



Texas Commission on Environmental Quality

Application for Scrap Tire Registration— Scrap Tire Facility

Additional information, documents, and drawings should be securely attached and labeled with the company/facility name. Submit the **original and two copies** of the completed registration application and a completed TCEQ Core Data Form (TCEQ-10400) to: Business and Program Services Section, Scrap Tire Management Program, MC 126, TCEQ, P.O. Box 13087, Austin, TX 78711-3087. For additional information about scrap tire management requirements, please contact us by telephone at (512) 239-2335, or by e-mail at tires@tceq.texas.gov.

1. Facility Name (same as Regulated Entity Name on Core Data Form)

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2. Type of Scrap Tire Facility – select all that apply

Processor – Activities include cutting, grinding, shredding, baling, crushing, splitting, and recapping or retreading.

Recycler – Activities include separation and preparation of used or scrap tires for re-use.

Energy Recovery – Activities include use as tired derived fuel.

Other (identify):

3. Facility Location Street Address

Street Address

City, State, Zip Code

County

4. Facility Mailing Address (if different from above)

Street Address

City, State, Zip Code

5. Contact Person

Name

Title

Phone Number

Email Address

6. Consultant Information (if applicable)

Identify the consultant or engineer to be contacted about the facility.

Name

Company

Phone Number

Email Address

7. Property Owner Information

Identify the property owner where the facility will be located. Applicants must submit a Property Owner Affidavit (TCEQ-10299). A template is provided in this document.

Name

Street Address

City, State, Zip Code

Phone Number

Email Address

8. Investigation or Enforcement Action

Is this registration application in response to a TCEQ investigation or enforcement action?

Yes

No

9. Amendment to Existing Registration

Is this an amendment to an existing scrap tire facility registration? Yes No

If yes, please provide the information below.

Registration Number:

Intent of amendment:

Number of Tires and Storage Method

Processors can store up to 500 whole used or scrap tires on the ground **or** 2,000 whole used or scrap tires in enclosed lockable containers. A processor cannot store more than 2,000 used or scrap tires or 20 tons of tire pieces in total. Complete questions 10 and 11 about storage methods.

Recyclers and **energy recovery facilities** can have more than 500 whole used or scrap tires on the ground or 2,000 whole used or scrap tires in enclosed lockable containers under the 30-day supply rule (30 TAC §328.63). The 30-day supply is the amount equal to the highest documented monthly number of used or scrap tires consumed in the most recent six-month period. A facility in operation for less than six months must submit an estimate of a 30-day supply.

A storage site registration application is required for facilities that do not qualify for a 30-day supply and intend to store more than 500 scrap tires or the equivalent in tire pieces on the ground or more than 2,000 scrap tires or the equivalent in tire pieces in an enclosed lockable container. Refer to the Scrap Tire Storage Site website for requirements. <https://www.tceq.texas.gov/tires/tires-storage>

Yes, a Storage Site Registration is required, and the application will be submitted separately.

No, a Storage Site Registration is not required.

10. On the Ground Storage (outdoors) – No more than 500 used or scrap tires or 5 tons of tire pieces for processors.

How many used or scrap tires will be stored outdoors?

How many tons of tire pieces will be stored outdoors? One passenger tire equals 20 lbs.

11. Enclosed Storage (trailer(s), warehouse, etc.) – No more than 2,000 used or scrap tires or 20 tons of tire pieces for processors.

How many used or scrap tires will be stored in enclosed storage?

How many tons of tire pieces will be stored in enclosed storage? One passenger tire equals 20 lbs.

12. Vector Control Measures

Describe the method for controlling vectors, such as mosquitos and rodents. Monitoring for vectors and appropriate vector control measures must be applied when needed, but no less than once every two weeks.

13. End Use of Used or Scrap Tires or Tire Pieces (check all that apply)

Identify the end use of the used or scrap tires or tire pieces. Provide the name and registration number if applicable. Not all tires must be delivered to a single location. Different types of facilities can be used. Include additional pages as an attachment as needed.

Energy Recovery Facility

Name:

Registration #:

Storage Site

Name:

Registration #:

Landfill

Name:

Permit #:

Land Reclamation Project Using Tires (LRPUT)

Name:

Registration #:

Other (identify):

14. Location Maps

Provide a map showing the location of facility in relation to a road intersection. Online mapping tools, such as Google Maps or Mapquest, are acceptable.

Map is included as attachment # ____ of this application.

15. Emergency Response

Provide documentation of arrangements with public or private emergency response personnel if facility does not intend to provide its own firefighting personnel or system. Specifically, the application must include a response letter from emergency response personnel stating they will provide fire protection in the event of an emergency. Examples of emergency response personnel include local city or county fire departments, and volunteer fire departments.

Name of public or private emergency response personnel:

Letter from emergency response personnel is included as attachment # ____ of this application.

16. Notification Requirements

Applicants are required to notify local authorities of the scrap tire facility registration application to comply with the notification requirements of 30 Texas Administrative Code Chapter 328, Sections 328.63(d)(1) and 328.63(d)(2). A template of the notice is provided on the next page of this application. Complete the template with the required information and send it, along with a copy of this application, by certified mail with a return receipt request. Submit return receipts to the TCEQ Scrap Tire Program as part of the registration application. Provide the name, mailing address, and date notice was mailed for the required local authorities below.

Return receipts are provided as attachment # ___ of this application.

City facility is located in

Check if facility is **not** located within city limits.

