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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 Permit Application**  **Waste Tires** | | | | | | 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 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 permitting of Waste Tire processing facilities and is not intended to evaluate or approve any end use of waste tire material.  All questions regarding the approval of an end use of waste tire material or payments from the Waste Tire Management Fund shall be directed to the Financial Service Division at the following website: <http://www.deq.louisiana.gov/portal/DIVISIONS/FinancialServices/WasteTires.aspx>. | | | | | | | | | | |
| **PLEASE TYPE OR PRINT**  **1. Facility and Permit 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.** *SIC code* | | **H.** *Federal Identification Number* | | | | **I.** *State Tax Identification Number* | | | |
| **J.** Type of Application:  New application  Renewal application  Major Modification  Minor Modification | | | **K.** Attach as **Attachment 1** proof of publication of the notice of intent to submit a standard waste tire permit for *new,* *renewal,* and *major modification* applications *only*. | | | | | | | |
| **L.** Ownership Status (attach owner approval as **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.** Operator Type  (Check **all** boxes that apply.)  recycler  processer  transporter  generator  collector |
| **O.** *Solid Waste Permit or Order to Upgrade Number* | | |
| **P.** *Solid Waste Facility Number* | | |
| **Q.** *Total site acreage* | | | **R.** *Acreage to be used for processing* | | | | | | | |
| **S.** *Provide a brief history of waste tire permitting actions for this facility including, but not limited to, permits, modifications, and closure activities.* | | | | | | | | | | |
| **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.* | | | | | | | | | | |

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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 for* ***front gate*** *of site:* **Latitude** decimal degreesand **Longitude** decimal degrees | |
| **E.** *Physical Location (identify by street number, by intersection of roads, or by mileage and direction from an intersection.)* | |
| **F.** *Provide a description of the modifications/changes proposed in this application.* | |

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| **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 as* ***Attachment 3*** *written documentation from local governing authority stating the facility is in compliance with local zoning and permitting requirements****.*** | | | |

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| **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.* |

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| **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:  $1,250 Initial or renewal application review fee  $100 Modification application review fee |

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| **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) as* ***Attachment 4****.* |

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| **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* | | | | | | | | *Street or P.O. Box* | | | | |
| *City* | | | *State* | | | | | *Zip* | | *Business phone* | | | | |
| *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 phon*e | *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.10517.A.8." | | | | | | | | | | | | | | |
| *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:* | | | |

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| **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 person in a – f 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 emergency contact is the same as the owner, so ‘same as owner’ would be written in the ‘Name’ blank under ‘Person to contact in case of an emergency.’ | | | | | | |
| **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 waste tires 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)* | |
| **d. Person to contact in case of emergency, if different from owner in Section 1** | | | | | | |
| *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. Name of Authorized Agent (if applicable)** | | | | | | |
| *Name* | | | | | *Business Phone* | |
| *Title* | | | *Company* | | | |
| *Suite, Mail Drop, or Division* | | | *Street or P.O. Box* | | | |
| *City* | | | *State* | | *Zip* | |
| **f. Person to contact regarding fees** | | | | a  b  c  d  other (specify below) | | |
| *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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| **9. Notifications/Approvals** |
| 1. Attach a copy of written notification to the appropriate local governing authority which states that the site is to be used as a waste tire processing and/or collection facility as **Attachment 5**. |
| 1. Attach a copy of the approval of the facility’s compliance and certification of the premises and buildings from the State Fire Marshal as **Attachment 6**. |

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| **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?  **Yes  No**   * 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 as **Attachment 7**. 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?  **Yes  No** * If “yes,” attach a summary as described above as **Attachment 7**. |

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| **11. Facility Plans** |
| 1. Attach as **Attachment 8** an area master plan, which shall show the *current* facility, property lines, buildings, excavations, drainage, roads, and other elements of the process system employed. Refer to guidance for details on what should be included. |
| 1. Attach a comprehensive operational plan describing the total operation as **Attachment 9**. The operational plan shall address the following:  * facility access and security; * waste tire acceptance plan (should include method for handling illegally dropped off waste tires); * method to control water run-on/runoff; * days and hours of operation; * waste tire storage method; * detailed description of the waste tire processing method; * site grounds maintenance and disease vector control; * buffer zones; * method to store waste tire material; * end market of waste tire material; and * method to control and/or treat any process water.   Refer to guidance for details on what should be included. |

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| **12. Facility Closure** |
| Attach a closure plan as **Attachment 10**. The closure plan shall include the method(s) to be used and steps necessary for closing the facility; a list of the itemized cost(s) to conduct closure activities at the facility by a third party; an estimate of the maximum inventory of whole waste tires and waste tire material ever on site over the active life of the facility; a schedule for completing all activities necessary for closure; and a sequence of final closure of each unit of the facility. |

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| **13. Financial Responsibility** |
| 1. Attach evidence of liability insurance in the amount of $1 million as **Attachment 11**. |
| 1. Attach evidence of financial assurance for site closure as **Attachment 12**. |

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| **14. 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. |

**WASTE TIRES PERMIT APPLICATION ATTACHMENT LIST AND CHECKLIST**

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) in the ‘Item Description’ column.

| **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 | Written Notification to Local Governing Authority |  |  |  |
| 6 | State Fire Marshal Approval |  |  |  |
| 7 | Enforcement Actions |  |  |  |
| 8 | Master Plan |  |  |  |
| 9 | Operational Plan |  |  |  |
| 10 | Closure Plan |  |  |  |
| 11 | Liability Insurance |  |  |  |
| 12 | Closure Financial Assurance |  |  |  |
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