

**Texas Commission on Environmental Quality
Standard Permit Certification Municipal Solid Waste Landfills
and Transfer Stations Application**

I. Company Identifying Information
A. Company Name: Waste Management of Texas, Inc.
B. Primary Account Number: BG-1066-M
C. Customer Reference Number: CN600127856
D. Regulated Entity Number: RN100218338
II. Site Information
A. Site/Area Name: Covel Gardens Recycling, Processing, and Disposal Facility
B. Delivery Address: 8611 Covel Road
City: San Antonio
State: Texas
ZIP Code: 78252
C. Physical Location: 8611 Covel Road
City: San Antonio
State: Texas
ZIP Code: 78252

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III. Application and Certification Submittal Type <i>(Place an "X" in the appropriate boxes.)</i>	
Preconstruction New Source Review Authorization/Certification	List Registration Number(s)
<input type="checkbox"/> Previous Standard Exemption/Permit by Rule (PBR) claims (attach detailed list of facilities, rule dates, and applicability demonstration) - <i>no changes or new authorizations</i>	
<input type="checkbox"/> PBR § 106.534 claim (attach PBR § 106.534 checklist)	
<input type="checkbox"/> PBR claims for additional units (attach detailed list of facilities, PBRs, and applicability/checklists) Previous § 116 Subchapter F, Standard Permit (SP) Registration (optional submittal).	
<input type="checkbox"/> Previous § 116 Subchapter F, Standard Permit (SP) Registration (optional submittal).	
<input type="checkbox"/> New § 330, Subchapter U , SP Initial Certification (attach checklist).	
<input checked="" type="checkbox"/> § 330 SP Amendment to Certification (attach detailed list of changes and checklist).	83302
<input type="checkbox"/> § 330 SP Renewal Certification (attach checklist).	

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III. Application and Certification Submittal Type <i>(Place an "X" in the appropriate boxes.) (continued)</i>	
Federal Standards and Requirements (Optional Submittals as Applicable)	
<input type="checkbox"/>	NSPS WWW Initial Design Capacity Report
<input type="checkbox"/>	NSPS WWW Amended Design Capacity Report
<input type="checkbox"/>	NSPS XXX Initial Design Capacity Report
<input type="checkbox"/>	NSPS XXX Amended Design Capacity Report
Change of Information Only	List Registration Certification and Permit Number
<input type="checkbox"/> Ownership/Name Change (attach Core Data Form)	
<input type="checkbox"/> Change of Responsible Official (RO) and /or Duly Authorized Representative (DAR) or Change of RO and/or DAR contact information <u>only</u> . (If so, complete only this form.)	
Voiding of Authorizations	List Registration Certification and Permit Number(s)
<input type="checkbox"/> PBR Void	
<input type="checkbox"/> § 116 SP Void	
<input type="checkbox"/> § 330 SP Void	
Justification/Reason for PBR, § 116 SP, and § 330 SP Voids (attach additional pages if needed)	
IV. Additional Attachments and Information (check all that apply)	
Attachment:	Number of Checklist for Unit Type:
<input type="checkbox"/> PBR §106.534 Checklist	
<input type="checkbox"/> PBR §106._____ Checklist	
<input checked="" type="checkbox"/> SP §330 Checklist	1 – Attachment 4
<input type="checkbox"/> NMOC Emissions Excel Spreadsheet	
<input type="checkbox"/> Initial Design Capacity Report	
<input type="checkbox"/> NMOC Emission Report	

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IV. Additional Attachments and Information (check all that apply) (continued)	
Attachment:	Number of Checklist for Unit Type:
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 2)	
<input type="checkbox"/> Closure Report	
<input type="checkbox"/> Annual or Semi-Annual Reports	
<input type="checkbox"/> Flare Performance Test Waiver Request	
<input type="checkbox"/> GOP Checklist	
<input type="checkbox"/> Stationary Internal Combustion Engines	
<input type="checkbox"/> Stationary Turbines	
<input type="checkbox"/> Process Heaters	
<input type="checkbox"/> Loading and Unloading Operations	
<input type="checkbox"/> Process Vents	
<input type="checkbox"/> Degreasing Units	
<input type="checkbox"/> PBR §106. _____	
<input type="checkbox"/> Emission Calculations	
<input type="checkbox"/> NSPS WWW Applicability Checklist	
<input type="checkbox"/> NSPS XXX Applicability Checklist	
<input type="checkbox"/> Amended Design Capacity Report	
<input type="checkbox"/> Gas Collection and Control System Design Plan	
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 3)	
<input type="checkbox"/> Control Equipment Removal Report	
<input type="checkbox"/> Initial Performance Test Report for Control System	
<input type="checkbox"/> Request Alternate Means of Control (AMOC) Gas Collection and Control System	
<input type="checkbox"/> Flares	
<input type="checkbox"/> Boiler/Steam Generation	
<input type="checkbox"/> Storage Tanks	
<input type="checkbox"/> MSWLF/Waste Disposals	
<input type="checkbox"/> Surface Coating	
<input type="checkbox"/> Oil/Water Separators	
<input type="checkbox"/> Revised NMOC Emission Rate Report (Tier 4)	

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V. Responsible Official (RO) Identifying Information
A. RO Name: (<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Domenica Farmer
B. RO Title: Area President
C. Employer Name: Waste Management of Texas, Inc.
D. Mailing Address: 3623 Wilson Road
City: Humble
State: Texas
ZIP Code: 77396
Telephone No.: (850) 301-2816
Fax No.: (713) 647-5466
Email Address: dfarmer@wm.com
E. Effective Date: 01/01/2023
VI. Duly Authorized Representative (DAR) Identifying Information
A. DAR Name: (<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.)
Steve Jacobs
B. DAR Title: Director, Disposal Operations
C. Employer Name: Waste Management of Texas, Inc.
D. Mailing Address: 9900 Giles Road
City: Austin
State: Texas
ZIP Code: 78754
Telephone No.: (512) 272-4329
Fax No.: (512) 272-9370
Email Address: sjacobs1@wm.com
E. Effective Date: 10/26/2007

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VII. Certification of Truth, Accuracy, and Completeness

All representations in this Certification are conditions upon which stationary sources will operate in compliance with all Texas Commission on Environmental Quality and the U.S Environmental Protection Agency regulations governing air pollution, and that this Certification further affirms that no stationary source is authorized by a New Source Review case-by-case permit under the provisions of [30 TAC § 116.110](#).

I, Steve Jacobs
(Name printed or typed)

certify that, based on information and belief formed after reasonable inquiry, the statements and information stated above and contained in the attached documents are true, accurate, and complete. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7, Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC §§ 7.177-7.183, which defines CRIMINAL OFFENSES for certain violations, including intentionally or knowingly making or causing to be made false material statements or representations in this application, and TWC §§ 7.187, pertaining to CRIMINAL PENALTIES. The attached GOP Checklists identify the applicable regulatory requirements for each unit or facility, and the attachment of the indicated GOP checklists to this Certification form certifies that the owner will comply with each regulatory requirement identified by the checklist.

Responsible Official (RO)

Signature: N/A

Title: N/A

Date: N/A

Duly Authorized Representative (DAR)

Signature: 

Title: Director, Disposal Operations

Date: 5-16-2025