



# Texas Commission on Environmental Quality

## FY 2024 MSW Annual Report for Landfills

### Instructions (Please read before filling out the form)

This report form (TCEQ-20011a) is only for municipal solid waste (MSW) Landfills (Type I, IAE, IV, IVAE, or IAE&IVAE). This form and Instructions and Guidance (TCEQ-20011-Inst) are available on the TCEQ website at [www.tceq.texas.gov/goto/mswreporting](http://www.tceq.texas.gov/goto/mswreporting).

MSW facility operators are required to submit an annual report in accordance with Title 30, Texas Administrative Code, Chapter 330, Subchapter P (relating to Fees and Reporting). **The report for fiscal year 2024 (September 1, 2023 through August 31, 2024) is due to the TCEQ no later than November 10, 2024.**

Provide all data that relate to the facility and its operations in this report. If you have any questions, contact us at [mswrpts@tceq.texas.gov](mailto:mswrpts@tceq.texas.gov) or at (512) 239-2335. Please note that individuals are entitled to request and review their personal information that the agency gathers on its forms and may request any errors in their information corrected.

Submit this report form by e-mail to [mswrpts@tceq.texas.gov](mailto:mswrpts@tceq.texas.gov), by fax to (512) 239-2007, or by mail to MC 124, MSW Permits Section, PO Box 13087, Austin, TX 78711-3087.

### Section 1A – Facility Information

County:

Facility Name:

Facility Permit Number:

Facility Type:

Site Operator/Permittee:

### Section 1B – Contact Information

Contact Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

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### Section 2 – Facility Status

Mark the status of your facility during FY 2024 (9/1/2023 to 8/31/2024).

- Active – Facility operated this fiscal year.
- Inactive New – Facility authorized, but never operated. Projected date of operation: \_\_\_\_\_
- Inactive – Facility did not operate this fiscal year. Projected date of operation: \_\_\_\_\_
- Closed – Facility closed. Post-Closure Care not required.
- Post-Closure Care

### Section 3 – Signature

The following affirmation must be completed and **signed** for your annual report to be accepted.

- This facility is ACTIVE and “I affirm, as an authorized representative of the permit holder, that the information contained in this report is, to the best of my knowledge and understanding, complete and accurate.”
- This facility is INACTIVE and “I affirm, as an authorized representative of the permit holder, that this facility was inactive for the entire FY 2024 and that the information contained in this report is, to the best of my knowledge and understanding, complete and accurate.”

Printed Name:

Signature:

Title:

Date:

**If the facility did not operate during FY 2024, complete and submit only Sections 1A, 1B, 2, and 3 of this form.**

Section 4 – Facility Fees and Area Served	
[1] Was waste or feedstock measured by weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[2] Was waste or feedstock measured by volume?	<input type="checkbox"/> Yes <input type="checkbox"/> No
[3] Provide the average rate charged, in <b>dollar</b> amount(s), for all applicable units of measure:	
	Ton
	Gallon
	Pound
	Compacted Cubic Yard (CY)
	Uncompacted CY
<p>[4] List all the Texas Counties or county codes from which the facility accepted waste or feedstock material. If additional space is needed, include an attachment. Please include the county in which the facility is located, if applicable. A list of county and state codes is available on-line at <a href="http://www.tceq.texas.gov/goto/msw-annrept">www.tceq.texas.gov/goto/msw-annrept</a>.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>[5] List all states or state codes, other than Texas, from which the facility accepted waste or feedstock material. A list of county and state codes is available on-line at <a href="http://www.tceq.texas.gov/goto/msw-annrept">www.tceq.texas.gov/goto/msw-annrept</a>.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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**Section 5 – Diverted Materials**

**[1]** In Table 5-1, enter the amount, in tons, of the materials the facility received and then diverted from being disposed. If diverted materials are also treated or processed at the facility, record applicable amounts in Table 6-1 (Treated Solid Wastes) in Section 6. However, do not include materials transferred via a registered Type V facility located within the landfill’s permitted boundary.

**Table 5-1. Diverted Materials.**

Material Type	Tons Diverted
Yard Waste and Brush	
Aluminum	
Metal	
Glass	
Plastic	
Plastic Bottles	
Paper and Cardboard	
Construction or Demolition Waste	
Electronic Equipment	
White Goods	
Tires	
Automotive	
Shingles	
Used Oil	
Other Materials (identify in item 2 of this section)	
<b>Total Tons of Diverted Materials</b>	

**[2]** Identify other material types diverted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Section 6 – Solid Waste Treatment**

**[1]** In Table 6-1, for each applicable treatment method, list the amount, in tons and by origin, for each solid waste type received and treated at the facility.

