|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Permit Application**  **Type IA / Type IIA Processors** | | | | | | | | deq_sublogo | | | | |
| **NOTE: A** ***Guidance* document has been prepared by the Louisiana Department of Environmental Quality (LDEQ) to assist the permit applicant in completing this Louisiana Solid Waste Permit Application for Type IA/Type IIA Processors. 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**.  Site geology and groundwater conditions at facilities shall be characterized by a **geologist** or a **professional engineer licensed in the State of Louisiana** with **expertise** in geotechnical engineering and hydrogeology. | | | | | | | | | | | | | | |
| **PLEASE TYPE OR PRINT**  **1. Facility and Permit Applicant Information** | | | | | | | | | | | | | | |
| **A.** *Facility Name* | | | | | | | **B.***Agency Interest (AI) Number* | | | | | | **C.** *SIC code* | |
| **D.** *Mailing Address* | | | | *City* | | | | | | *State* | | *Zip Code* | | |
| **E.** Type of Application:  New application  Renewal application  Major Modification  Minor Modification | | **F.** Attach in **Attachment 1** proof of publication of the notice regarding the submittal of the permit application for *new,* *renewal,* and *major modification* applications *only*. | | | | | | | | | | | | |
| **G.** Type of Operation (check each applicable box)  Type IA industrial  Type IIA residential/commercial  Composting (for Type IIA only, attach addendum to application) | | | | | **H.**  Operational Status of: | | | Site  Facility | | | Existing  Proposed  Existing  Proposed | | | |
| **I.** *Individual/Company - Name of Owner* | | | | | | | | | Permittee/Permit Holder | | | | | |
| **J.** *Individual/Company - Name of Operator (if different from Owner)* | | | | | | | | | Permittee/Permit Holder | | | | | |
| **K.***Parent Company (if applicable)* | | | | | | | | | Permittee/Permit Holder | | | | | |
| **L.** Ownership Status  (if leased, attach a copy of lease in **Attachment 2**)  Owned by Applicant  Leased       yrs. of lease | | | | | | **M.** Ownership (Check the appropriate box.)  corporation, partnership, or sole proprietorship  regulated utility  municipal government  state government  federal government  other, specify | | | | | | | | |
| **N.***Solid Waste Permit or Order to Upgrade Number* | | | | | |
| **O.***Solid Waste Facility Number* | | | | | |
| **P.***Total site acreage* | | | **Q.***Acreage to be used for processing* | | | | | | | | | | | |
| **R.***Provide a brief history of solid waste permitting actions for this facility including, but not limited to, permits, modifications, and closure activities.* | | | | | | | | | | | | | | |
| **S.***List the name of all units of the facility that are included in the application.* | | | | | | | | | | | | | | |
| **T.***List of all environmental permits issued to this site (include dates of issuance, permit numbers).* | | | | | | | | | | | | | | |
| **U.***List of all environmental permits for which the applicant has applied or intends to apply for, related to this site.* | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **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*   |  |  |  | | --- | --- | --- | | **Location** | **Latitude** | **Longitude** | | ***Centerpoint*** *of the site* | decimal degrees | decimal degrees | | ***Centerpoint*** *of unit* | decimal degrees | decimal degrees | | ***Centerpoint*** *of unit* | decimal degrees | decimal degrees | | ***Centerpoint*** *of unit* | decimal degrees | decimal degrees | | ***Front gate*** *of the site* | decimal degrees | decimal degrees | | |
| **E.** *Physical Location (identify by street number, by intersection of roads, or by mileage and direction from an intersection.)* | |
| **F.** *Provide a brief description of the site operations.* | |
| **G.** *Provide a description of the modifications/changes proposed in this application.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Local Zoning** | | | |
| **A.** *Facility Zoning Classification of the Facility at Time of Application Submittal* | | **B.** *Local Zoning Authority* | |
| **C.** *Local Zoning Authority Contact* | *Address (Including Suite, Mail Drop, or Division)* | | |
| *City* | *Zip* | | *Business Phone* |
| **D.** Attach zoning in **Attachment 3**  Zoning affidavit  Zoning confirmation (if required by LAC 33:VII.513.B.2)  Other | | | |

