|  |  |  |
| --- | --- | --- |
| Department of Environmental Quality  Office of Environmental Services  Waste Permits Division  P.O. Box 4313  Baton Rouge, LA 70821-4313  (225) 219-3181 | **LOUISIANA**  **Emergency Debris Site (EDS)**  **Request Form** | deq_sublogo |
| Your request **cannot** be approved unless **all** of the requested information on this form is **supplied** and **accurate**. Emailformto[**deqdebrisrequest@la.gov**](mailto:deqdebrisrequest@la.gov)or fax to **225-325-8236.** Email questionsto[**deqdebrisrequest@la.gov**](mailto:deqdebrisrequest@la.gov)or call **225-364-7901.** | | |
| **TYPE OR PRINT** | | |
| **A.** ***Applicant Name*** *(Governmental Agencies only)* | | |

|  |  |
| --- | --- |
| **B. *Government Type***  Parish  Municipality  State  Federal  Other, specify | **C. *Agency Interest (AI) Number*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **D. *Responsible Official*** *(Government Official who will be responsible for site)* | | *Title* | |
| *Mailing Address* | *City* | | *Zip* |
| *Phone Number:* | *Email Address:* | | |

|  |  |  |
| --- | --- | --- |
| **E. *Debris Site Contact*****(*will receive all mail correspondence, must be government employee)*** | | *Title* |
| *Mailing Address* | *City* | *Zip* |
| *Phone Number:* | *Email Address:* | |

|  |  |  |
| --- | --- | --- |
| **F. *Physical Location*** *(identify by street number, by intersection of roads, or by mileage and direction from an intersection.)*  ***Is a site map attached (REQUIRED)? YES  Request will NOT be processed without one. Scale should be ~1 in. = 1000 ft.*** | | |
| *Address:* | *City/Zip Code:* | *Parish***:** |
| *Note: The city name must be for the closest city in the same parish as the requested site. If the site does not have a 911 address, detailed directions must be provided from the nearest town/city and indicate specific street, road, highway, interstate, and/or location names. Indicate any landmarks and/or mile markers, if necessary.* ***Request will NOT be processed without this information.*** | | |

|  |  |  |
| --- | --- | --- |
| **G. *Site entrance GPS***(r**equired**) provide in decimal degrees | LAT: | LONG: |
| ***GPS of where activities will occur on property* (required)** | LAT: | LONG: |

|  |  |  |
| --- | --- | --- |
| **H. *Hours of Operation***  Hours  AM **to**  PM | Days  M-F or  7 DAYS/WK  or M T W T F S Su | **Burning will only be allowed between the hours of 8 AM and 5 PM.** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. *Requested Activities*** (check all potential activities) | | | | | | | | |
| **Staging/**  **Segregation:** | C&D debris  woodwaste | metals  tires | white goods  electronic waste  vegetative debris | | **Composting:** | vegetative debris | | |
| **Chipping & Grinding:** | vegetative debris | | |
| **Preparation:** | white goods | **Burning:** | | vegetative debris (open)  vegetative debris (air curtain destructor) | | | | |
| **\*\*\* THIS PORTION OF SECTION I CAN ONLY BE COMPLETED AFTER AN EMERGENCY HAS BEEN DECLARED. \*\*\***  **Other Requested Activities (Include debris types and associated activities)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*Note: Pre-approvals are limited to the debris types and activities listed above. Other debris types and activities will NOT be approved until after an emergency has been declared. This includes, but is not limited to, staging and/or disposal of household hazardous waste, orphan drums, vessels, vehicles, or animal carcasses. If more activities are needed after an emergency has been declared, a new request must be filled out and submitted for approval. Contact the LDEQ prior to submitting “Other” requests.** | | | | | | | | |
| **J. *Site Type*** | | | | | | | **YES** | **NO** |
| Is the site being requested for use as a **pre-approved emergency debris site** (to be requested *before* an emergency, can be reused multiple times)? | | | | | | |  |  |
| Is the site being requested as a **temporary emergency debris site** (to be requested *after* an emergency for a single time use)? If yes, list the emergency name or FEMA #. | | | | | | |  |  |