If applicable, please use the volume to weight conversion factors referenced in 30 TAC, Chapter 330, Subchapter P, 330.675(a)(2) and Chapter 326, Subchapter G, 326.89(a)(5).

Note: volume to weight conversion factors to be used for converting cubic yards to tons are:

- For medium compacted cubic yards (CCY), divide total CCY by 3
- For heavy compacted cubic yards, divide total CCY by 2.5
- For uncompacted cubic yards (UCCY), divide total UCCY by 5

**Table 6-1. Treated Solid Wastes.**

<b>Treatment Method</b>	<b>In-State</b>	<b>Out-of-State</b>	<b>Mexico</b>	<b>Total</b>
Incineration				
Autoclave				
Composting				
Digestion				
Chemical Disinfection				
Chipping or Grinding Clean Wood Material for Mulch Purposes Only				
Other (identify in item 2 of this section)				
<b>Total Tons of Treated Solid Wastes</b>				

**[2]** Identify other solid waste treatment methods:

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**Section 7 – Landfill Disposal**

**[1]** Enter the amount, in tons and by origin, for each waste type disposed at the facility. If applicable, please use the following volume to weight conversion factors:

- For medium compacted cubic yards (CCY), divide total CCY by 3
- For heavy compacted cubic yards, divide total CCY by 2.5
- For uncompacted cubic yards (UCCY), divide total UCCY by 5

**Table 7-1. Landfill Disposal.**

<b>Waste Type</b>	<b>In-State</b>	<b>Out-of-State</b>	<b>Mexico</b>	<b>Total</b>
Municipal				
Brush				
Construction or Demolition				
Litter				
Tires (only tires that have been split, quartered, or shredded may be disposed in a landfill)				
Contaminated Soils				
Medical Waste				
Dead Animals or Slaughterhouse				
Regulated Asbestos-containing Material (RACM)				
Non-RACM				
Pesticide Containers				
Municipal Hazardous Waste from Conditionally Exempt Small Quantity Generators (Municipal CESQG)				
Sludges				
Grease Trap				
Grit Trap				
Septage				
Class 1 Nonhazardous Industrial Waste (NHIW)				
Class 2 and 3 NHIW				
Incinerator Ash				
Used Oil Filters				
Other (identify in item 2 of this section)				
<b>Total Tons of Landfilled Wastes</b>				

**[2]** Identify other waste types:

\_\_\_\_\_

\_\_\_\_\_

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<b>Section 8 – Landfill Characteristics and Management</b>	
Provide all information applicable to the facility for this FY	
<b>[1]</b> Total Permitted Area	acres
<b>[2]</b> Non-fill Areas (areas not designated for disposal)	acres
<b>[3]</b> Fill Areas in Post-Closure	acres
<b>[4]</b> Facility’s Permanent Benchmark Elevation	feet
<b>[5]</b> Permitted Max Elevation at Final Cover	feet
<b>[6]</b> Permitted Max Elevation at Deepest Excavation (A negative number indicates the elevation is below mean sea level)	feet
<b>[7]</b> Is an Alternative Liner used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[8]</b> Is this facility using Alternative Daily Cover? If “Yes”, what type(s)? Select all that are currently being used. <input type="checkbox"/> Contaminated Soils <input type="checkbox"/> Tarp <input type="checkbox"/> Sludges <input type="checkbox"/> Spray On <input type="checkbox"/> Other Identify other cover types: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[9]</b> Does this facility have a Gas Collection Control System? If “Yes”, please answer Questions <b>[10]</b> and <b>[11]</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[10]</b> Amount of Gas Flared	ft <sup>3</sup>
<b>[11]</b> Amount of Gas Vented	ft <sup>3</sup>
<b>[12]</b> Indicate Method of Leachate Management	<input type="checkbox"/> N/A <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site
<b>[13]</b> Estimated Amount of Leachate removed and disposed offsite	gallons
<b>[14]</b> Does this facility conduct Groundwater Monitoring? If “Yes”, please answer questions <b>[15]</b> and <b>[16]</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[15]</b> Number of Point of Compliance Wells	
<b>[16]</b> Number of Background Wells	
<b>[17]</b> Does this facility conduct Landfill Gas Monitoring? If “Yes”, please answer question <b>[18]</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[18]</b> Number of Landfill Gas Monitoring Wells/Probes	
<b>[19]</b> Class 1 NHIW Remaining Capacity	tons

