



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Permitting & Remediation Support Division
 MSW Registration Team (MC 129)
 P.O. Box 13087 Austin, TX 78711-3087
 (512) 239-6001, option 1
 Internet address: <http://www.tceq.com>

APPLICATION FOR TEMPORARY STORAGE OF MUNICIPAL SLUDGES AND SIMILAR WASTES BY REGISTERED TRANSPORTERS (fixed or permanent site only)

NAME OF RESPONSIBLE PERSON		TRANSPORTER REGISTRATION NUMBER	
COMPANY NAME (INDIVIDUAL, CORPORATION, OR OTHER LEGAL ENTITY)		AREA CODE/TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP

Location of Facility:

County: _____

Within City Limits of: _____

Property Owner Name: _____

Property Owner Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Area Code/Telephone: (_____) _____

Types of waste to be stored:

- ___ 1. Wastewater Treatment Plant Sludge (WW)
- ___ 2. Water Supply Treatment Plant Sludge (WT)
- ___ 3. Septic Tank Waste (DS)
- ___ 4. Chemical Toilet Waste (PP)
- ___ 5. Grit Trap (GT)
- ___ 6. Grease Trap (GS)
- ___ 7. Other (specify)

Note: The use of lagoons and/or in-ground storage tanks are not authorized under the provision of this section.

Is the waste stored in a closed vessel? Yes No

If NO, provide the location of the storage site shall meet the buffer zone requirements of §312.44(d).

- 1) _____ Feet to private water supply well.
- 2) _____ Feet to public water supply well or intake.
- 3) _____ Feet to solution channels, sinkholes, or other conduits to groundwater.
- 4) _____ Feet to occupied residence or public right of way.
- 5) _____ Feet to existing school, institutions, or residential or business development.
- 6) _____ Feet to property boundary.
- 7) _____ Feet to irrigation conveyance canals.

Is the storage site located on land within a designated base flood zone (100 year floodplain)? Yes No

SIGNATURE

I, _____, _____, certify under penalty of law
(printed name of applicant) (title)

that all information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for falsification of information, including the possibility of fine, imprisonment for violations, and revocation of this registration.

Signature: _____ Date: _____

If you have questions on how to fill out this form or about the Sludge Transporter program, please contact us at 512/239-6001, option 1.

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. Any administrative changes must be made on the TCEQ Core Data Form (TCEQ 10400). To review such information, contact us at 512/239-3282.