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| Department of Environmental Quality  Office of Environmental Services  Waste Permits Division  P.O. Box 4313  Baton Rouge, LA 70821-4313  (225) 219-3181 | | | **LOUISIANA**  **Solid Waste Application**  **Beneficial Use** | | | | | | deq_sublogo | | |
| **NOTE: A** ***Guidance* document has been prepared by the Louisiana Department of Environmental Quality (LDEQ) to assist the applicant in completing this Louisiana Solid Waste Application for Beneficial Use Facilities. The *Guidance* should be consulted and utilized prior to providing responses to the information required to be contained in this application.**  Soil Reuse and Beneficial Use Applications have different requirements. If the heading indicates a section is not required for the type of application being submitted, leave that section blank and proceed to the next section. | | | | | | | | | | | |
| **PLEASE TYPE OR PRINT**  **1. Facility and Applicant Information** | | | | | | | | | | | |
| **A.** *Facility Name* | | | | | **B.***Agency Interest (AI) Number* | | | | | **C.** *SIC code* | |
| **D.** *Mailing Address* | | | *City* | | | *State* | | | *Zip* | | |
| **E.** *Facility Phone Number* | **F.** *Solid Waste Facility Number* | | **G.** Operational Status of Site:  Operational Status of Facility: | | | | | Existing  Proposed  Existing  Proposed | | | |
| **H.** *Individual/Company - Name of Owner* | | | | | | | Applicant | | | | |
| **I.** *Individual/Company - Name of Operator (if different from Owner)* | | | | | | | Applicant | | | | |
| **J.** Ownership Status  Owned by Applicant  Leased       yrs. of lease | | | | **K.** Ownership (Check the appropriate box.)  corporation, partnership, or sole proprietorship  regulated utility municipal government  state government federal government  other, specify | | | | | | | |
| **L.** Type of Application:  New application  Renewal application | | | |

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| **2. Facility Physical Location and Process Description** | |
| **A.** *Nearest Town (in same parish as the facility)* | **B.** *Parish(es)* |
| **C.** *Geographic Location: Section*       *Township*       *Range* | |
| **D.** *GPS coordinates of front gate:* **Latitude** Deg       Min       Sec **Longitude**       Deg       Min       Sec | |
| **E.** *Physical Location (identify by street number, by intersection of roads, or by mileage and direction from an intersection.)* | |

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| **3. Confidentiality** |
| *Is confidentiality being requested for any information contained in the application?*  Yes  No   * *If “yes,” list the sections for which confidentiality is requested below. Confidentiality requests require a submittal that is separate from this application. Information for which confidentiality is requested should not be submitted with this application. Consult Guidance document for instructions.* |

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| **4. Fee 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.** | | |
| check  online billing system  money order |  | Indicate the amount included:  $660 Initial or renewal application review fee |

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| **5. Certification and Signatures** | | | | | | | | | | | | | |
| **CERTIFICATION OF APPLICANT:** “I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge, information, and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with La. R.S. 30:2025(f) and in accordance with any other applicable statute.”  “I acknowledge that at least 75% of the material placed in storage during a year will be sent to market or to other secure storage within the following year, unless I can demonstrate that a particular order requires greater than one year of product storage prior to shipment.” | | | | | | | | | | | | | |
| *Name* | | | | | *Title* | | | | | | | | |
| *Company* | | *Suite, mail drop, or division* | | | | | | | *Street or P.O. Box* | | | | |
| *City* | | | *State* | | | | *Zip* | | *Business phone* | | | | |
| *Signature of applicant (as defined in LAC 33:VII.115)*: | | | | | | | | | | | *Date*: | | |
| **CERTIFICATION OF APPLICATION PREPARER:** “I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate, and complete to the best of my knowledge, information, and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with La. R.S. 30:2025(f) and in accordance with any other applicable statute.” | | | | | | | | | | | | | |
| *Name* | | | | | | *Title* | | | | | | | |
| *Company* | | | | | | *Suite, mail drop, or division* | | | | | | | |
| *Street or P.O. Box* | | | | *City* | | | | | | | | *State* | *Zip* |
| *Business phone* | *Cell Phone (Optional)* | | | | | | | *Email (optional)* | | | | | |
| *Signature of preparer:* | | | | | | | | | | *Date*: | | | |