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<b>Section 9A – Landfill Capacity Assessment</b>	
<p>If an aerial or ground survey was conducted <b>on or between March 1, 2024</b>, and <b>August 31, 2024</b>, please complete the following section of the report. If not, skip to Section 9B – Landfill Remaining Capacity Estimation.</p>	
<b>[1]</b> Date of Survey	
<b>[2]</b> Surveyed Capacity	yds <sup>3</sup>
<b>[3]</b> Assessed Capacity as of 8/31/2024	yds <sup>3</sup>
<b>[4]</b> Estimated Compaction Rate	lbs/yds <sup>3</sup>
<b>[5]</b> FY 2024 Remaining Capacity Multiply the quantity in <b>[3]</b> by the quantity in <b>[4]</b> and divide by 2000 lbs/ton.	tons
<b>[6]</b> Remaining Years at Current Performance (estimated)	years
The following information pertaining to the engineer that completed the capacity assessment is required.	
<b>[7]</b> Engineer's Firm Name	
<b>[8]</b> Engineer's Firm Registration Number	
<b>[9]</b> Engineer's Name	
<b>[10]</b> Engineer's License Number	
<b>[11]</b> Engineer's Telephone Number	
<b>[12]</b> Engineer's E-mail Address	

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<b>Section 9B – Landfill Remaining Capacity Information</b>	
If you did not assess capacity for your facility this FY or the landfill survey was conducted prior to March 2024, complete this section.	
<b>[1]</b> Total Tons Disposed Enter the sum of the total tons from Section 7.	tons
<b>[2]</b> Estimated Compaction Rate	lbs/yds <sup>3</sup>
<b>[3]</b> Estimated Volume of Cover Placed If <b>[3]</b> is not recorded separately for your facility, but is accounted for in Item <b>[4]</b> , please assume "0" for <b>[3]</b> .	yds <sup>3</sup>
<b>[4]</b> Total of Airspace used this FY Multiply <b>[1]</b> by 2000 lbs/ton, then divide the total by <b>[2]</b> and add <b>[3]</b> .	yds <sup>3</sup>
<b>[5]</b> Last FY's Remaining Capacity	yds <sup>3</sup>
<b>[6]</b> Airspace Changed by Permit Amendment this FY: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> No Change	
<b>[7]</b> Indicate the Amount of Change, if applicable	yds <sup>3</sup>
<b>[8]</b> This FY's Remaining Capacity <ul style="list-style-type: none"> <li>• If <b>[6]</b> is checked for "Decreased", then subtract <b>[4]</b> from <b>[5]</b>, then subtract <b>[7]</b>.</li> <li>• If <b>[6]</b> is checked for "Increased", then subtract <b>[4]</b> from <b>[5]</b>, then add <b>[7]</b>.</li> <li>• If <b>[6]</b> is checked for "No Change", then subtract <b>[4]</b> from <b>[5]</b>.</li> </ul>	yds <sup>3</sup>
<b>[9]</b> This FY's Remaining Capacity Multiply <b>[2]</b> by <b>[8]</b> , then divide by 2000 lbs/ton.	tons
<b>[10]</b> Estimated Remaining Years of Capacity at Current Performance	years

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<b>Section 10 – Other Activities</b>	
Please indicate all other TCEQ authorized activities that occurred within the facility boundary or are associated with the facility, and provide the authorization (permit, registration, notification, etc.) numbers.	
<b>[1]</b> Solidification/Dewatering	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[2]</b> Composting	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt
If authorized, provide the Composting Facility Authorization Number.	
<b>[3]</b> Recycling	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt
If authorized, provide the Recycling Facility Authorization Number.	
<b>[4]</b> Citizen's Collection Station Authorization Number	
<b>[5]</b> Low Volume Transfer Station Authorization Number	
<b>[6]</b> Transfer Station Authorization Number	
<b>[7]</b> Grease/Grit Processor Authorization Number	
<b>[8]</b> Medical Waste Facility Authorization Number	
<b>[9]</b> Landfill Gas Recovery Beneficial Use Authorization Number	
<b>[10]</b> Is the authorized Landfill Gas Recovery Facility for Beneficial Use owned by the landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>[11]</b> Tire Storage/Processing	<input type="checkbox"/> Authorized <input type="checkbox"/> Exempt
If authorized, provide the Tire Storage/Processing Authorization Number.	
<b>[12]</b> Air Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No
If authorized, provide the Air Authorization Number.	
<b>[13]</b> Storm Water Authorization Number	
<b>[14]</b> Air Curtain Incinerator Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No