|  |
| --- |
| **4. 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.* |

|  |  |  |
| --- | --- | --- |
| **5. 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:  $3,300 Initial or renewal application review fee  $1,320 Major/minor modification application review fee |

|  |
| --- |
| **6. LAC 33:I.1701 Requirements** |
| 1. *Does the applicant have federal or state environmental permits (****other*** *than the ones listed in Section 1) identical to, or of a similar nature to, the permit for which this application is being submitted? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)*   Yes  No   * *If “yes,” list permits in Louisiana:*      * *list other states in which permits are held:* |
| 1. *Does the applicant owe any outstanding fees or final penalties to the LDEQ?*  Yes  No  * *If “yes”, provide an explanation*. |
| 1. *Is the applicant a corporation or limited liability company?*  Yes  No  * *If “yes,” attach a copy of the Certificate of Registration and/or Certificate of Good Standing from the Secretary of State. Attach the appropriate certificate(s) in* ***Attachment 4****.* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. Certification and Signatures** | | | | | | | | | | | | | | | |
| **CERTIFICATION OF RESPONSIBLE OFFICIAL:** “I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge, information, and belief. 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, or division* | | | | | | | | *Stree or P.O. Box* | | | | | |
| *City* | | | *State* | | | | | *City* | | *Zip* | | | | | |
| *Signature of responsible official (as defined in LAC 33:VII.115):* | | | | | | | | | | | | *Date*: | | | |
| **CERTIFICATION OF APPLICATION PREPARER:** "I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this permit application and that the facility as described in this permit application meets the requirements of LAC 33:VII.Subpart 1. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment." | | | | | | | | | | | | | | | |
| *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:* | | | | |
| **CERTIFICATION OF ENGINEER:** "I certify that the facility plans, specifications, and operations represented and described in the permit application were prepared under my supervision and are true and accurate to the best of my knowledge, information, and belief in accordance with LAC 33:VII.717.E.1." | | | | | | | | | | | | | | | |
| *Name* | | | | | | *Title* | | | | | | | | | |
| *Company* | | *Suite, mail drop, or division* | | | | | | | | *Street or P.O. Box* | | | | | |
| *City* | | | *State* | | | | | *Zip* | | *Business phone* | | | | | |
| *Signature of engineer:* | | | | | | | *Date*: | | | | *Louisiana Registration Number and Seal:* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8. 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 contact is the same as another contact in the list, indicated 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* | | | | | | 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 permit** | | | | | | | |
| *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)* | | |
| **e. Person to contact regarding Annual/Maintenance fees**   a  b  c  other (specify below) | | | | | | | |
| *Name* | | | | | | | *Name* |
| *Title* | | | *Title* | | | | |
| *Suite, Mail Drop, or Division* | | | *Suite, Mail Drop, or Division* | | | | |
| *City* | | | *City* | | *Zip* | | |
| *Business Phone* | *Cell Phone (Optional)* | | | | *E-mail (Optional)* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9.** **Waste Description and Service Areas** | | | | |
| 1. Maximum quantities of waste processed:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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*: | | |
| 1. Areas sourced by the facility:   Only waste generated by the facility  All parishes  Out-of-state    Acadia  Allen  Ascension  Assumption  Avoyelles  Beauregard  Bienville  Bossier  Caddo  Calcasieu  Caldwell  Cameron  Catahoula | Claiborne  Concordia  De Soto  East Baton Rouge  East Carroll  East Feliciana  Evangeline  Franklin  Grant  Iberia  Iberville  Jackson  Jefferson Davis  Jefferson  La Salle  Lafayette  Lafourche  Lincoln | | Livingston  Madison  Morehouse  Natchitoches  Orleans  Ouachita  Plaquemines  Pointe Coupee  Rapides  Red River  Richland  Sabine  St. Bernard  St. Charles  St. Helena  St. James  St. John the Baptist  St. Landry | St. Martin  St. Mary  St. Tammany  Tangipahoa  Tensas  Terrebonne  Union  Vermilion  Vernon  Washington  Webster  West Baton Rouge  West Carroll  West Feliciana  Winn  Other |
| 1. *Provide the maximum days of operation per week and hours per facility operating day (maximum hours of operation within a 24-hour period).       days/week       hrs/day*   *Provide the normal days or operation per week and hours per facility operating day (within a 24-hour period).*  *days/week       hrs/day*   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | *List the hours of operation during* ***normal*** *operating hours:* | | | | | | Sunday | am to | pm | | Monday | am to | pm | Tuesday | am to | pm | Wednesday | am to | pm | | Thursday | am to | pm | Friday | am to | pm | Saturday | am to | pm | | | | | |

