Zoning Map |  |
| Delegation of Signatory Authority |  |
| Manufacturer Specifications for Waste Management Units |  |
| Additional Storage and Processing Unit Closure Cost Items |  |
| Confidential Documents |  |

Instructions

How to Use this Form

Use this form to apply for a registration to operate a storage, transfer, or treatment facility for medical waste received from off-site sources. This application is required by the medical waste management rules in Title 30 Texas Administrative Code (30 TAC), Chapter 326, [Subchapter F](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=30&pt=1&ch=326&sch=F&rl=Y) (relating to operations requiring a registration). Rules regarding who applies and who may sign an application are in 30 TAC Chapter 305, §[305.43](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=305&rl=43) and §[305.44](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=305&rl=44). The rules are available online at <[www.tceq.texas.gov/goto/rules/](http://www.tceq.texas.gov/goto/rules/)>.

Where to Submit this Form and Get Help

Submit the original and two copies of this form to the Municipal Solid Waste Permits Section MC‑124, TCEQ, P.O. Box 13087, Austin, TX 78711-3087.

If you have any questions about this form or about managing medical waste, please contact us at (512) 239-2335.

Engineer Seal and Firm Number

Include the seal, date, and signature of the engineer preparing the application; and the firm number on the title page, table of contents, and other parts of the application as required by 30 TAC §326.69(b)(1).

Certification and Signatures

The application must be signed and notarized, as required by 30 TAC §281.5. Signature blocks for the applicant, authorized signatory, and property owner must bear the signature and seal of a Notary Public.

Required Attachments

General Location Map

Attach a general location map of the facility at a scale of one-inch equals 2,000 feet by using a United States Geological Survey 7 1/2-minute quadrangle sheet or equivalent as the base map.

Facility Access and Facility Layout Map

Provide a set of maps or drawings showing the items listed under 30 TAC §326.71(a)(2), including the buffer zone.

Land Use Map

Provide a constructed map showing the facility boundary and any existing zoning on or surrounding the property and actual uses both within the facility and within one mile of the facility. Map should indicate location of residences, commercial establishments, schools, licensed day-care facilities, churches, cemeteries, ponds or lakes, and recreational areas within one mile of the facility boundary.

Land Ownership Map

Provide a map that locates property owned by adjacent and potentially affected landowners. Maps should show all property ownership within 1/4 mile of the facility boundary.

Land Ownership List

Provide the adjacent and potentially affected landowners list, keyed to the land ownership map with each property owner's name and mailing address derived from the real property appraisal records as listed on the date that the application is filed. The list shall include all property owners within 1/4 mile of the facility boundary.

Do not include elected officials and other interested parties that are not adjacent landowners on the landownership map, list, and labels.

Metes and Bounds Drawing and Description

Provide a drawing and a description of the facility boundary signed and sealed by a registered professional land surveyor as required by 30 TAC §326.71(a)(7).

Copy of Authorization to Discharge Wastewater to a Treatment Facility

Provide a copy of the Texas Pollutant Discharge Elimination System authorization for off-site discharge of contaminated waters.

Process Flow Diagrams and Narrative

Provide flow diagrams showing the various phases of collection, separation, processing, and disposal as applicable for the types of wastes received at the facility along with a narrative describing each phase as required by 30 TAC §326.71(h)(4).

Operation and Testing of Treatment Equipment Procedures

Provide a written procedure for the operation and testing of any equipment used and for the preparation of any chemicals used in treatment as required by 30 TAC §326.71(j).

Verification of Legal Status

Provide verification of legal status. Normally, this is a one-page certificate of incorporation (Certificate of Fact) issued by the Texas Secretary of State (see additional Attachments List). If you choose to provide a verification of the legal status by another mechanism, provide it under this Attachment.

Texas Department of Transportation Documentation

Provide documentation of coordination with the Texas Department of Transportation for traffic and location restrictions.

Entity Exercising Maintenance Responsibility of Public Roadway Documentation

Provide documentation of coordination of all designs of proposed public roadway improvements such as turning lanes, storage lanes, etc., associated with site entrances with the entity exercising maintenance responsibility of the public roadway involved.

