

IDENTIFICATION

TCEQ CENTRAL RECORDS CODING

MSW PA/ / RP

Instructions: Fill in all fields that relate to this facility and / or the operations at this facility. More specific directions are listed in the **Instructions and Guidance** document (TCEQ-20011-Inst) provided with this report. Each question with a question number in brackets (like “[18]”) has a more complete description in the instructions. This report form and additional documents are also available from the TCEQ website at www.tceq.state.tx.us or by contacting the agency at (512) 239-6700. Please note that **pages 9 and 10 are for landfills only** and do not need to be returned by non-landfill facilities.

		TCEQ Records	Changes Needed
Facility	Central Records RN #		
	Permit / Registration #		
	Site Name		
	Facility Type	...	
Owner and Authorized Representative	Owner CN#		
	Owner Name		
	Representative CN#		
	Representative Name		
	Title		
	Company		
	Address		
	Address 2		
	City, State, Zip		
	Phone		
	Fax		
(optional) Email			
FY 2006 Report Data	Information from last year's report		
	Report received		
	Tons disposed / xfer		
	Cubic yards in-situ		<i>usually increases if this facility is active</i>
	Cubic yards remaining		<i>usually decreases if this facility is active</i>
	Status		

TRACKING INFO (TCEQ USE ONLY)

Logged in		Entered		Reviewed		Tested		Finished	
-----------	--	---------	--	----------	--	--------	--	----------	--

DECLARATIONS

The following affirmation must be completed in order for your annual report to be accepted:

"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."

Signature	Printed Name
Title	Date (report is due 11/15/08)

FACILITY STATUS

[1] Mark the status of your facility **during** FY 2008 (9/1/07 to 8/31/08). Select only one.

<input type="checkbox"/>	We have never accepted waste at this facility (Inactive - New)
<input type="checkbox"/>	We accepted waste between 9/1/07 and 8/31/08 at this facility (Active)
<input type="checkbox"/>	We used to accept waste, but did not this fiscal year (Inactive)
<input type="checkbox"/>	We used to accept waste, but we are in post-closure care (landfills only)
<input type="checkbox"/>	Our permit to accept waste was cancelled or revoked

Inactive Facility Certification

*If your facility was inactive or in post-closure care for last year's report (FY 2007) and your facility has not accepted any waste this reporting year, you may sign the certification below and return only the first two pages of this form. **Sign this portion only if your facility was inactive for the entire 2008 fiscal year.***

"I affirm, as an authorized representative of the permit holder, that this facility has been inactive for the entire 2008 fiscal year and that no data that would be reported on the following pages of this form has changed since FY 2007."

Signature	Printed Name
-----------	--------------

If you have questions on how to fill out this form or about the MSW Annual Reporting program, please contact us at 512/239-6700.

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 us at 512/239-3282.

FACILITY CHARACTERISTICS

	Yes	No
[2] Does this facility have scales for incoming waste?	<input type="checkbox"/>	<input type="checkbox"/>
[3] Did you allow off-site scale tickets for waste weights?	<input type="checkbox"/>	<input type="checkbox"/>
[4] Did you use a contract operator at this facility?	<input type="checkbox"/>	<input type="checkbox"/>

[5] If yes, what is their company name? _____

[6] What was your average rate for incoming waste? Enter dollar amount(s) measured by:

Ton	Compacted CY	Uncompacted CY	Pound	Gallon

[7]	What is the average distance that waste was transported to your facility?	miles
[8]	How many counties (including yours) did you accept waste from this year?	
[9]	Which ones? (Use County List* pages if needed)	
[10]	How many states (other than Texas) did you accept waste from?	
[11]	Which ones? (Use State List* page if needed)	

* The state and county list pages are available from the TCEQ website, or by calling 512-239-2334.