|  |
| --- |
| **10. Enforcement Actions** |
| Does the facility presently have any current requirements, conditions, or limitations that have been imposed upon the facility pursuant to any enforcement actions, settlement agreements, and consent decrees? YesNo   * If “yes,” attach a list of all such enforcement actions, settlement agreements, and consent decrees from the federal government or LDEQ issued to the facility and/or entered into between the federal government and/or LDEQ. For each action, list the type of action, its tracking number, and the date that the action was issued. Summarize the conditions imposed by the enforcement action, settlement agreement, and/or consent decree in **Attachment 5**. It is not necessary to submit a copy of the referenced action. * If “no,” has the facility been issued any enforcement actions and/or entered into any settlement agreements, and/or consent decrees within the last three (3) years? YesNo * If “yes,” attach a summary as described above in **Attachment 5**. |

|  |
| --- |
| **11. Location Area Information** |
| **Airports** |
| 1. *List the distance from the facility to the nearest airport*. |
| 1. *Does the facility process putrescible waste?* YesNo  * *If “yes,” is the facility within:* * *10,000 ft of the end of the runway for any public-use airport used by turbojet aircraft?* YesNo * *5,000 ft of the end of the runway for any public-use airport used by only piston-type aircraft?* YesNo * *5 miles of any airport runway?* YesNo |
| 1. *If “yes” to any of 11.B, attach copies of the notifications to the affected airport(s) and the Federal Aviation Administration (FAA) in* ***Attachment 6****.* |
| **Master Plan** |
| 1. *Attach in* ***Attachment 7*** *an area master plan, which shall show the current facility, the road network, major drainage systems, drainage flow patterns, location of closest population centers, nearest public use airport (if processing putrescible waste) within a 5-mile radius, the location of the 100-year flood plain, and other pertinent information.* |
| 1. *Describe access to the facility.* |
| **Traffic and Land Use** |
| 1. *For facilities receiving waste from offsite, attach in* ***Attachment 8*** *a copy of a letter from the appropriate agency or agencies stating that the facility will not have a significant negative impact on the traffic flow of area roadways and that the construction, maintenance, or proposed upgrading of such roads is adequate to withstand the weight of the vehicles.* |
| 1. *Describe the existing land use within a three-mile radius of the facility.* |
| 1. *Attach a current aerial photograph representative of current land use within a one-mile radius surrounding the facility in* ***Attachment 9****.* |
| **Population** |
| 1. *Describe the estimated population and the population density within a three-mile radius of the facility. (Provide the source of this information.)* |
| **Environmental Characteristics** |
| 1. *Is the facility perimeter located within 1,000 feet of any of the following critical/sensitive environmental sites: wetlands, estuaries, wildlife-hatchery areas, habitats of endangered species, archaeological sites, historic sites, publicly-owned recreation areas, and similar critical environmental areas?* YesNo  * *If “yes,” describe the measures the applicant will implement to prevent any impacts to areas from facility operations and list all known areas within 1,000 feet in* ***Attachment 10.*** |
| 1. *Attach documentation from the appropriate state and federal agencies substantiating the above areas in* ***Attachment 11****.* |
| 1. *Has the facility received waste prior to* ***October 9, 1993****?* YesNo |
| 1. *If wetlands are present on site, does the applicant have a 404 permit?* YesNo N/A *(****NOTE:*** *The wetland determination letter should be attached in* ***Attachment 11****.)*  * *If “yes,” attach a copy of the 404 permit in* ***Attachment 12***. * *If “no,” has the facility applied for a 404 permit?* YesNo * *If “yes,” attach a copy of the 404 application in* ***Attachment 12***. |
| **Emergency Response** (NOT required for modifications) |
| 1. *Attach a copy of the facility’s emergency response plan AND approval of the plan from the State Fire Marshal in* ***Attachment 20****.* |