|  |  |  |
| --- | --- | --- |
| **K. *General Site Questions*** (The request form **cannot** be processed without answers to questions 1 – 5.) | **YES** | **NO** |
| 1. Was this site approved for use in a prior disaster?   If yes, which disaster and when did the disaster occur? |  |  |
| 1. Is the requested site activity (ies) a modification of previously approved activities? |  |  |
| 1. Have the site and surrounding area conditions changed (e.g., added development) since the last prior use?   If yes, explain. |  |  |
| 1. *(If requesting burning)* Is the site being requested by a municipality?   Is the site being requested by a parish for a location in another parish? |  |  |
|  |  |
| * If the answer to *either is yes*, is the site within the applicant’s jurisdictional limits? * If the site is **outside the jurisdictional limits, a parish burn approval must be submitted**. The parish burn approval should be for the full time burning is expected (e.g., disaster, pre-approval) and should specifically state the site location requested before a request for burning will be approved by the LDEQ. A copy of the **parish burn approval is attached**. |  |  |
| 1. **Is this a new EDS request, amended request expanding the EDS area**, **an EDS with no State Historic Preservation Office (SHPO) approval**, or **an EDS with SHPO approval that is five (5) years or older**?  * **If yes**, fill out a new SHPO site request form on page 4; **if no**, attach a copy of the current SHPO approval. |  |  |

|  |  |  |
| --- | --- | --- |
| **L. *Siting Criteria*** (All questions must be answered and explained, as necessary.) | **YES** | **NO** |
| 1. Are there nearby residences and/or businesses that will be inconvenienced or adversely affected by use of the site? If yes, explain. |  |  |
| 1. Are there any site safety issues? (e.g., power lines, pipelines)   If yes, explain. |  |  |
| 1. Are any erosion and/or rainwater runoff control measures needed?   If yes, explain. |  |  |
| 1. Is additional containment necessary for any wastes that have a potential for leaking? (e.g., white goods leaking Freon)   If yes, explain. |  |  |
| 1. Are the roadways and entrance to the site suitable for trucks hauling debris?   If no, explain. |  |  |
| 1. Is the site fully accessible to fire personnel and equipment?   If no, explain. |  |  |
| 1. Is the size of the site sufficient for its intended use?   If no, explain. |  |  |
| 1. Is the general terrain of the site suitable for the proposed activities?   If no, explain. |  |  |
| 1. Is the proposed site located outside of the 100-year floodplain and wetlands? (The floodplain map used shall be an original Flood Insurance Rate Map prepared by FEMA, the Flood Prone Area Map prepared by the US Geological Survey or a National Wetlands Inventory map that depicts the limits and elevations of any 100-year floodplain or wetland on or adjacent to the proposed site.)   If no, explain. |  |  |
| 1. For chipping & grinding, is the proposed site more than 300 feet to residences, businesses, schools, hospitals, clinics, and roads?   If no, explain. |  |  |
| 1. For burning, is the proposed site more than 1,000 feet to residences, businesses, schools, hospitals, clinics, and roads?   If no, explain. |  |  |
| 1. Is the proposed site more than 100 feet to property boundaries and on-site structures?   If no, explain. |  |  |
| 1. Is the proposed site more than 250 feet to potable water wells?   If no, explain. |  |  |
| 1. Is the proposed site more than 100 feet to nearby surface waters?   If no, provide the name of the nearest surface water, if it is named. |  |  |
| 1. Is the proposed site more than 10,000 feet to the nearest airport?   If no, provide the name of the airport. |  |  |

|  |  |  |
| --- | --- | --- |
| **M.** ***Site Operator*** | Company Name: | Site Contact Person: |
| Telephone Number: | Email Address: |

|  |  |  |
| --- | --- | --- |
| **N. *Site Owner*** | Name: | Address: |
| Telephone Number: | Email Address: |

