


Department of Environmental Quality Office of Environmental Services Waste Tire Permits P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-3181	<h1>LOUISIANA</h1> <h2>HIGH VOLUME END USE FACILITY APPLICATION</h2>	
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NOTE: A *Guidance* document has been prepared by the Louisiana Department of Environmental Quality (LDEQ) to assist the applicant in completing this Louisiana High Volume End Use Facility Application for Waste Tires. The *Guidance* should be consulted and utilized prior to providing responses to the information required to be contained in this application.

ALL facility plans, specifications, and operations represented and described in this application shall be prepared under the supervision of and certified by a **professional engineer licensed in the State of Louisiana.**

Please note, the information provided in this application is used to assist in the authorization process for High Volume End Use Facilities and is not intended to evaluate or approve any end-market use of waste tire material. All questions regarding the approval of an end-market use of waste tire material or payments from the Waste Tire Management Fund shall be directed to the Waste Permits Division at the following website: <http://www.deq.louisiana.gov/portal/DIVISIONS/FinancialServices/WasteTires.aspx>

PLEASE TYPE OR PRINT

1. Facility and Applicant Information

A. Facility Name		B. Business Phone Number	
C. Name of Owner		D. Owner Phone Number	
E. Business Mailing Address	City	State	Zip Code
F. Agency Interest (AI) Number	G. Waste Tire Facility Number	H. Federal Tax Identification Number	I. State Tax Identification Number
J. Type of Application <input type="checkbox"/> New application <input type="checkbox"/> Renewal application <input type="checkbox"/> Modification		K. Operator Type (Check all boxes that apply.) <input type="checkbox"/> Processor <input type="checkbox"/> Port <input type="checkbox"/> Other: _____	
L. SIC Code		M. Total site acreage	
N. Acreage to be used for storage of waste tires and/or waste tire material		O. List of all environmental permits issued to this site (include dates of issuance, permit numbers)	

2. Facility Physical Location

A. Nearest Town (in the same parish/county as the facility)	B. Parish(es) or County(ies)
C. GPS coordinates for front gate: Latitude decimal degrees and Longitude decimal degrees	
D. Physical Location (identify by street number, by intersection, or by mileage and direction from an intersection.)	

3. Payment Information

Indicate how the required fee is paid and include check or transaction number. Attach check or receipt to the original application. Do NOT attach a copy of the check in the application.

A. Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money order	B. Check/Money Order/Transaction number:	C. Amount Paid: \$
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4. Certification and Signatures

CERTIFICATION OF RESPONSIBLE OFFICIAL: "I have personally examined and am familiar with the information submitted, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment."			
Name		Title	
Company		Suite, mail drop, division	
Street or P.O. Box	City	State	Zip
Signature of Responsible Official			Date

5. Facility Contact Information/Personnel

Select the primary contact by checking the box after the person who will be the primary contact for questions regarding this application. Only one primary contact should be selected. If any contact is the same as another contact in the list, indicate in the "Name" blank that it is the same as contact X (e.g., the on-site contact is the same as contact "a", the facility manager).

a. Manager of facility who is located at site

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Business Phone	Cell Phone (Optional)	E-mail (Optional)

b. Broker Contact Information, if applicable.

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Business Phone	Cell Phone (Optional)	E-mail (Optional)

c. Person to contact in case of emergency, if different than contact in Section 1.

Name		<input type="checkbox"/> Primary Contact
Title	Company	
Business Phone	Cell Phone (Optional)	E-mail (Optional)

6. Notification/Approvals

A. Attach a copy of written agreement with the local fire department regarding fire protection at the facility as Attachment 1 .
B. Attach a copy of the facility's compliance and certification of the premises and building from the State Fire Marshal as Attachment 2 .

7. Facility Plans

A. Attach as Attachment 3 an area master plan, which shall show the current facility, property lines, buildings, excavations, drainage, roads, and other elements of the site. Refer to guidance for details on what should be included.

B. Attach a comprehensive plan describing the total operation as **Attachment 4**. The operations plan shall address the following:

- Handling and Storage of waste tires and/or waste tire material
- Facility ingress and egress;
- Days and hours of operation;
- Buffer zones;
- Prohibition of open burning;
- Fire protection and safety plan
- Method to control water run-on-on/runoff;
- Disease and vector control plan;
- Contract/Agreement with international end-market use project (processor/broker/international client)

Refer to guidance for details on what should be included.

8. End-market Use Projects and Status

Project Number	Project Name	Location (Port/Broker only)	Status
1.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
2.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
3.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
4.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
5.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
6.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
7.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
8.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
9.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending
10.			<input type="checkbox"/> Approved <input type="checkbox"/> Pending

9. Waste Tire and/or Waste Tire Material Suppliers

Facility Name	Facility Address, City, State	Facility Contact Name	Contact Phone Number

WASTE TIRE HIGH VOLUME APPLICATION ATTACHMENT LIST

Instructions: Complete this checklist and submit it with the completed High Volume End Use Facility application. Each line should have a “yes,” “no,” or “N/A” checked. If one of the attachments is marked “N/A,” subsequent attachments should still be labeled with the corresponding attachment letter listed in the first column. If additional attachments are needed, fill in the title(s) in the ‘Item Description’ column.

Attachment	Item Description	Yes	No	N/A
1	Written agreement with local fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	State Fire Marshal Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Master Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Operational Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Copies of Contracts/Agreements between Processor/Broker, if applicable/International Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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