MSW/ /CO/ - - /Quarterly Report

Texas Commission on Environmental Quality
Municipal Solid Waste Quarterly Report Fiscal Year _____
Contact: Elvi Yzaguirre Phone: (512) 239-6700 Mail Code/126
(**Complete all blanks to identify facility - incomplete report will be returned)**

P/R Number:_____ ☐ Check Box Billing Period:09/01/_____ - 11/30/_____ Due: 12/20/_____

Region:_____ ☐ Check Box Billing Period:12/01/_____ - 02/28/_____ Due: 03/20/_____

County:_____ ☐ Check Box Billing Period: 03/01/_____ - 05/31/_____Due: 06/20/_____

Type:_____ ☐ Check Box Billing Period: 06/01/_____ - 08/31/_____Due: 09/20/_____

Site Name:_____

Facility Operator Name: _____ (Check box below if Contact or address has changed)
Owner Name:_____
Address:_____
_____
_____

Did you receive waste during this quarter? Yes ◯ No ◯

Number of Counties Served: ☐

Select the method(s) used to record waste received: Scale Weight ◯ Vehicular Volume ◯

Report waste as received at the gate prior to processing.

compacted cubic yds

uncompacted cubic yards

(liquids cannot be reported as uncompacted)

tons

Please download instructions for general weight/volume conversion factors to be used for various types of waste https://www3.tceq.texas.gov/steers/help/msw/Qrptins_processor.pdf.

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief.

Check box if designated representative information has changed. ☐

Name _____ Title _____

Signature _____ Date _____ Phone _____

e-mail _____

Your fee will be calculated in accordance with 30 Texas Administrative Code (TAC), Section 330.673. The Texas Commission on Environmental Quality will mail a invoice to your designated representative. Failure to submit the quarterly report and/or pay invoiced fees by the due date may subject you to administrative penalties and/or enforcement actions.