|  |
| --- |
| **12. Facility Characteristics** |
| 1. *Attach in* ***Attachment 7*** *drawing(s) including, as applicable, property lines, original contours (shown at not greater than five foot intervals), buildings, units of the facility, drainage, ditches, and roads.* |
| 1. *Provide a description of the perimeter barriers and other control measures used to prevent unauthorized ingress or egress except by willful entry. At a minimum, each facility entry point shall be continuously manned, monitored, or locked during operating hours; each facility entry point shall be locked during non-operating hours; and facilities that receive waste from off-site sources shall post readable signs that list the types of waste that can be received at the facility.* |
| 1. *Attach in* ***Attachment 7*** *a figure demonstrating that there is an adequate buffer zone at the site. At a minimum, the buffer zone should be 200 feet between the facility and the property line.* |
| 1. *Did the units of the facility exist prior to* ***April 1, 2010****?* YesNo  * *If “no” and the adjacent property contains a structure currently being used as a church prior to the submittal of a permit application, then no less than 300 feet shall be provided between the facility and the common property line. This requirement shall not apply to any facility existing prior to* ***April 1, 2010****; to any portion of such facility that has been closed or that has ceased operations; or to future expansions of the permitted disposal area of any such facility.* |
| 1. If a reduction in the buffer zone requirements is requested, *attach in* ***Attachment 21*** *copies of notarized affidavits from all landowners having an ownership interest in property located less than 200 feet from the facility (or 300 feet for a church). Additionally, attach copies of the approved buffer waivers in* ***Attachment 21****.* |
| 1. *Provide a description of the device or method used to determine wet weight tonnage, sources (in-state or out-of-state and if industrial waste- where it was generated), and types of incoming waste (commercial, residential, infectious, etc.). This description shall also include the facility’s central control and record keeping system for tabulating this information.* |
| 1. *Provide a description of the device or method used to control entry of the waste and to prevent entry of unauthorized deliverables (examples, hazardous waste, TSCA-regulated PCB waste, or unauthorized solid waste). This description shall also include the facility’s central control and record keeping system for tabulating this information*. |

|  |
| --- |
| **13. Surface Hydrology** |
| 1. *Provide a description of the method(s) to be used to prevent surface drainage through the operating areas of the facility.* |
| 1. *Attach a description of the facility runoff collection system in* ***Attachment 22****. At a minimum, provide the design for surface-runoff-diversion levees, canals, or devices to prevent drainage from the units of the facility. The proposed system shall be designed to collect and control at least the water volume resulting from a 24-hour/25-year storm event and/or the peak discharge from a 25-year storm event.* |
| 1. *Describe how runoff from operating areas or areas that contain solid waste are managed such that this contaminated runoff is not allowed to mix with non-contaminated surface runoff.* |
| 1. *Describe the facility run-on control system. At a minimum, a run-on control system shall be installed to prevent run-on during the peak discharge from a 25-year storm event and/or to collect and control at least the water volume resulting from a 24-hour/25-year storm event.* |
| 1. *Provide the rainfall amount from a 24-hour/25-year storm event. (Provide the source of this information.)* |
| 1. *Are there any aquifer recharge areas in the site or within 1,000 feet of the site perimeter? (Provide the source of this information. )* YesNo  * *If “yes,” attach a map of aquifer recharge areas and describe the measures planned to protect those areas from the adverse impact of operations at the facility in* ***Attachment 23****. (Provide the source of this information.)* |
| 1. *Is the facility located in a 100-year flood plain?* YesNo *(Provide the source of this information.)*   *Attach a map of the 100-year flood plain with the facility location clearly identified on the map in* ***Attachment 24****.* |
| 1. *Describe how the facility plans to prevent restriction or reduction of the flow of the 100-year base flood or reduction of the temporary water-storage capacity of the flood plain. At a minimum the site shall be filled to bring site elevation above flood levels, or perimeter levees or other measures must be provided to maintain adequate protection against a 100-year flood.* |
| 1. *Describe how the facility is designed to ensure that the flooding does not affect the integrity of the facility or result in the washout of solid waste.* |

