



Unregistered/Inactive Episodic Generator Notification

For TCEQ use only: Customer Name _____

This form is for unregistered/inactive episodic waste generators who have generated or will generate more than 100 kilograms (kg) of non-acute hazardous waste, 100 kg of Class 1 Industrial Waste, or 1 kg of acute hazardous waste in a calendar month.

You must report shipments of waste listed on this notification. See Part G for more information about reporting waste shipments.

Bold items required for all notifications. All new notifications require fields with *.
Print clearly or type. [Instructions for filling out this form.](#)

Submission Reason: New Update
Generation Begin Date: _____ **End Date:** _____

(The generation begin date must be at least 30 days in the future for planned events.)

Part A: Site Information (refers to the location where the waste generation occurred)

- 1. Regulated Entity Number: RN _____
- 2. Solid Waste Registration Number (must be inactive): _____
- 3. EPA ID: _____
- 4. **Site Name:** _____

Site Location:*

- 5. Street Address: _____
or (if site does not have a street address)
- 6. Site Location Description: _____
and
- 7. **City:*** _____, Texas
- 8. Zip+4: _____ - _____ 9. **County:*** _____

10. Site Land Type:*

Private	Federal	State
County	Tribal	Other: _____
District	Municipal	_____

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

For TCEQ use only: Request ID/ _____

Site Name: _____

Submission Reason: New Update

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

For TCEQ use only: Customer Name _____

Part B: Event Type

12. Event Type (check one):*

Planned:

Equipment maintenance during plant shutdowns

Short-term construction or demolition

Tank cleanouts

Excess chemical inventory removal

Other planned: _____

Unplanned:

Accidental spills

Product recalls

"Acts of nature" (Tornado, hurricane, flood, etc.)

Production process upsets

Fire

Other unplanned: _____

Part C: Generator Information

13. Customer Number: CN _____

14. Generator's Legal Name:* _____

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

15. Type of Customer:*

Corporation

State Government

Individual

Other Government

City Government

General Partnership

County Government

Limited Partnership

Federal Government

Other: _____

Tax Information: (Do not provide Social Security numbers below. The numbers below should correspond to the generator's legal name above as filed with the Secretary of State's office or Comptroller of Public Accounts.)

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: Request ID/ _____

Site Name: _____

Submission Reason: New Update

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

Part D: Contact Information

Generator Representative Contact*

26. First Name:* _____

27. Last Name:* _____

28. Title:* _____

29. Company Name:* _____

Check here if the mailing address, telephone, fax, and email are the same as Part B, #19-25 and go to #37.

30. Mailing Address:* _____

31. City:* _____

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

34. Telephone:* _____ 35. Fax: _____

36. Email: _____

Broker/Environmental Consultant Contact (This contact is optional, but the asterisked items are required if this contact is provided.)

37. First Name:* _____

38. Last Name:* _____

39. Title:* _____

40. Company Name:* _____

41. Mailing Address:* _____

42. City:* _____

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

45. Telephone:* _____ 46. Fax: _____

47. Email: _____

For TCEQ use only: Customer Name _____

Site Name: _____

Submission Reason: New Update

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

Part E: Waste Streams (generated at the site in Part A)

48. [Texas Form Code](#):* _____

49. Classification:* (check one) Hazardous Class 1 Industrial

50. Description of the waste and of the waste generation process:*

51. Origin Code:* (check one) The waste was generated:

1- on-site from a product or service activity.

6- from a state, federal, or locally funded cleanup.

2- from a spill clean-up, equipment decommissioning, or emergency removal.

7- from corrective action or closure.

For hazardous wastes only:

NAICS:

52. Source Code:* (See [Appendix B](#)) _____

53. EPA Hazardous Waste Numbers/Codes:* _____

Additional Waste Stream

54. [Texas Form Code](#):* _____

55. Class Code: *(check one) Hazardous Class 1 Industrial

56. Description of the waste and of the waste generation process:*

57. Origin Code:* (check one) The waste was generated:

1- on-site from a product or service activity.

6- from a state, federal, or locally funded cleanup.

2- from a spill clean-up, equipment decommissioning, or emergency removal.

7- from a corrective action or closure.

For hazardous wastes only:

NAICS:

58. Source Code:* (See [Appendix B](#)) _____

59. EPA Hazardous Waste Numbers/Codes:* _____

Submit additional copies of this page for additional waste streams.

For TCEQ use only: Request ID/ _____

Site Name: _____

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

For TCEQ use only: Customer Name _____

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

Preparer Information:*

61. Name: _____

62. Title: _____ 63. Company:*

64. Telephone: _____ 65. Fax: _____

66. 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 also certify that I have signature authority to submit this form on behalf of the entity listed as the "Generator's Legal Name".

67. Same as preparer information in #61-66 (go to #74)

68. Name: _____

69. Title: _____ 70. Company: _____

71. Telephone: _____ 72. Fax: _____

73. Email: _____

74. Signature:*

To expedite processing, submit forms via fax to (512) 239-6410.

If not faxed, mail completed form to:
Texas Commission on Environmental Quality
Registration and Reporting Section MC-129
PO Box 13087
Austin, TX 78711-3087

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 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.

Reporting: You must report shipments of waste listed on this notification by the 25th of the month after the shipment occurs. TCEQ will send a Waste Shipment Summary reporting form to the generator representative when we complete processing of this request.

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.