



Notification for Hazardous or Industrial Waste Management

Bold items required for all notifications. * items required for all new notifications.

Please print clearly or type.

[Instructions for filling out this form.](#)

If this registration action affects any other program area within the TCEQ, you must also complete a TCEQ Core Data Form (TCEQ 10400) and forward the Core Data Form to the Central Registry at: Texas Commission on Environmental Quality, Central Registry MC144, P. O. Box 13087, Austin Texas 78711-3087

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Part A: Site Information (refers to the location being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications.)*

1. EPA ID: _____

2. Regulated Entity Number: RN _____

3. Site Name: _____

Site Location:*

4. Street Address: _____

or (if site does not have a street address)

5. Site Description: _____

and

6. City*: _____

7. State*: _____ 8. Zip+4*: _____ - _____

9. County*: _____

10. Primary [North American Industry Classification System](#) (NAICS) Code:* _____

11. Site Land Type:*

Private

Federal

State

County

Tribal

Other: _____

District

Municipal

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part B: Owner/Operator Information (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications.)*

12. Customer Number: CN _____

13. Owner/Operator Name:* _____
(List the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)

14. Check this box if a different legal entity than the site owner operates this site. Indicate the owner information below, and fill out the operator addendum in Part H.

15. Type of Customer:*

Corporation	State Government
Individual	Other Government
Sole Proprietorship- D.B.A.	General Partnership
City Government	Limited Partnership
County Government	Other: _____
Federal Government	

Tax Information: (Do not provide Social Security numbers below.)

16. Federal Tax ID: _____

17. TX State Tax ID: _____

18. Texas SOS/CPA Filing Number:* _____

19. Mailing Address:* _____

20. City:* _____

21. State:* _____ 22. Zip+4: _____ - _____

23. Telephone:* _____ 24. Fax: _____

25. Email: _____

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part C: Contact Information (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications.)*

Primary Site Contact*

26. First Name:* _____

27. Last Name:* _____

28. Title:* _____

29. Company Name:* _____

30. Mailing Address:* _____

31. City:* _____

32. State:* _____ 33. Zip+4:* _____ - _____

34. Telephone:* _____ 35. Fax: _____

36. Email: _____

Billing Contact* (The billing contact can be an individual or company name.)

Same as primary site contact OR registering as a transporter (go to Part D)

37. First Name: _____

38. Last Name: _____

39. Title: _____

40. Company Name:* _____
(The Billing Contact Company Name should match either #13 or #93.)

41. Mailing Address:* _____

42. City:* _____

43. State:* _____ 44. Zip+4:* _____ - _____

45. Telephone:* _____ 46. Fax: _____

47. Email: _____

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part D: Waste Activities (for the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

48. Registration Type:* (check all that apply)
Generator (go to #49-51)
Transporter (go to #54-56)
Transfer Facility (must either indicate transporter above or have a solid waste registration as a transporter at another location.)
Receiver (may require an industrial and hazardous waste permit)
Recycler (may require an industrial and hazardous waste permit)

49. Generator Type:* Industrial Non-industrial (go to #51)

50. Industrial Class 1 Generator: greater than or equal to 220 lbs of Class 1 industrial waste per month.
 Y N

51. Hazardous Waste Activities: (check one, if applicable)

 Large Quantity Generator (LQG): Greater than or equal to 2,200 lbs of hazardous waste, or 2.2 lbs acute hazardous waste per month.

 Small Quantity Generator (SQG): Greater than or equal to 220 lbs of hazardous waste, but less than 2,200 lbs per month.

 Conditionally Exempt Small Quantity Generator (CESQG): Greater than 0 but less than 220 lbs of hazardous waste per month.

Non-industrial Conditionally Exempt Small Quantity Generators and industrial generators of less than 220 lbs of *both* Class 1 and hazardous waste per month do not need to obtain a solid waste registration or permanent EPA ID. Please see the [instructions](#) for information about obtaining an EPA ID.

Universal Waste (Check all that apply.)

52. Large Quantity Handler of Universal Waste. (accumulates 5,000 KG or more of universal waste at any one time.) Indicate waste types below:
 Batteries Pesticides Mercury Paint Lamps

53. Destination Facility (A permit is required for this activity.)

Transporter Activities:

54. Waste Types Transported: Hazardous Industrial Class 1

55. Do you transport the wastes listed above for hire? Y N

56. Are any of the transported wastes generated at your facility? Y N

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part E: Waste Management Units (located at the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

Note: This form is for **non-permitted waste management units only** that require registration.
See the information at the bottom of the page for updates to permitted waste management units.