|  |
| --- |
| **14. Facility Plans and Specifications** |
| 1. *Attach in* ***Attachment 25*** *plan-view drawings showing original contours, proposed elevations of the base of units prior to installation of the liner system, proposed final contours, slopes, levees, and other pertinent features. Include detailed drawings as necessary.* |
| 1. *Attach in* ***Attachment 30*** *a description of the levee system, which shall include the type, source, and volume of material required for levee construction. In order to protect the facility against a 100-year flood, the levee shall be engineered to minimize wind and water erosion, have a grass cover or other protective cover to preserve structural integrity, and provide adequate freeboard protection against a 100-year flood.* |

|  |
| --- |
| **15. Facility Administrative Procedures** |
| 1. *Describe the recordkeeping system, including the types of records to be kept, and the use of records by management to control operations as required. This description will include the annual report.*  *(Refer to Guidance document for details.)* |
| 1. *Provide an estimate of the minimum personnel, listed by general job classification, required to operate the facility.* |
| 1. *Does the facility receive residential and/or commercial waste?* YesNo  * *If “yes,” provide the number and levels of certified facility operators determined and certified by the Louisiana Solid Waste Operator Certification and Training Program Board (R.S. 37:3151 et seq. and LAC 46:Part XXIII).* |

|  |
| --- |
| **16. Facility Operations and Implementation** |
| 1. *Attach a comprehensive operational plan describing the total operation in* ***Attachment 35****. The operational plan shall include types of waste and minimum equipment, waste-handling procedures, waste segregation procedures, inclement procedures, contingency procedures, provisions for controlling vectors, salvaging procedures and control, scavenging control, air monitoring procedures, traffic control, support facilities, day-to-day activities, quality-assurance/quality-control plan, and inspections of incoming waste.* |
| 1. *Attach in* ***Attachment 20*** *a plan outlining procedures, equipment, and contingency plans for protecting employees and the general public from accidents, fires, explosions, etc., and provisions for emergency response and care, should an accident occur.* |
| 1. *Are you a Type IA or IIA facility that handles incinerator waste or is a refuse-derived energy facility?* YesNo  * *If “yes,” attach a description of the method used to handle process waters and other water discharges subject to NPDES/LPDES permit and state water discharge permit requirements and regulations in* ***Attachment 36****.* * *If “yes,” attach a plan for the disposal and periodic testing of ash in* ***Attachment 37****.* |
| 1. *Are you a Type IA or IIA facility refuse derived fuel facility?* YesNo  * *If “yes,” attach a description of the testing to be performed on the fuel or compost and a description of the uses for and types of fuel/compost to be produced in* ***Attachment 38****.* * *If “yes,” attach a description of marketing procedures and control in* ***Attachment 39****.* |
| 1. *Attach an implementation plan in* ***Attachment 40****. The implementation plan shall include construction schedules for existing facilities including the beginning and ending time frames and time frames for the installation of all major features; details on phase implementation for any proposed facility to be constructed in phases; and a plan for closing and upgrading existing operating areas if proposing expansion of a facility or construction of a replacement facility. All time frames shall be specified in days, with day 1 as the date of standard permit issuance.* |

