

County:

---

## Texas Commission on Environmental Quality

### FY 2011 MSW Annual Report for Processing Facilities

**Instructions:** This form (TCEQ-20011b) is for **Processing Facilities (Type V) only**. This report form and forms for Landfills (TCEQ-20011a) and Facilities Recovering Landfill Gas for Beneficial Use (20011c) as well as detailed **Instructions and Guidance** (TCEQ-20011-Inst) are available on the Texas Commission on Environmental Quality (TCEQ) website at [http://www.tceq.texas.gov/permitting/waste\\_permits/waste\\_planning/wp\\_annual.html](http://www.tceq.texas.gov/permitting/waste_permits/waste_planning/wp_annual.html) or can be obtained by contacting the TCEQ at (512)239-2626.

A report is required to be submitted for an MSW facility with an issued permit or registration, regardless of the facility's physical status (active, inactive, or post-closure care). The report is due into the agency **December 30, 2011**.

Fill in all fields that relate to this facility and its operations. If you have any questions on how to fill out this form or about the Municipal Solid Waste (MSW) Annual Reporting requirements, contact us at (512)239-2626. 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.

### Section 1 – General Information *(Required)*

#### Facility Information

Facility Permit/Registration Number \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Type: \_\_\_\_\_  
Regulated Entity Number (RN): \_\_\_\_\_  
Site Operator/Permittee: \_\_\_\_\_

#### Contact Information

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Section 2 – Facility Status** *(Required)*

*Mark the status of your facility during FY 2011 (9/1/10 to 8/31/11)*

- Active – The facility operated this FY.
- Inactive New\* – The facility is authorized, but never operated.
- Inactive\* – The facility did not operate this FY.
- Closed – Authorization to operate was cancelled or revoked.

\*If facility status is Inactive or Inactive New, the projected date of operation is:

**Section 3 – Signature** *(Required)*

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

- This facility is ACTIVE and “I affirm, as an authorized representative of the permit/registration 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/registration holder, that this facility was inactive for the entire FY2011 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:

---

**Note: If the facility has not accepted any waste during FY 2011 and none of the values reported in other sections of the form have changed from the prior year (such as permitted acreage, method of leachate management, etc.), complete pages 1 & 2 and submit the form to the TCEQ. If facility characteristics have changed, please complete the applicable questions and submit the additional pages with pages 1 & 2.**

### Section 4 – Facility Fees and Areas Served

<b>[1]</b> Does this facility use scales for incoming waste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[2]</b> Does this facility use vehicular volume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[3]</b> What was the average rate charged for incoming waste? Enter dollar amount(s) for all applicable measuring systems listed below: Ton: _____ Gallon: _____ Pound: _____ Compacted Cubic Yards (CY): _____ Uncompacted CY: _____		
<b>[4]</b> Did you accept waste from any county other than the county (ies) in which your facility is located?  If “Yes”, how many counties, including the county in which your facility is located? _____ List the counties or county codes:* _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[5]</b> Did you accept waste from any state other than Texas?  If “Yes”, how many? _____ List states or county codes*: _____ _____ _____  Note: If waste was accepted from out-of-state or Mexico, list amounts treated in Section 6 and/or Section 7 and amounts transferred in Section 8 and/or Section 9 in the applicable fields.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*County and state codes are available by calling 512/239-2626 or online at: [www.tceq.texas.gov/permitting/waste\\_permits/waste\\_planning/wp\\_annual.html](http://www.tceq.texas.gov/permitting/waste_permits/waste_planning/wp_annual.html).

## Section 5 – Recycled Materials

**[1]** List the amount, **in tons**, for the following materials that the facility processed for recycling purposes and did not send to a disposal facility.