57. Unit Sequence Number:* _____	58. Unit Type Code:*(see Appendix B) _____
59. Unit Description:* _____	

60. Unit Regulatory Status:* 13- RCRA permit exempt- accumulation time (Small Quantity and Conditionally Exempt Small Quantity Generators only) 03- RCRA permit exempt <90 day storage (Large Quantity Generators only) 05- Non-hazardous regulated 08- RCRA permit exempt- wastewater treatment 09- RCRA permit exempt- totally enclosed treatment 10- RCRA permit exempt- other 11- RCRA permit exempt- recycling unit 14- UIC registration
61. System Type Code:*(see Appendix C) H _____

62. Texas Waste Codes for wastes generated on-site and managed in this WMU:*												
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____										
_____	_____	_____										
_____	_____	_____										
_____	_____	_____										

Updates to permitted waste management units require a permit modification.
For more information about permit modifications, visit https://www.tceq.texas.gov/permitting/waste_permits/ihw_permits/ihw.html#permitted or contact the IHW Permits Section at 512-239-2335 or ihwper@tceq.texas.gov.

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part F: Waste Streams (generated at the site being registered)

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

63. Sequence Number:*	_____	64. Texas Form Code :*	_____
65. Class Code: *(check one)	Hazardous	Class 1	Class 2 Class 3

66. Description of waste and generation process:*

67. Date of Generation:*(current date or earlier) _____	
68. Origin Code:*(check one) The waste:	
1- was generated on-site from a product or service activity.	5- was residual from the on-site treatment, disposal, or recycling of previously existing hazardous waste. (For hazardous waste, please indicate source code G25.)
2- resulted from a spill clean-up, equipment decommissioning, or emergency removal.	6- was from a state, federal, or locally funded cleanup.
3- derived from the on-site management of a non-hazardous waste.	7- was from a corrective action or closure.
4- was received from off-site and was not recycled or treated on-site.	

69. Waste is accumulated, treated, or disposed on-site:*	Y	N
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70. If yes for #69, provide the three digit waste management unit sequence number(s) where the waste is managed:*	_____
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71. Waste is managed/disposed off-site:*	Y	N
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72. Industrial Class 2 and Class 3 wastes only: This is a new chemical substance not currently listed on the Toxic Substances Control Act Chemical Substance Inventory .
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For hazardous wastes only:	NAICS (from #10) :*	_____
73. Source Code:*(See Appendix E) _____	74. Mixed Radioactive Waste:*	Y N
75. For Source Code G25, please indicate the System Type Code from Appendix C .	_____	
76. EPA Hazardous Waste Numbers/Codes:*	_____	

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part G: Certification (Must be included with all submissions; items marked with * are required.)

77. *Contact the _____ Preparer _____ Authorized Signer with any questions regarding this submission.

Preparer Information:*

78. Name:* _____

79. Title: _____

80. Company:* _____

81. Telephone:* _____ 82. Fax: _____

83. Email: _____

Authorized Signer:

By my signature below, I certify, to the best of my knowledge, that the information provided in this form is complete and accurate. I understand that the registration on listed on this form will be updated with the information provided herein. I also certify that I have signature authority to submit this form on behalf of the entity listed as the "Site Name".

84. Same as preparer information in #78-83 (go to #91)

85. Name: _____

86. Title: _____

87. Company: _____

88. Telephone: _____ 89. Fax: _____

90. Email: _____

91. Signature:* _____

Mail completed form to:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
PO Box 13087
Austin, TX 78711-3087

Please use the following address for any submissions sent via overnight services:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
12100 Park 35 Circle Bldg D
Austin, TX 78753

For initial registrations, submit forms with original signatures via one of the addresses above. **Updates only** may be faxed to (512) 239-6410. Initial registrations submitted by fax will be returned to the sender.

For any questions about filling out this form not covered in the [instructions](#), or for information about the Industrial and Hazardous Waste Program, please contact us at (512) 239-6413 or wasteval@tceq.texas.gov.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact TCEQ at 512-239-3282.

For TCEQ use only: IHW REG/ _____ /CO/ _____ /INITIAL-UPDATE

Solid Waste Registration # (required for all updates): _____ **Effective Date:** _____

Site Name: _____

Part H: (To be filled out only if #14 is checked) Operator Addendum

Submission Reason: New Update

**(Items marked with * are required for all new notifications)*

92. Customer Number: CN _____

93. Operator Name:* _____

(List the legal business name as filed with the Secretary of State's office or Comptroller of Public Accounts.)

94. Type of Customer:*

- | | |
|-----------------------------|---------------------|
| Corporation | State Government |
| Individual | Other Government |
| Sole Proprietorship- D.B.A. | General Partnership |
| City Government | Limited Partnership |
| County Government | Other: _____ |
| Federal Government | _____ |

Tax Information: (Do not provide Social Security numbers below.)

95. Federal Tax ID: _____

96. TX State Tax ID: _____

97. Texas SOS/CPA Filing Number:* _____

98. Mailing Address:* _____

99. City:* _____

100. State:* _____ 101. Zip+4:* _____ - _____

102. Telephone:* _____ 103. Fax: _____

104. Email: _____