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| **6. Facility Contact Information/Personnel**  Select the primary contact by checking the box after the person whom will be the primary contact for questions regarding this application. Only *one* primary contact should be selected. If any person in a – e is a duplicate of a previously listed person, it is only necessary to indicate that this information is contained elsewhere in the application in the ‘Name’ blank. For example, the on-site contact regarding the beneficial use plan is the same as the owner, so ‘same as owner’ would be written in the ‘Name’ blank under ‘On-site contact regarding beneficial use plan.’ | | | | | | | |
| **A. Manager of Facility who is located at site** | | | | | | | |
| *Name* | | | | | | Primary Contact | |
| *Title* | | *Company* | | | | | |
| *Suite, Mail Drop, or Division* | | *Street or P.O. Box* | | | | | |
| *City* | | *State* | | | *Zip* | | |
| *Business Phone* | *Cell Phone (Optional)* | | | | *E-mail (Optional)* | | |
| **B. On-site contact regarding beneficial use plan** | | | | | | | |
| *Name* | | | | | | Primary Contact | |
| *Title* | | *Company* | | | | | |
| *Suite, Mail Drop, or Division* | | *Street or P.O. Box* | | | | | |
| *City* | | *State* | | | *Zip* | | |
| *Business Phone* | *Cell Phone (Optional)* | | | | *E-mail (Optional)* | | |
| **C. Person to whom written correspondence should be directed** | | | | | | | |
| *Name* | | | | | | Primary Contact | |
| *Title* | | *Company* | | | | | |
| *Suite, Mail Drop, or Division* | | *Street or P.O. Box* | | | | | |
| *City* | | *State* | | | *Zip* | | |
| *Business Phone* | *Cell Phone (Optional)* | | | | *E-mail (Optional)* | | |
| **D. Name of Authorized Agent (if applicable)** | | | | | | | |
| *Name* | | | | | *Business Phone* | | |
| *Title* | | | *Company* | | | | |
| *Suite, Mail Drop, or Division* | | | *Street or P.O. Box* | | | | |
| *City* | | | | *State* | | | *Zip* |
| **E. Person to contact regarding fees** | | | | | | | |
| *Name* | | | | | | Primary Contact | |
| *Title* | | *Company* | | | | | |
| *Suite, Mail Drop, or Division* | | *Street or P.O. Box* | | | | | |
| *City* | | *State* | | | *Zip* | | |
| *Business Phone* | *Cell Phone (Optional)* | | | | *E-mail (Optional)* | | |

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| **7.** **Waste Description** | |
| 1. Maximum quantities of solid waste beneficially used:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Waste Type** | **Wet tons/week** | | **Wet tons/year** | | | **On-Site** | **Off-Site** | **On-Site** | **Off-Site** | | Residential |  |  |  |  | | Industrial |  |  |  |  | | Commercial |  |  |  |  | | Other |  |  |  |  |   *If ‘Other’ is filled out, provide a brief description of the waste here:* | |
| 1. *Approximate percentage of waste received from* | *onsite*:  *offsite from generators within Louisiana*:  *offsite from generators outside of Louisiana*: |

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| **8. Beneficial Use of Solid Waste** |
| 1. *List the address(es) or site(s) of origin of the material to be beneficially used*. |
| 1. *Provide a brief description of the chemical and physical characteristics of the material to be beneficially used.* |
| 1. *Attach as* ***Attachment 1*** *a description of the quantity, quality, consistency, and source of the solid waste.* |
| 1. *Attach as* ***Attachment 2*** *a description of the process by which the solid waste is generated and a demonstration that the generator has minimized the quantity and toxicity of the waste to the extent reasonably practicable. This shall include a detailed narrative and schematic diagram of the production, manufacturing, and/or residue process of how the solid waste is generated.* |
| 1. *Provide a description of the processing activity that will be used to make the solid waste suitable for beneficial use*. |
| 1. *Provide a demonstration that there is a known or reasonably probably market for the intended use of the beneficial use material.* |
| 1. *Attach as* ***Attachment 3*** *a description of the proposed methods of handling, storing, and utilizing the beneficial use material to ensure that it will not adversely affect the public health or safety or the environment. This description shall include, at a minimum, the procedures to be employed for periodic quality control testing; the intended storage procedures; and recordkeeping procedures. Storage procedures should include run-on/run-off control, the maximum anticipated inventory, measures to ensure that no contamination of underlying soil or groundwater occurs, and measures for dispersion control due to wind.* |
| 1. *Demonstrate that the end use of the material is protective of public health, safety, and the environment.* |
| 1. *Discuss the end users of the material and locations of the end use.* |

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| **9. Additional Information** |
| Attach any additional information needed to support the application. These should be included as additional attachments and may consist of any other information the secretary may require or the applicant believes will demonstrate that the proposed beneficial use of the material will conserve, improve, and/or protect human health, natural resources, and the environment. Fill in the blanks on the last page of the checklist as needed. |

**BENEFICIAL USE FACILITY APPLICATION ATTACHMENT LIST AND CHECKLIST**

Instructions: Complete this checklist and submit it with the completed solid waste application. Each line should have a “yes,” “no,” or “N/A” checked. If one of the attachments is marked as “N/A,” subsequent attachments should still be labeled with the corresponding attachment letter listed in the first columns. If additional attachments are needed, fill in the title(s) on the last page.

| **Attachment** | **Item Description** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | Quantity, quality, consistency, and source of solid waste |  |  |  |
| 2 | Solid waste generation process and demonstration of solid waste quantity and toxicity minimization |  |  |  |
| 3 | Description of methods to handle, store, and utilize beneficial use material |  |  |  |
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