Yard Waste or Brush	tons
Aluminum	tons
Metal	tons
Glass	tons
Plastic Bottles	tons
Other Plastics	tons
Construction/Demolition Waste	tons
Paper/Cardboard	tons
Electronic Materials	tons
White Goods	tons
Tires	tons
Automotive	tons
Shingles	tons
Used Oil	tons
Other	tons

**[2]** Identify other materials recycled:


### Section 6 – Solid Waste Treatment

**[1]** For each applicable method, list the amount, **in tons**, for wastes **received** and **treated** at the facility.

If applicable, please use conversion factors referenced in Title 30 Texas Administrative Code (30 TAC), Chapter 330, Subchapter P, Section 330.675(a)(2).

Treatment Method	In-State	Out-of-State	Mexico	TOTAL
Incineration				
Autoclave				
Composting				
Digestion				
Other				
<b>TOTAL TONS</b>				

**[2]** Identify “Other” solid waste treatment methods:

--

### Section 7 – Liquid Waste Treatment

**[1]** List the amount, **in tons**, for each waste type **received** and **treated** at the facility.

If applicable, please use conversion factors referenced in 30 TAC, Chapter 330, Subchapter P, Section 330.675(a)(2).

Waste Type	In-State	Out-of-State	Mexico	TOTAL
Sludge				
Grease				
Grit				
Septage				
Class 1 NHIW <sup>1</sup>				
Class 2 NHIW				
Other				
<b>TOTAL TONS</b>				

1. NHIW (Non Hazardous Industrial Waste)

**[2]** Identify “Other” liquid types treated:

--

### Section 8 – Solid Waste Transfers

**[1]** List the amount, **in tons**, for each waste type accepted and transferred to another facility for disposal.

For treated waste reported in the “Solid Waste Treatment” table in Section 6, enter the amount (after treatment) for each waste type transferred from your facility to another facility in the applicable “Treated Waste” field below.

If applicable, please use conversion factors referenced in Title 30 TAC, Chapter 330, Subchapter P, Section 330.675(a)(2).

Waste Type	In-State	Out-of-State	TOTAL
Municipal			
NHIW			
Brush			
Construction/Demolition			
Special Waste			
Treated Waste			
Other			
<b>TOTAL TONS</b>			

**[2]** Identify “Other” solid waste types transferred:


### Section 9 – Liquid Waste Transfers

**[1]** List the amount, **in tons**, for each waste type accepted and transferred to a liquid processing or disposal facility.

For treated waste reported in the “Liquid Waste Treatment” table in Section 7, enter the amount (after treatment) for each waste type transferred from your facility to another facility in the applicable “Treated Waste” field below.

If applicable, please use conversion factors referenced in Title 30 TAC, Chapter 330, Subchapter P, Section 675(a)(2)(A).

Waste Type	In-State	Out-of-State	TOTAL
Sludge			
Grease			
Grit			
Septage			
Class 1 NHIW			
Class 2 NHIW			
Treated Waste			
Other			
<b>TOTAL TONS</b>			

**[2]** List other liquid waste types transferred:


### Section 10 – Other Activities

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>	Is the facility located at a permitted Wastewater Treatment Plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[2]</b>	Composting: If authorized, provide the Composting Facility Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
<b>[3]</b>	Recycling: If authorized, provide the Recycling Facility Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
<b>[4]</b>	Citizens' Collection Station Authorization No.:		
<b>[5]</b>	Low Volume Transfer Station Authorization No.:		
<b>[6]</b>	Transfer Station Authorization No.:		
<b>[7]</b>	Grease/Grit Processor Authorization No.:		
<b>[8]</b>	Medical Waste Facility Authorization No.:		
<b>[9]</b>	Tire Storage/Processing: If authorized, provide the Tire Storage/Processing Authorization No.: _____	<input type="checkbox"/> Authorized	<input type="checkbox"/> Exempt
<b>[10]</b>	Air Authorization? If authorized, provide the Air Authorization No.: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>[11]</b>	Storm Water Authorization No:		
<b>[12]</b>	Air Curtain Incinerator Authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No