|  |  |
| --- | --- |
| **SUBMIT THIS FORM TO:** | **FOR DEPARTMENT USE ONLY** |
|  | LA Department of Environmental Quality  | Site I.D. # |  |  |
|  | Office of Environmental Services | AI # |  |  |
|  | Waste Permits Division | Date Rec’d |  |  |
|  | P. O. Box 4313 | Rev’d by |  |  |
|  | Baton Rouge, LA 70821-4313 | Check No. |  |  |
|  |  | Amount |  |  |
|  | Phone (225) 219-2470 OR (225) 219-3523 • Fax (225) 219-3158  | Check Date |  |  |
|  |  |  |  |  |
| **Solid Waste Notification Form for** **Collection Facilities, Non-Processing Transfer Stations, and Best Management Practices Plans** |
| **\*\* A Cover Letter is Required Detailing The Requested Operation(s) \*\*****THIS NOTIFICATION IS** *(Check only one)* |
| **[ ]** The first for this site **[ ]** A subsequent notification |
| **FOR SUBSEQUENT NOTIFICATIONS, LIST AGENCY INTEREST (A.I.) NO.** |  |
| **1.** | **Name of Operator** *(and* ***Company Name****, if applicable)* |
|  |  |
|  | **Mailing Address** |  |
|  | **City** |  | **State** |  | **Zip** |  |
|  | **Facility Name** |  |  |
|  | **Actual Location/Description** *(Use Street Address, if possible)* |
|  |  |
|  | **City**  |  | **Parish** |  | **State** |  | **Zip** |  |
|  | **Location** | **Latitude** | **Degrees** |  | **Minutes** |  | **Seconds** |  |
|  |  | **Longitude** | **Degrees** |  | **Minutes** |  | **Seconds** |  |
|  | **Contact Name/Title** |  |
|  | **Contact Phone** |  | **Contact Fax** |  |
|  | **Contact Email** |  |
|  | **Property Owner** |  |
|  | **Property Owner’s Address** |  |
|  | **City** |  | **State** |  | **Zip** |  |
|  | **Type and Purpose of Operation** *(Check applicable box to indicate type of operation, and check the box below the type that indicates the purpose of the operation, if applicable.)* |
|  | **[ ]  Notifications** |
|  | [ ]  Collection Facility | [ ]  Non-processing Transfer Station | [ ]  Best Management Practices Plan |  |
|  | Provide a brief description of operations which includes: (1) the type(s) of waste handled; (2) storage/staging duration time(s); and (3) type/material construction of containers (if applicable). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **For Non-processing Transfer Stations, only:** Will this facility be separating non-putrescible recyclable materials from commercial solid waste as allowed by LAC 33:VII.508.C?  [ ]  **Yes** [ ]  **No** |
|  | **For Non-processing Transfer Stations, only:** Provide a site plan showing the buffer zone for non-processing transfer stations (LAC 33: VII.508.B.) |
|  | [ ]  **Other:** Describe type and purpose of operations. |
|  |  |  |
|  |  |  |
|  | **Total Acres** |  |  |  |
|  | **Certification: 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.**  |
|  |  | Signature |  |  |
|  |  | Typed or Printed Name |  |  |
|  |  | Title |  |  |
|  |  | Date |  |  |
|  | **Certification** *(for transfer and collection facilities only)***: I hereby certify that I am in compliance with existing land use requirements and local ordinances for transfer and collection facilities.** |
|  |  | Signature |  |  |
|  |  | Typed or Printed Name |  |  |
|  |  | Title |  |  |
|  |  | Date |  |  |

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| **SOLID WASTE NOTIFICATION FORM DETAILED INSTRUCTIONS****\*\* Cover Letter -** Include a detailed description of the requested operation(s) at the facility. \*\* |
|  | **Name of Operator/Site:** Enter the name of the operator and the name of the site. The operator is the person having legal authority and responsibility for a site where industrial solid waste is generated or where solid waste is collected, received, processed, or disposed.  |
|  | **Mailing Address:** Enter the mailing address for the site. This office will mail all site-related correspondence to this address.  |
|  | **Facility Name** |
|  | **Actual Location:** Enter the street address (***not Post Office Box***); highway number; or other specific identifiers, and the city and state to which the information on this form applies. |
|  | **Location:** Geographic (Section, Township, Range and Parish where the facility is located and the coordinates [***as defined by the longitude and latitude to the second***] of the center point of the facility).  |
|  | **Contact:** Enter the name, title, business telephone/fax number of the person to contact regarding information supplied on this form and other related matters.  |
|  | **Telephone:** Telephone and fax number of the contact person.  |
|  | **Email:** Email address of the contact person.  |
|  | **Owner:** Enter the name of the legal owner(s) of the property in which the site is located, using an additional sheet to list multiple owners.  |
|  | **Owner’s Address:** Enter the mailing address of the owner(s) of the site.  |
|  | **Type and Purpose of Operation(s):** The notification form categorizes operations as:* **Collection Facility** – a facility, at which one or more containers are located, that is used to accumulate solid waste generated by and delivered by more than one household or commercial establishment for pickup by a transporter.
* **Non-Processing Transfer Station** – a solid waste facility where solid waste is transferred directly or indirectly from collection vehicles to other vehicles for transportation without processing, except compaction used for the reduction of volume in waste.
* **Best Management Practices Plan –** a set of practices used by farmers to reduce the amount of soil, nutrients, pesticides, and microbial contaminants entering surface water and groundwater while maintaining or improving the productivity of agricultural land.
 |
|  | **Total Site Acreage** and the amount of acreage that will be used for processing and/or disposal. |
|  | **Certification:** Provide the signature, typed name, date, and title of the individual authorized to sign the application.  |
|  | **Certification (for transfer and collection facilities):**  Provide the signature, typed name, date, and title of the individual authorized to sign the application.  |