	Yes	No
[12] Did you accept waste from Mexico?	<input type="checkbox"/>	<input type="checkbox"/>
[13] Did you recover methane at your facility for beneficial purposes? (Not enclosed burning)	<input type="checkbox"/>	<input type="checkbox"/>
[14] Was recovered methane used for fuel?	<input type="checkbox"/>	<input type="checkbox"/>
[15] Was recovered methane used to generate power?	<input type="checkbox"/>	<input type="checkbox"/>
[16] Amount of methane recovered:	ft ³	
[17] Power generated and used onsite:	kWh	
[18] Power generated and sold:	kWh	

DIVERSION

[19] How many **tons** of the following wastes were diverted from landfilling (i.e., recycled, reused, recovered). Report regular MSW transfers in the Transfers section on Page 8.

Yard Waste or Brush	Metals	Glass	Plastic	C&D	Paper/OCC	Other*

*List other waste types diverted here:

[20] Which of the following activities did this facility offer or engage in?
Please select 'Yes' or 'No' for each.

Collecting	Yes	No
Tires	<input type="checkbox"/>	<input type="checkbox"/>
Other auto wastes	<input type="checkbox"/>	<input type="checkbox"/>
Compaction	Yes	No
Baling	<input type="checkbox"/>	<input type="checkbox"/>
Stationary Compaction	<input type="checkbox"/>	<input type="checkbox"/>
Chipping / Mulching / Grinding	<input type="checkbox"/>	<input type="checkbox"/>

PROCESSING

What type of **processing** are you reporting? Processing is defined by one of the following choices.

Check at least one: (Report transfers on the next page)

Composting	Chipping	De-watering	Grinding	Shredding	Land Application	Bioremediation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[21] SOLID WASTE PROCESSING (TONS)

List waste amounts **Processed** at your facility. Report Transfers or Disposal on following pages.

	In-state	Out-state	Mexico	Total
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
Sludge*				
Grease*				
Septage*				
Soil				
Tires				
Total Tons				

* Dry weight after liquid processing

[22] LIQUID WASTE PROCESSING (GALLONS)

	In-state	Out-state	Mexico	Total
Sludge				
Grease				
Grit				
Septage				
NHIW* Class 1				
NHIW* Class 2				
NHIW* Class 3				
Total Gallons				

* NHIW - Non-Hazardous Industrial Waste

TRANSFERS

List waste amounts **Transferred from your facility to another facility** for each waste type and source.

[23] SOLID WASTE TRANSFERS (TONS)

	In-state	Out-state	Mexico	Total
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
Special Wastes				
Other				
Total Tons				

[24] LIQUID WASTE TRANSFERS (GALLONS)

	In-state	Out-state	Mexico	Total
Sludge				
Grease				
Grit				
Septage				
NHIW* Class 1				
NHIW* Class 2				
NHIW* Class 3				
Total Gallons				

* NHIW - Non-Hazardous Industrial Waste

DISPOSAL

[25] Which type of disposal is this form reporting?

Landfill	Incineration
-----------------	---------------------

Enter **tons** of waste disposed **at your facility** for each waste type and source. Report Transfers on the previous page. A worksheet is provided on Page 8 to assist with calculations. Total Tons on this page should equal [30] on Page 8.

[26]	In-state	Out-state	Mexico	Total (Tons)
Residential				
Commercial				
Institutional				
Recreational				
Brush				
C&D				
Litter				
NHIW Class 1 *				
NHIW Class 1-A **				
NHIW Classes 2/3				
Incinerator ash				
Medical waste				
Asbestos				
Dead animals				
Sludge***				
Grease***				
Grit***				
Septage***				
Contaminated Soil				
Tires				
Rejects / Spoils				
Other				
(describe)				
Total Tons				

* Non-Hazardous Industrial Waste (NHIW) Class 1, excluding materials containing asbestos

** NHIW Class 1 Regulated Asbestos-Containing Materials (RACM) only

*** If these wastes were processed on-site before disposal, please also report them in the Liquid Processing section

WORKSHEET OF WASTE AMOUNTS for FEES REPORTED TO THE STATE

CCY - Compacted Cubic Yards **UCCY** - Uncompacted Cubic Yards **PET** - Population Equivalent Tons

MSW - Waste subject to the state solid waste fee under 30 TAC §330.602

[27]	MSW	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
	Converted total					

NHIW (Non-Hazardous Industrial Waste) - Waste subject to the state NHIW fee under 30 TAC §335.325