Floodplain and Conditional Letter of Map Amendment from the Federal Emergency   
Management Administration (FEMA)

Provide a FEMA map that shows the location of the facility. In addition, provide a demonstration that the facility is designed and will be operated in a manner to prevent washout of waste during a 100-year storm event, or provide a copy of a conditional letter of map amendment from FEMA, if applicable.

Wetlands

Provide copy of the documentation required under Clean Water Act, §404 or applicable state wetlands laws, that steps have been taken to attempt to achieve no net loss of wetlands, if applicable.

Council of Governments and Local Government Coordination Letters

Provide copy of documentation that a review of the application was requested from the applicable council of governments, and local government if applicable. Review letter from these entities are not required to be submitted.

Additional Attachments (as applicable)

TCEQ Core Data Form(s)

If the owner does not have a Customer Reference Number (CN Number), complete a TCEQ Core Data Form (TCEQ-10400) and submit with application. List the business name of the Registrant on the Core Data Form, and it must match the business name registered with Secretary of State and on this form.

If Regulated Entity Reference Number (RN Number) has not been issued for the facility, complete a TCEQ Core Data Form (TCEQ-10400) and submit with application. List the Facility name as the Regulated Entity on the Core Data Form, and it must match the name on this form.

If the Operator (if different from the owner) does not have a Customer Reference Number (CN Number), complete another TCEQ Core Data Form (TCEQ-10400) for the “Operator” and submit with application. List the business name of the Operator on the Core Data Form, and it must match the business name registered with Secretary of State and on this form. List the Operator as the customer.

You should submit a TCEQ Core Data Form if:

* Your information is not yet in the Central Registry database or is incomplete.
* Your information has changed from what is currently in the Central Registry database.

You can check the status of your information in Central Registry on-line at <[www.tceq.texas.gov/goto/centralregistry](http://www.tceq.texas.gov/goto/centralregistry)>.

Fee Receipt

As indicated in the “Application Fees” section, include a photocopy of the check or a copy of the electronic payment receipt in the application.

Published Zoning Map

If the facility requires approval as a nonconforming use or needs a special permit from a local government having jurisdiction, provide a copy of the approval or permit. If available, provide a published zoning map for the facility and within one mile of the facility for the county or counties in which the facility is or will be located.

Signatory Authority Delegation

Provide documentation that the person signing the application meets the requirements of 30 TAC §305.44, Signatories to Applications. If signatory authority has been delegated, provide a copy of the document issued by the governing body of the owner or operator authorizing the person that signed the application to act as agent for the owner or operator.

Manufacturer Specifications

Provide any manufacturer specifications for all storage and processing units and ancillary equipment.

Additional Storage and Processing Unit Closure Cost Items

Provide attachments detailing any additional closure costs not itemized in Table 4.

Confidential Documents

The Commission has a responsibility to provide a copy of each application to other agencies and to interested persons upon request and to safeguard confidential material from becoming public knowledge. Thus, the Commission requests that the applicant: (1) be prudent in the designation of material as confidential and (2) submit such material only when essential to the review.

The Commission suggests that the applicant not submit confidential information as part of the application. However, if this cannot be avoided, the confidential information should be described in non-confidential terms throughout the application, cross-referenced, and submitted as a separate document or binder, and clearly marked "CONFIDENTIAL."

Reasons of confidentiality include the concept of trade secrecy and other related legal concepts which give a business the right to preserve confidentiality of business information to obtain or retain advantages from its right in the information. This includes authorizations under, 18 U.S.C. 1905 and special rules cited in 40 CFR Chapter I, Part 2, Subpart B.

The applicant may elect to withdraw any confidential material submitted with the application. However, the registration cannot be issued, amended, or modified if the application is incomplete.

1. https://www.tceq.texas.gov/downloads/permitting/waste-permits/forms/20244-waste-naorpm.pdf [↑](#footnote-ref-1)