|  |
| --- |
| **17. Facility Closure and Post-Closure** |
| *Attach a closure/post-closure plan in* ***Attachment 41****. The closure plan shall include the date of final closure; the method(s) to be used and steps necessary for closing the facility; a discussion of the long-term use of the facility after closure; a list of the itemized cost(s) to conduct closure and post-closure (if applicable) activities at the facility by a third party; an estimate of the maximum inventory of solid waste ever on site over the active life of the facility; a schedule for completing all activities necessary for closure; a sequence of final closure of each unit of the facility; and a copy of the document that will be filed upon closure of the facility with the official parish record keeper.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **18. Financial Responsibility** | | | | |
| 1. Provide the name and address of the person or company who currently owns the land. | | | | |
| *Name* | | *Company* | | | |
| *Suite, Mail Drop, or Division* | *Street or P.O. Box* | | | | |
| *City* | *State* | | *Zip* | *Business Phone* | |
| 1. Provide the name and address of the person or company who will own the land if the standard permit is granted. | | | | | |
| *Name* | | *Company* | | | |
| *Suite, Mail Drop, or Division* | *Street or P.O. Box* | | | | |
| *City* | *State* | | *Zip* | *Business Phone* | |
| 1. *Provide the name of the agency or other public body that is requesting the standard permit, or if the agency is a public corporation, its published annual report (attach in* ***Attachment 43****), or if otherwise, the names of the principal owners, stockholders, general partners, and/or officers. If this information is available online, referencing a weblink is acceptable.* | | | | |
| 1. *Is this an existing facility?* YesNo  * *If “yes,” list the current financial mechanism for this facility.* * *If “no,” provide a statement of acknowledgement that financial assurance will be obtained in accordance with LAC 33:VII.1303.A.2. prior to accepting waste at the facility.* | | | | |

|  |
| --- |
| **19. Geology** |
| *Does the facility have natural soils of low permeability for the area occupied by the solid waste units, including vehicle parking and turnaround areas? (These soils shall provide a barrier to prevent any penetration of surface spills into groundwater aquifers underlying the area or to an underlying sand or other permeable stratum that would provide a conduit to such aquifers.)* YesNo   * *If “yes,” attach a demonstration in* ***Attachment 44****.* * *If “no,” attach a design for surfacing natural soils that do not meet this requirement in* ***Attachment 44****.*   *Attach a plan-view map in* ***Attachment 46****, which shall include existing topographic contours and locations of all borings.* |

|  |
| --- |
| **20. Additional Information** |
| *Attach any additional information needed to support the application. These should be included as additional attachments. Fill in the blanks on the last page of the checklist as needed*. |

|  |
| --- |
| **21. Environmental Assessment Statement (EAS or IT Question Responses)** |
| Attach a discussion of the following questions in **Attachment 57**. *Consult the Guidance document for details of what each statement discussion should include.*  **NOTE:** Applications for **renewal** of an existing permit are **not** required to submit answers to these questions, unless said renewal or extension encompasses changes that would constitute a major modification.  Applications for a **minor modification** of an existing permit are **not** required to submit answers to these questions. |
| 1. *Demonstrate that the potential and real adverse environmental effects of the facility have been avoided to the maximum extent possible.* |
| 1. *Provide a cost-benefit analysis demonstrating that the social and economic benefits of the facility outweigh the environmental-impact costs.* |
| 1. *Discuss and describe possible alternative projects that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.* |
| 1. *Discuss possible alternative sites that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.* |
| 1. *Discuss and describe the mitigating measures which would offer more protection to the environment than the facility, as proposed, without unduly curtailing nonenvironmental benefits.* |

**SOLID WASTE PERMIT APPLICATION ATTACHMENT LIST AND CHECKLIST Page 1 of 2**

Instructions: Complete this checklist and submit it with the completed solid waste permit 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 or the additional page provided in the guidance. **Not all attachments will be used for this application.**

