

AIRY/GB0521J/10054.2448/O-020731PA



**WASTE MANAGEMENT INC.**

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Houston, TX 77024  
(713) 647-5450  
(713) 647-5466 Fax

April 8, 2009

Richard Carmicheal, PhD, PE, CIH  
Section Manager  
MSW Permits Section  
Texas Commission on Environmental Quality  
12100 Park 35 Circle  
Austin, Texas 78753

**RECEIVED**

APR 13 2009

**WASTE PERMITS DIVISION  
TEXAS COMMISSION ON  
ENVIRONMENTAL QUALITY**

RE: Waste Management Coastal Plains RDF – Galveston County, TX  
Title V Permit Number O-02073, TCEQ Account Number GB-0521-J  
CN600127856; RN100542448  
Title V Section 504 Notification

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**RECEIVED**  
JUL 21 2009  
TCEQ  
CENTRAL FILE ROOM

Dear Mr. Carmicheal:

In accordance with the requirements of Texas Commission on Environmental Quality (TCEQ) Regulation 30 TAC 122.504 (Application Revisions When an Applicable Requirement or State-Only Requirement is Promulgated or Adopted or a General Operating Permit is Revised or Rescinded). Waste Management of Texas, Inc. (WMTX) submits this notification on behalf of Coastal Plains Recycling and Disposal Facility located in Galveston County, TX.

The following information details the changes that are proposed as part of this modification.

**DESCRIPTION OF THE OPERATIONAL CHANGE**

This modification is being submitted to replace October 2006 revised form TCEQ-20316 "Municipal Solid Waste Landfill (MSWLF) and Transfer Station Air General Operating Permit (GOP) No. 517 Checklist for Asbestos Handling Waste Management with the same form revised November 2008.

The proposed change indicated above represents a minor revision to comply with a new TCEQ required checklist. No change in any emissions is proposed as part of this revision.

Pursuant to Title 30 Texas Administrative Code §122.132(e) [30 TAC §122.132(e)] (relating to "Application and Required information") and 30 TAC §122.165 (relating to "Certification by Responsible Official"), the appropriate designee has certified all documents as part of this submittal. The OP-CRO1 Certification by Responsible Official Federal Operating Permit Program form is attached.

*File Title V  
O-02073*

DATE \_\_\_\_\_  
TS# 12654620  
I D. DuHa  
AM ☐ Admin. ☒ I ☐ II

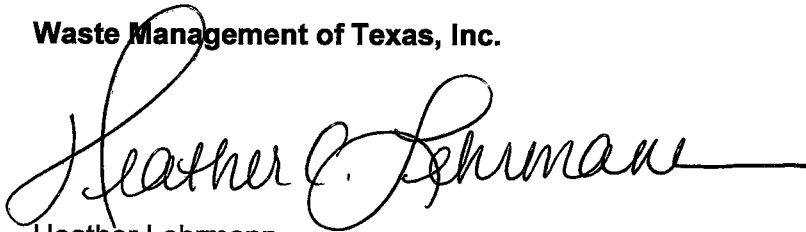
## SUMMARY

Based on the information presented above and the requirements of 30 TAC 122.504, the proposed changes satisfy the criteria required for a modification to the facility's referenced GOP.

If you have any questions concerning this correspondence, please feel free to contact me at (713) 647-5454.

Sincerely,

**Waste Management of Texas, Inc.**



Heather Lehrmann  
Environmental Protection Manager  
WM South Texas

Attachments: TCEQ-20316 "Municipal Solid Waste Landfill (MSWLF) and Transfer Station Air General Operating Permit (GOP) No. 517 Checklist for Asbestos Handling Waste Management

OP-CRO1 Certification by Responsible Official Federal Operating Permit Program Form

OP-CRO2 Change of Responsible Official Information Federal Operating Permit Program Form

cc: Pat LaRue— WM District Manager  
TCEQ Region 12



**Municipal Solid Waste Landfill (MSWLF) and Transfer Stations  
Air General Operating Permit (GOP) No. 517  
Checklist for Asbestos Handling**

EPN(s): MSWLF-1

Unit Name(s): Municipal Solid Waste Landfill

RN No.: 100542448

Site Name: Coastal Plains RDF

Date Completed: 4/8/2009

This checklist will ONLY apply to your MSWLF site if asbestos (in any form or state) is handled or stored at your site. Only parts of this checklist will apply to your MSWLF. Asbestos requirements at a MSWLF can be found in 40 Code of Federal Regulations 61, Subpart M-National Emission Standards for Asbestos.

This checklist replaces the need for a submittal of any Unit Attribute (UA) forms. This checklist is based on the official version of the new GOP 517 dated April 7, 2006, effective November 1, 2006. The statements or questions in the second column correspond to rules listed in the last column "Citations" and the "GOP Index" Number listed in the first column.

GOP Index	Applicable Requirements	Response	Citations
Question 1	Is the MSWLF using the daily cover requirements of 40 CFR § 61.154 (c) (1or 2) If YES go to question number 2 below. If NO comply with GOP Index 517-19-002.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Question 2	Is the MSWLF complying with the requirements of 30 TAC Chapter 330, subchapter D (§330.171) for asbestos? IF YES comply with GOP Index 517-19-001. If NO comply with GOP Index 517-19-002.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
517-19-001	At the end of each operating day, or, if asbestos-containing material has been deposited within previous 24-hour period, is any asbestos-containing material at this MSWLF covered by at least 6 inches of compacted, non-asbestos-containing material?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.154
	Is there a natural barrier which adequately deters access to this MSWLF by the general public? <i>(Note: Not required if, at the end of each operating day, or at least once every 24-hour period while the site is in continuous operation, the asbestos-containing waste material that has been deposited at the site during the operating day or previous 24-hour period is covered with at least 6 inches of compacted non-asbestos-containing material.)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Is there a fence around this MSWLF with prominent, easily read warning signs, at all entrances and at intervals not greater than 330 feet? <i>(Note: Not required if, at the end of each operating day, or at least once every 24-hour period while the site is in continuous operation, the asbestos-containing waste material that has been deposited at the site during the operating day or previous 24-hour period is covered with at least 6 inches of compacted non-asbestos-containing material.)</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	



