|  |  |
| --- | --- |
| **SUBMIT THIS FORM TO:** | **FOR DEPARTMENT USE ONLY** |
|  | LA Department of Environmental Quality  | Site I.D. # |  |  |
|  | Office of Environmental Services | AI # |  |  |
|  | Public Participation and Permit Support Division | Date Rec’d |  |  |
|  | P. O. Box 4313 | Rev’d by |  |  |
|  | Baton Rouge, LA 70821-4313 | Check No. |  |  |
|  |  | Amount |  |  |
|  | Phone (225) 219-3244 or (225) 219-1665 • Fax (225) 325-8283  | Check Date |  |  |
|  |  |  |  |  |
| **Notification Form for Industrial Generators and Transporters of Solid Waste**  |
| **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.)* |
|  | **[ ]  Generator of Industrial Solid Waste** *(Generators must also complete the Solid Waste Industrial Generator Supplemental Attachment, p. 4)* |
|  | **[ ]  Transporter** *(Transporters must also complete the Solid Waste Transporter Supplemental Attachment, p. 7, and submit appropriate fee)* |
| **12.** | **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 |  |  |
| **NOTIFICATION FORM FOR INDUSTRIAL GENERATORS AND TRANSPORTERS OF SOLID WASTE DETAILED INSTRUCTIONS** |
|  | **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:** 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.  |
|  12. | **Type of Operation(s):** The notification form categorizes operations as:* **Generator** – any person whose act or process produces solid waste as defined in the regulations.
* **Transporter** – any person who moves industrial solid waste off-site and/or who moves solid waste of a commercial establishment or more than one household to a storage, processing, or disposal facility.

**Certification:** Provide the signature, typed name, date, and title of the individual authorized to sign the application.   |
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| **SOLID WASTE INDUSTRIAL GENERATOR SUPPLEMENTAL ATTACHMENT** |
| **NOTE: A Notification Form for Industrial Generators and Transporters of Solid Waste (pages 1-2) must accompany the supplemental attachment.** |
|  | **Name of Generator of Industrial Solid Waste** |  |  |  |
|  |  |  |  |
|  | **Description of Generated Industrial Solid Wastes** Reference the attached Industrial Waste Code List (p. 7) to select Waste Code. For more than 3 Waste Codes, copy this page, as needed, and attach. *(Residential solid waste generators and commercial solid waste generators are not required to notify.)* |
|  | **Waste Code** | **Waste Code** | **Waste Code** |
|  | **Waste Name**  | **Waste Name** | **Waste Name** |
|  | **Amount Generated (Annually)** | **Amount Generated (Annually)** | **Amount Generated (Annually)** |
|  | **Waste Is Disposed** **[ ] On-site [ ] Off-site** | **Waste Is Disposed****[ ] On-site [ ] Off-site** | **Waste Is Disposed** **[ ] On-site [ ] Off-site** |
|  | **Name of Disposal Facility** | **Name of Disposal Facility** | **Name of Disposal Facility** |
|  | **Location of Disposal Facility** | **Location of Disposal Facility** | **Location of Disposal Facility** |
|  | **Parish of Disposal Facility** | **Parish of Disposal Facility** | **Parish of Disposal Facility** |
|  | **Process Description** | **Process Description** | **Process Description** |
|  | **Chemical Description** | **Chemical Description** | **Chemical Description** |
|  | **Physical Description** | **Physical Description** | **Physical Description** |
|  | **Biological Description** | **Biological Description** | **Biological Description** |
|  | **CERTIFICATION: I hereby under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.****CERTIFICATION: This is also to certify that this waste is not a listed hazardous waste, and that this waste is not hazardous due to its characteristics and/or process knowledge and it is not a waste within the jurisdiction of the Department of Natural Resources, Office of Conservation.**  |
|  |  |  |  |  |  |  |
|  | Authorized Signature |  | Printed Name |  | Printed Title |  | Date |  |
| **SOLID WASTE INDUSTRIAL GENERATOR SUPPLEMENTAL ATTACHMENT DETAILED INSTRUCTIONS** |  |
|  |  |
|  | **Name of Generator of Industrial Solid Waste:** Enter the company name of the generator of industrial solid waste.  |  |
|  | **Description of Generated Industrial Solid Wastes:** For more than 3 Waste Codes, copy *Solid Waste Industrial Generator Supplemental Attachment* (p. 4), as needed, and attach. *(Residential solid waste generators and commercial solid waste generators are not required to notify.)* Wastes are described as follows: |  |
|  | * **Waste Code** – Enter the three digit number from the Industrial Waste Code List (p. 6) that describes the waste.
 |  |
|  | * **Waste Name** – Enter a descriptive name of the waste.
 |  |
|  | * **Amount Generated** – Enter the amount of waste to be generated annually for the period beginning July 1 and ending June 30 (include the unit of measure).
 |  |
|  | * **Waste Disposal** – Mark the box indicating if waste is to be disposed on-site or off-site.
 |  |
|  | * **Name of Disposal Facility** – Enter the name of the facility where waste is to be disposed.
 |  |
|  | * **Location of Disposal Facility** – Enter the street address (***not Post Office Box***); highway number; or other specific identifiers; and the city and state in which the disposal facility is located.
 |  |
|  | * **Parish of Disposal Facility** – Enter the name of the parish in which the disposal facility is located.
 |  |
|  | * **Process Description** – Enter a description of the process used to manufacture and/or generate the waste.
 |  |
|  | * **Chemical Description** – Enter the chemical characteristics/description of the waste.
 |  |
|  | * **Physical Description** – Enter the physical characteristics/description of the waste.
 |  |
|  | * **Biological Description** – Enter the biological characteristics/description of the waste.
 |  |
|  | **Certification:** Provide the signature, printed or typed name, and title of the individual authorized to sign the application, along with the signature date. |  |