| **Attachment** | **Item Description** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
| 1 | Proof of publication of notice to submit a solid waste permit application |  |  |  |
| 2 | Copy of lease |  |  |  |
| 3 | Zoning documentation |  |  |  |
| 4 | Certificate of Registration and/or Certificate of Good Standing from the Secretary of State |  |  |  |
| 5 | Summary of enforcement actions |  |  |  |
| 6 | Airport or FAA notifications |  |  |  |
| 7 | Master plan to include: scaled map of location of pipelines, power lines, and right-of-ways; figure(s) showing property lines, original contours, buildings, units of the facility, drainage, ditches, and roads; **and** figure of buffer zone |  |  |  |
| 8 | Traffic flow letter |  |  |  |
| 9 | Aerial photograph of land use within one-mile radius |  |  |  |
| 10 | Description of measures used to isolate facility operations from all environmentally sensitive sites within 1,000 feet **and** a list of all known areas within 1,000 feet |  |  |  |
| 11 | Letters from state and federal agencies regarding environmentally sensitive sites |  |  |  |
| 12 | Copy of US Army Corps of Engineers 404 permit or copy of (and proof of submittal) US Army Corps of Engineers 404 permit application |  |  |  |
| 13 | Scaled map showing location of shot holes, seismic lines, and wells within 2,000 feet |  |  |  |
| 14 | Scaled map of all water wells within one mile |  |  |  |
| 15 | Scaled map of all recorded faults within one mile |  |  |  |
| 16 | Geophysical mapping or stratigraphic correlation of boring logs **and** discussion of measures to be taken to mitigate adverse effects |  |  |  |
| 17 | Demonstration of alternate setback distance |  |  |  |
| 18 | Demonstration of ability to withstand stresses caused by maximum ground motion |  |  |  |
| 19 | Demonstration of integrity of structural components |  |  |  |
| 20 | Copy of Emergency Response Plan **and** State Fire Marshal’s approval of plan **and/or** Contingency plan (if different than Emergency Response Plan) |  |  |  |
| 21 | Copies of notarized affidavits from landowners less than 200 (or 300) feet from the facility |  |  |  |
| 22 | Description of facility runoff collection system |  |  |  |
| 23 | Map of aquifer recharges areas **and** description of the measures planned to protect them |  |  |  |
| 24 | Map of 100-year floodplain |  |  |  |
| 25 | Plan-view drawings showing original contours, proposed elevations, proposed final contours, slopes, levees, and other pertinent features |  |  |  |
| 26 | Cross-sectional drawings showing original contours, elevations, drainage, location and type of liner, leachate collections system, and other pertinent features |  |  |  |
| 27 | Description of liner system |  |  |  |

**ATTACHMENT LIST AND CHECKLIST Page 2 of 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attachment** | **Item Description** | **Yes** | **No** | **N/A** |
| 28 | Quality assurance/quality control plan for liners |  |  |  |
| 29 | Description of leachate collection system |  |  |  |
| 30 | Description of levee system |  |  |  |
| 31 | Description of daily fill and cover |  |  |  |
| 32 | Description of interim and interim compacted cover |  |  |  |
| 33 | Calculations for volume of material for daily, interim, and final cover |  |  |  |
| 34 | Slope stability analysis |  |  |  |
| 35 | Comprehensive operation plan |  |  |  |
| 36 | Description of method to handle process waters |  |  |  |
| 37 | Plan for disposal and testing of ash |  |  |  |
| 38 | Description of testing and uses for fuel or compost |  |  |  |
| 39 | Description of marketing procedures |  |  |  |
| 40 | Implementation plan |  |  |  |
| 41 | Closure plan **and** drawing of final contours (if applicable) |  |  |  |
| 42 | Post-closure plan |  |  |  |
| 43 | Annual report for public corporation |  |  |  |
| 44 | Demonstration of natural soil permeability **or** Design for surfacing natural soils |  |  |  |
| 45 | Boring logs for boreholes, monitoring wells, and piezometers |  |  |  |
| 46 | Plan-view map of existing topographic contours and locations of all borings, monitoring wells, and piezometers |  |  |  |
| 47 | Regional geologic cross sections depicting stratigraphy to a depth of at least 200 feet below ground surface |  |  |  |
| 48 | Geologic cross sections along perimeter of the facility and along each transect |  |  |  |
| 49 | Structure and contour maps showing areal extent, depths, and thickness |  |  |  |
| 50 | Scaled quarterly potentiometric surface maps, groundwater flow direction, and well-completion diagrams |  |  |  |
| 51 | Maps of groundwater monitoring zones |  |  |  |
| 52 | Table of well construction details |  |  |  |
| 53 | Plan for installation of monitoring wells |  |  |  |
| 54 | Background data and monitoring data from past four years |  |  |  |
| 55 | Detection Monitoring Sampling and Analysis Plan (SAP), Assessment Monitoring SAP, and/or Corrective Action Plan |  |  |  |
| 56 | Capacity Evaluation |  |  |  |
| 57 | Environmental Assessment Statement (IT Questions) |  |  |  |
| 58 |  |  |  |  |
| 59 |  |  |  |  |