**Municipal Solid Waste Landfill (MSWLF) and Transfer Stations**  
**Air General Operating Permit (GOP) No. 517**  
**Checklist for Asbestos Handling**

GOP Index	Applicable Requirements	Response	Citations
	The facility identified is subject to, and it is complying with, Recordkeeping and Reporting requirements listed under "Citations"	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.153
	Is the MSWLF complying with the requirements of Questions 1 and 2, above?  <i>If the answer is NO, then the facility is required to select one of the periodic monitoring requirements listed under "Citations"</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Periodic Monitoring – pick which one of the following options used: PMG-LF-P-001 PMG-LF-P-004
	The facility identified is subject to, and it is complying with, Recordkeeping and Reporting requirements listed under "Citations"	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.153
<b>Discrepancies: Discovery and Resolution</b>			
517-19-002	Upon discovering a discrepancy between the quantity of waste designated on the waste shipment records and the quantity your MSWLF actually receives, will you attempt to reconcile the discrepancy with the waste generator?	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.154
GOP Index	Applicable Requirements	Response	Citations
517-19-002	If the discrepancy is not resolved within 15 days after receiving the waste, will you immediately report, <u>in writing</u> , to the local, State, or EPA Regional Office with <u>jurisdiction over both</u> , the <u>waste generator</u> (identified in the waste shipment record), and, if different, the <u>disposal site</u> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.154
517-19-002	The discrepancy report will include (a) a description of the discrepancy, (b) the attempts to reconcile it, and (c) a copy of the waste shipment record.	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 61.154
517-19-002	The facility identified is subject to, and it is complying with, Recordkeeping and Reporting requirements listed under "Citations."	<input type="checkbox"/> YES <input type="checkbox"/> NO	Periodic Monitoring - any one of the following options may be used: PMG-LF-P-001 PMG-LF-P-004



**Form OP-CRO1**  
**Certification by Responsible Official**  
**Federal Operating Permit Program**

All initial permit application, revision, renewal, and reopening submittals requiring certification must be addressed using this form. Updates to site operating permit (SOP) and temporary operating permit (TOP) applications, other than public notice verification materials, must be certified prior to authorization of public notice or start of public announcement. Updates to general operating permit (GOP) applications must be certified prior to receiving an authorization to operate under a GOP.

<b>I. IDENTIFYING INFORMATION</b>		
A. RN: 100542448	B. CN: 600127856	C. Account No.: GB-0521-J
D. Permit No.: 0-02073	E. Project No.:	
F. Area Name: Coastal Plains Recycling and Disposal Facility		
G. Company Name: Waste Management of Texas, Inc.		
<b>II. CERTIFICATION TYPE</b> (Please mark the appropriate box)		
A. <input checked="" type="checkbox"/> Responsible Official:	B. <input type="checkbox"/> Duly Authorized Representative:	
<b>III. SUBMITTAL TYPE</b> (Place an "X" in the appropriate box) (Only one response can be accepted per form)		
<input type="checkbox"/> SOP/TOP Initial Permit Application	<input type="checkbox"/> Update to Permit Application	
<input type="checkbox"/> GOP Initial Permit Application	<input checked="" type="checkbox"/> Permit Revision, Renewal, or Reopening	
<input type="checkbox"/> Other: _____		
<b>IV. CERTIFICATION OF TRUTH</b>		
<b>This certification does not extend to information which is designated by the TCEQ as information for reference only.</b>		
I, _____, certify that I am the _____ for this application (Certifier Name printed or typed) (RO or DAR)		
and that, based on information and belief formed after reasonable inquiry, the statements and information dated during the time period in Section IV.A below, or on the specific date(s) in Section IV.B below, are true, accurate, and complete:		
<i>Note: Enter EITHER a Time Period OR Specific Date(s) for each certification. This section must be completed. The certification is not valid without documentation date(s).</i>		
A. Time Period: From _____ to _____ Start Date* End Date*		
OR		
B. Specific Dates: _____ Date 1* Date 2* Date 3* Date 4* Date 5* Date 6* Date 7* Date 8*		
<small>*The Time Period option may only be used when the "Submittal Type" is 'Update to Permit Application' and there are multiple uncertified submittals; or a submittal package has multiple dates recorded in the documentation. Do not use the Time Period option if the "Submittal Type" is 'Other.'</small>		
Signature: _____		Signature Date: 4/6/09
Title: Area Vice President		



**Form OP-CRO2**  
**Change of Responsible Official Information (Extension)**  
**Federal Operating Permit Program**

<b>V. ADDITIONAL IDENTIFYING INFORMATION</b>	
A. Account No.: GB0521J	B. RN: 100542448
C. CN: 600127856	D. Permit No.: 2073
E. Area Name: COASTAL PLAINS RECYCLING AND DISPOSAL FACILITY	
A. Account No.: MQ0612J	B. RN: 100218700
C. CN: 600127856	D. Permit No.: 1482
E. Area Name: SECURITY LANDFILL RDF	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	
A. Account No.:	B. RN:
C. CN:	D. Permit No.:
E. Area Name:	

**PRINT**

**RESET FORM**