|  |
| --- |
| **O. *Certification of Responsible Official***  I certify that I have personally examined and that I am familiar with the information submitted in this request. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.  I certify that the site as described in this request meets the applicable requirements and will comply with the following: 1) the Comprehensive Plan for Disaster Clean-up and Debris Management; 2) the effective Declarations of Emergency and Administrative Order; and 3) the subsequent Authorization for the Emergency Debris Site.  I understand that I am responsible for notifying First Responders (911 Center, Fire & Rescue, Law Enforcement, and EMS) of the site entrance location and activities at this site.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE (Responsible Official) PRINT DATE** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LSHPO Site Request Form**  **If this is a new EDS request, amended request expanding the EDS area, an EDS with no State Historic Preservation Office (SHPO) approval, or an EDS with SHPO approval that is five (5) years or older,** fill out the form below and return it to LDEQ with the EDS form. LDEQ will submit the form to SHPO. Once approved SHPO, will return the approved form to the applicant. | | | | | | | | | | | | |
| **Requirements for Debris Activities Involving Ground Disturbance**  **Requesting Registration as a** (check all that apply):  Staging Site Chipping & Grinding Site Composting Site Burn Site Disposal Site  If the creation or use of this **emergency** staging, chipping & grinding, composting, burning, and/or disposal site will include ground disturbance, including the creation of temporary access roads, burying of debris or burn residual, or will impact structures over 45 years old, the applicant must coordinate with, and receive comments from, the Louisiana Office of Cultural Development, State Historic Preservation Office (SHPO), prior to the start of any ground disturbance. **Individual certifications are required for each burning, burial, disposal, and/or staging or stockpiling site. Attach a map, in addition to this form, preferably a copy of a USGS 7.5 minute series quadrangle map with the project site location clearly identified.** | | | | | | | | | | | | |
| Applicant | Name: | | | | | | Address: | | | | | |
| City: | | | | | Zip: | | | | | Parish: | |
| Telephone Number: | | | | Fax Number: | | | | | Email Address: | | |
| Location of Emergency Site  *(complete* ***one*** *row)* | Township: | | | Range: | | | | Section: | | | | Quarter-section(s): |
| Latitude (decimal degree): | | | | | | | | Longitude (decimal degree): | | | |
| UTM Northing: | | | | | | | | UTM Easting: | | | |
| Site Owner | Name: | | | | | | Address: | | | | | |
| Telephone Number: | | | | | | Email Address: | | | | | |
| Is a **NEW** road needed to access the requested site? Yes No If yes, show road on map and provide the following information: | | | | | | | | | | | | |
| Road length and width: | | ***and*** Latitude:  and Longitude:  ***or*** UTM Northing:  and Easting: | | | | | | | | | | |
| **Discovery Clause:** In the event that archaeological deposits (soils, features, artifacts, other remnants of human activity) are uncovered in urban or rural areas, or if archaeological deposits are found in tree root balls during removal, the project shall be halted and the applicant shall stop all work immediately in the vicinity of the discovery and take reasonable measures to avoid or minimize harm to the finds. The applicant will inform the Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP) immediately at 225-925-7500 and SHPO at 225-342-8170, and will secure all archaeological findings and restrict access to the area. GOHSEP and SHPO will be responsible for notifying the appropriate Native American Tribes if the site is determined to be Native American. Work may not resume until the Applicant is notified by the Division of Archaeology.  In the event that human remains or an unmarked burial site are encountered, under the terms of the Louisiana Unmarked Human Burial Sites Preservation Act (R.S. Statute 8:671), the applicant will immediately stop all work, secure all artifacts and remains, restrict access to the area, and notify GOHSEP, SHPO, and local law enforcement. GOHSEP and SHPO will consult with the appropriate Native American Tribes if the remains are determined to be Native American. No artifacts or human remains will be removed from the site until all parties have consulted to determine the proper course of action. Work may not resume until the Applicant is notified by the Division of Archaeology.  I certify that (Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is an authorized representative for the site and will comply with all the above conditions**.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature Print Date** | | | | | | | | | | | | |
| **Contact Information:**  Louisiana Office of Cultural Development  State Historic Preservation Office  **ATTN:** Section 106 Reviewer  P.O. Box 44247  Baton Rouge, Louisiana 70804-4242  Telephone: (225) 342-8170  email: [section106@crt.la.gov](mailto:section106@crt.la.gov) | | | **Louisiana State Historic Preservation Office Use ONLY**  I certify that the above referenced site:  will have no effect on known historic properties.  will have no adverse effect on known historic properties.  could have an impact to a historic property; further consultation with SHPO is necessary.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  **SHPO Official Date** | | | | | | | | | |