[28]	NHIW	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
	Converted total					

Exempt - Exempt from the state MSW fee under 30 TAC §330.602(a)(7) or (b)(7)

[29]	Exempt	Tons	CCY	UCCY	PET	
	Q1					
	Q2					
	Q3					
	Q4					
	Total					Block Total
	Divide by	1	3	5	1	(add converted totals)
	Converted total					

[30]	Tons Disposed (sum Block Totals)	
------	----------------------------------	--

***** END OF REPORT FOR NON-LANDFILL FACILITIES *****

FOR LANDFILLS ONLY: 1 of 2

Indicate if this facility performed the following activities

[31] Monitors	Yes	No	[32] Gas Management	Yes	No	[33] Leachate Management	Yes	No
Groundwater	<input type="checkbox"/>	<input type="checkbox"/>	Venting	<input type="checkbox"/>	<input type="checkbox"/>	Recirculation	<input type="checkbox"/>	<input type="checkbox"/>
Methane	<input type="checkbox"/>	<input type="checkbox"/>	Flaring	<input type="checkbox"/>	<input type="checkbox"/>	Evaporation	<input type="checkbox"/>	<input type="checkbox"/>
NMOC (VOC)	<input type="checkbox"/>	<input type="checkbox"/>	Enclosed Burning	<input type="checkbox"/>	<input type="checkbox"/>	Discharge to POTW *	<input type="checkbox"/>	<input type="checkbox"/>
Leachate	<input type="checkbox"/>	<input type="checkbox"/>	Report beneficial gas recovery on page 3			Transfer to liquid processor	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>						

* Public-Owned Treatment Works

If this facility has never accepted waste skip to [51] "Total cubic yards remaining"

IF YOU ASSESSED YOUR SITE THIS YEAR

[34] Assessment date	
[35] Assessed capacity	yd ³
[36] Capacity on 8/31/08	yd ³
[37] Engineer's Seal	
Seal indicates certification of assessment only. Assessments without a seal will be treated as estimates.	
[38] Signature	
[39] Date / Firm	
[40] Telephone	

IF YOU DID NOT ASSESS THIS YEAR

[41] Total tons disposed: (Enter [30], from page 8)	
[42] Multiply [41] by 2,000 lbs/ton:	
[43] Compaction rate (lbs/yd ³):	
Cubic yards used	
[44] Enter [42] divided by [43] :	
Starting capacity	
[45] Last year's yd ³ remaining:	yd ³
Airspace permit changes	
[46] Airspace added:	yd ³
[47] Airspace removed:	yd ³
Capacity remaining	
[48] Enter [45] - [44]:	yd ³
Added capacity	
[49] Enter [48] + [46]:	yd ³
Capacity removed	
[50] Enter [49] - [47]:	yd ³

[51] Total cubic yards remaining (enter [36] for assessed total or [50] for estimated) : _____ yd³

FOR LANDFILLS ONLY: 2 of 2

Acreage	
[52]	Non-fill areas: acres
[53]	Fill areas in post-closure: acres
[54]	Fill areas finished post-closure: acres
[55]	Other used and unused fill areas: acres
[56]	Total acreage: acres
Permit Limits	
[57]	Max height above <u>ground surface</u> : feet
[58]	Max depth below <u>ground surface</u> : feet
Current Waste / Capacity	
[59]	In-situ volume (waste and cover): yd³
[60]	Enter [51] remaining yd ³ : yd³
[61]	Enter [43] (or current compaction rate): lbs / yd³
[62]	Remaining tons: [60] x [61] / 2000: tons
[63]	Remaining years at current performance: please provide us with your best estimate of the remaining years of landfill capacity. This should be based on your permitted volumes and facility operational knowledge and unaffected by short term variations in waste receipts. years
Other Items	
[64]	Class 1 NHIW dedicated volume: yd³
[65]	Is this facility using Alternative Daily Cover? Yes <input type="checkbox"/> No <input type="checkbox"/>
[66]	If yes, what type(s)?
[67] Describe permit amendments to available airspace (if any):	

*** END OF REPORT FOR LANDFILL FACILITIES ***