Name of City Mayor

Mailing Address

Date notice was received

County facility is located in

Name of County Judge

Mailing Address

Date notice was received

Name of Local Fire Authority

Name of Fire Marshal

Mailing Address

Date notice was received

Regional Council of Government

You can find the correct regional council of government by visiting txregionalcouncil.org and searching by county.

Name of Regional Council of Government

Mailing Address

Date notice was received

Scrap Tire Facility Registration – Notification to Local Authorities

Notification Date (mailed or hand-delivered date): _____

Notification to: _____

Customer Legal Name

has applied to the Executive Director of the Texas Commission on Environmental Quality (TCEQ) for a Scrap Tire Facility Registration for a proposed scrap tire facility to be located at:

Physical address of the facility

This notification is provided per the requirements of 30 TAC Chapter 328, Sections 328.63(d)(1) and 328.63(d)(2). Approval by the TCEQ Executive Director is required before the start of the proposed scrap tire facility operations at the above-referenced location.

Prior to authorizing a scrap tire facility, the TCEQ Executive Director must consider any timely written notification by a local government with jurisdiction over a proposed facility that the proposed facility does not comply with local requirements related to managing scrap tires and protecting public health and the environment. Such notice must include adequate documentation of noncompliance at the proposed facility. The Executive Director determines whether any documentation of noncompliance submitted is adequate. Comments on the application, if any, must be submitted in writing to the TCEQ's Waste Permits Division within 45 days of the date noted above.

The Executive Director shall, after review of the application for registration, determine if the application will be approved or denied. The Executive Director's final action on the application will be available to view at www.tceq.texas.gov/tires/pending-applications. The applicant or a person affected may file a motion to overturn the Executive Director's final action on this registration, which is a request that the commission review the Executive Director's action on an application. A motion to overturn must be filed no later than 23 days after the date of the final action. Information on how to file a motion to overturn is available at the above web page.

For more information about this application and/or to submit comments, please contact: Waste Permits Division, MC 126, Texas Commission on Environmental Quality, P.O. Box 13087, Austin, TX 78711-3087. The TCEQ staff can also be contacted via email to tires@tceq.texas.gov or by phone at (512) 239-2335.

Submitted by:

Name of Applicant or Authorized Representative

Mailing Address

Phone Number

Signature Section

I, _____, _____
(print or type name of authorized signatory) (title of authorized signatory)

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.

Signature: _____ Date: _____

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.

(print or type name of operator or principal executive officer)

Signature: _____ Date: _____



Texas Commission on Environmental Quality

Property Owner Affidavit

I, _____, the owner of record of the property herein described:
Name of Property Owner

Physical Address

have all rights and covenants to lease, rent, or assign to _____
Name of Applicant
the property described.

I acknowledge that _____ has, or intends to file for, a
Name of Applicant

registration to operate a solid waste (whole used or scrap tires) recycling, processing, and/or storage facility upon such property.

I acknowledge that the State of Texas may hold the undersigned and _____
Name of Applicant

either jointly or severally responsible for the operation, maintenance, closure and any required post-closure care of the site and facility.

I acknowledge my responsibility to file with the county deed records, upon closure of the site, an Affidavit to the Public advising that the land has been used for recycling, processing, and/or storage of waste tires.

I acknowledge the requirement that the site operator/registrant shall have access to the property described herein for a period of five years or until said registration expires, whichever period is shorter, for the purpose of operation and maintenance of the site and for the conduct of business.

WITNESS MY HAND on this _____ day of _____, _____.

Property Owner Signature _____

Subscribed and sworn to before me on this _____ day of _____, _____.

_____, for _____ County, Texas.
Notary Public Signature

My Commission Expires: _____



TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN		RN

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
11. Type of Customer:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees		13. Independently Owned and Operated?		
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Owner & Operator
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant <input type="checkbox"/> Other:
15. Mailing Address:				
	City	State	ZIP	ZIP + 4
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)
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SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected below this form should be accompanied by a permit application)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information	
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).	
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)	

23. Street Address of the Regulated Entity: <i>(No PO Boxes)</i>							
	City		State		ZIP		ZIP + 4
24. County							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:							
26. Nearest City					State	Nearest ZIP Code	
27. Latitude (N) In Decimal:				28. Longitude (W) In Decimal:			
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>							
34. Mailing Address:							
	City		State		ZIP		ZIP + 4
35. E-Mail Address:							
36. Telephone Number		37. Extension or Code			38. Fax Number <i>(if applicable)</i>		
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39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:				41. Title:		
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address			
() -		() -				

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:				Job Title:		
Name <i>(In Print)</i> :					Phone:	() -
Signature:					Date:	



Texas Commission on Environmental Quality

Checklist for Scrap Tire Facility Registration Application

Submit the checklist below as part of your application. Scrap Tire Facility Registration Applications will not be reviewed without documentation of notification to local authorities.

Required Documents

Completed TCEQ-10297 Scrap Tire Facility Registration Application

Completed TCEQ-10299 Property Owner Affidavit Form.

Completed TCEQ-10400 Core Data Form https://www.tceq.texas.gov/search_forms.html.

Location Maps (Attachment #___)

Response letter from emergency response personnel (Attachment #___)

Return Receipts as proof of notification provided to (Attachment #___)

City Mayor

County Judge

Regional Council of Government

Local Fire Authority

If applying for a 30-day supply, documented monthly consumption of tires consumed for energy recovery or legitimately recycled in the most recent six-month period. A facility in operation for less than six months must submit an estimate of a 30-day supply. (Attachment #___)