

**NOTICE OF INTENT TO APPLY FOR A
COMPOST FACILITY PERMIT OR REGISTRATION
(Compost Form No. 2 and 3, consolidated)**

SUBMIT ORIGINAL AND TWO COPIES OF ALL APPLICATION
DOCUMENTS, INCLUDING THIS FORM

PERMIT/REGISTRATION APPLICATION NO. MSW _____ (for TCEQ use).

Applicant Information:

| | |
|--|-----------|
| Applicant Name: | |
| Customer Reference Number - if known* (9 digits) | CN |

* If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.

Facility Information:

| | |
|--|-----------|
| Facility Name: | |
| Regulated Entity Reference Number - if known* (9 digits) | RN |

* If you do not have this number, complete the regulated entity information section of the Core Data Form (TCEQ-10400) and submit it with this application.

Applicant's Agent Information:

| | | | |
|-----------------------------|--|--|--|
| Authorized Agent's Name | | | |
| Authorized Agent's Title | | | |
| Street or P.O. Box | | | |
| (City)(County) (State)(Zip) | | | |
| (Area Code)(Phone #) | | | |
| (Area Code)(FAX #) | | | |

Name of Applicant: _____

Public Place Where Administratively Complete Permit Application Will Be Located:

Identify the public place in the county (e.g., public library, county court house, city hall, etc.) including the address, where the application will be made available for review and copying by the public. (Applicants for new permits and major amendments must make a copy of the administratively complete application available at a public place in the county where the facility is, or will be, located for review and copying by the public.)

Property Owners Information:

| | |
|--|-----------|
| Name: | |
| Customer Reference Number - if known* (9 digits) | CN |

* If you do not have this number, complete the customer information section of the Core Data Form (TCEQ-10400) and submit it with this application.

Geographic Coordinates of Permanent Site Benchmark:

| | |
|----------------------------------|----------|
| Latitude | N |
| Longitude | W |
| Elevation (above mean sea level) | |

Deed Information:

| | |
|--------|--|
| County | |
| Book | |
| Volume | |

Easement Holders of On-Site Easements are:

| Name | Address | Contact Person | Area Code/Telephone & FAX |
|------|---------|----------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name of Applicant: _____

Local Government Jurisdiction:

| | |
|--|--|
| Within City Limits of: | |
| Within Extraterritorial Jurisdiction of City of: | |

The Facility is Located:

| | | |
|------------------|-------|--|
| _____ feet | _____ | (direction) of the nearest road; |
| _____ miles | _____ | (direction) of the nearest airport/airfield; and |
| _____ feet/miles | _____ | (direction) of the nearest occupied structure. |

Waste Acceptance Rate, and Site Life:

It is estimated that the site will receive an average of approximately _____ tons / cubic yards / gallons (circle one) of municipal solid waste, and have an estimated life of _____ years.

List the nature, type and estimated quantity of waste:

| FEED STOCK TYPE | QUANTITY |
|-------------------------------------|----------|
| Mixed Municipal Solid Waste | |
| Municipal Sewage Sludge | |
| Septage | |
| Grease Trap | |
| Paper Sludge | |
| Positively Sorted Material: | |
| • Paper | |
| • Cardboard | |
| • Yard Trimmings | |
| • Wood | |
| • Vegetative Food Matter | |
| • Cloth | |
| Other Feedstock (<i>describe</i>) | |
| | |
| | |
| | |
| | |
| | |

Waste to be specifically excluded:

30 TAC §332.4(k), Hazardous waste. All hazardous wastes, any nonhazardous industrial solid wastes not listed in subsection 30 TAC §332.4(j) of this section, and any of the materials listed in subsection 30 TAC §332.4(j) of this section which are not managed in accordance with the requirements of this chapter, shall be managed in accordance with Chapter 335 of this title (relating to Industrial Solid Waste and Municipal Solid Waste).

Name of Applicant: _____

Traffic Impact:

The primary access routes to the site are (list roads within one mile of site to be used for site access)

_____. Initial traffic impact is estimated to be _____ vehicles/day with an estimated ultimate traffic impact of _____ vehicles/day.

The site is located in Texas Department of Transportation District :

| | | | | |
|-----------------------------|--|--|----|--|
| (TxDOT District Name & #) | | | | |
| (District Engineer's Name) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

The local governmental authority or agency responsible for road maintenance is:

| | | | | |
|-----------------------------|--|--|----|--|
| (Contact Person's Name) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

Consulting Engineer:

| | | | | |
|-------------------------------|--|--|--|--|
| (Responsible Engineer's Name) | | | | |
| (Name of Engineering Firm) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

Name of Applicant: _____

Provide the following information for the State Senators and Representatives who represent the area in which the Municipal solid waste facility is located.

State Representative:

| | | | | |
|------------------------------|--|--|----|--|
| District Number: | | | | |
| State Representative's Name: | | | | |
| (District Office Address) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

State Senator:

| | | | | |
|-----------------------------|--|--|----|--|
| District Number: | | | | |
| State Senator's Name: | | | | |
| (District Office Address) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code) (Phone #) | | | | |
| (Area Code) (FAX #) | | | | |

Provide the following information for the appropriate regional Council of Governments(COG), River Basin Information, and U.S. Army Corps of Engineers District which represents the area that the Municipal Solid Waste facility is to be located.

COG Name:

| | | | | |
|------------------------------|--|--|----|--|
| (COG Representative's Name) | | | | |
| (COG Representative's Title) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

Name of Applicant: _____

River Basin Information:

| | | | | |
|-----------------------------|--|--|----|--|
| (River Authority) | | | | |
| (Contact Person's Name) | | | | |
| (Watershed Sub-Basin Name) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | TX | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |

This site is located in the following District of the U.S. Army Corps of Engineers:

| | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Ft. Worth, TX | <input type="checkbox"/> Galveston, TX | <input type="checkbox"/> Tulsa, OK |
|--|--|--|------------------------------------|

List all other permits or construction approvals, required, received or applied for to this or any government agency, whether local, state, or federal which pertain to this facility. Be specific, include permit numbers and other relevant identifiers. Also indicate RQD (required), APP (applied for), REC (received), or N/A (not applicable).

| | |
|--|---|
| | Hazardous Waste Management program under the Texas Solid Waste Disposal Act; |
| | Underground Injection Control (UIC) program under the Texas Injection Well Act; |
| | National Pollutant Discharge Elimination System (NPDES) program under the Federal Clean Water Act (CWA) and Waste Discharge program under the Texas Water Code, Chapter 26; |
| | Prevention of Significant Deterioration (PSD) Program under the Federal Clean Air Act; |
| | Nonattainment Program under the Federal Clean Air Act; |
| | National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clear Air Act; |
| | Ocean dumping permits under the Marine Protection Research and Sanctuaries Act; |
| | Dredge or fill permits under of the Federal Clean Water Act; |
| | NPDES Stormwater Pollution Control §402 Permit; |
| | U. S. Army Corps of Engineers Dredge and Fill Permit §404; |
| | TCEQ Air Quality Permit or Registration; |
| | Other environmental permits (list below). |
| | |

Name of Applicant: _____

Applicant's Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." [30 TAC §305.44(b)]

| | | | | |
|--------------------------------|--|--|--|--|
| (Signature of Applicant) | | | | |
| (Type or Print Name and Title) | | | | |
| (Street or P. O. Box) | | | | |
| (City)(County) (State)(Zip) | | | | |
| (Area Code)(Phone #) | | | | |
| (Area Code)(FAX #) | | | | |
| DATE | | | | |

Notary Public's Certificate

Subscribed and sworn to before me, by the said

_____,
this _____ day of _____, 20_____, to certify which witness my hand and seal of office.

Notary Public in and for _____ County, Texas

My Commission Expires _____

Please submit completed Application and a [TCEQ Core Data Form \(TCEQ-10400\)](#) to :

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Waste Permits Division
MC 124 / Municipal Solid Waste Permits Section
P.O. Box 13087
Austin, Texas 78711-3087**