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| **INDUSTRIAL WASTE CODE LIST** |
| An industrial waste number begins with the facility’s unique Solid Waste Facility Identification Number followed by the three digit waste code that is descriptive of the industrial waste. |
| -001 Absorbent Pads **Sludges**-002 Asbestos Contaminated Material/Asbestos -036 Cooling Tower Basin Sludge-003 Ash/Incinerator and Boiler -037 Impoundment Sludges/Solids-004 Baghouse Dust -038 Paint Waste-005 Batteries Spent -039 Process Unit Sludges-006 Blasting Media -040 Sump Waste/Solids-007 Boiler Blowdown -041 Tank Sludges-008 Carbon/Carbon Black/Coke/Coal -042 Wastewater Treatment Plant Sludges-009 Catalyst/Cat Fines-010 Cement Kiln Dust **Filters & Filter Media** -011 Clean out material -043 Filter Cake -012 Contaminated Concrete and insulation -044 Filter Media/Filters-013 Contaminated Piping-014 Contaminated Sand/Soil **Aqueous Wastes** -015 Cooling Tower Wood and Debris -045 Acid/Base Waste (Neutralized)-016 Desiccant -046 Antifreeze-017 Distillation Bottoms/Distillate -047 API Separator Supernatant (Middle Liquid)-018 Empty Contaminated Containers -048 Brine (Raw)-019 Fire Brick/Furnace Brick/Reactor Brick -049 Cleaners (Spent Neutralized)-020 Flocculent Solids -050 Cooling Tower Blowdown-021 Foundry Sand -051 Leachate-022 Gypsum -052 Slurry-023 Insulation/Non-Asbestos -053 Tank Washwater-024 Laboratory Wastes -054 Wastewater, Not Otherwise Specified-025 Lime -055 Wastewater & Solids/Sludges-026 Metallic Salts and Oxides-027 Off Spec./Spent Materials or Unused Materials **Other Wastes**-028 PCB (Low-level PCB Contaminated Materials) -056 Miscellaneous; Not Otherwise Specified-029 Pesticide/Herbicide Contaminated Material -057 LDEQ Approved E&P-030 Plant Maintenance Debris; Contaminated Articles-031 Slag/Smelting of Metallic Ore-032 Spent Bauxite (Red Mud)-033 Spent Caustic-034 Treated Woodwaste-035 Vessel, Exchanger, Tank, and Pipe Scales |

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|  | **SOLID WASTE TRANSPORTER SUPPLEMENTAL ATTACHMENT****NOTE: A Notification Form for Industrial Generators and Transporters of Solid Waste (pages 1-2) must accompany the supplemental attachment.** |
|  | NOTE: Please make checks payable to the LDEQ and submit to the address on page 1.Fees: Initial: $165 plus $42 per vehicle |
|  | **Applicant Information** (*Print legibly or type*) |
|  | **Name of Transporter** | **Contact Name & Title**  |
|  | **Transporter Mailing Address** | **Contact Email Address** |
|  | **City State Zip** | **Contact Phone****( )** |
|  | **Transporter’s Physical Location/Street Address** | **Contact Fax****( )** |
|  | **City State Zip** |  |
|  | **Transporter’s Parish** |  |
|  | **Waste to be Transported** *(Check each applicable box)* |
|  |  | **Special Wastes** |
|  | [ ]  Industrial Waste | [ ]  Asbestos |
|  | *[ ]* Residential & Commercial Waste  | *[ ]* Medical Waste |
|  | [ ]  Woodwaste | [ ]  Grease Waste |
|  | [ ]  Construction/Demolition-Debris | [ ]  Other, Describe |  |
|  | **Vehicle Information** *(Please list all vehicles that will be used to transport solid waste, including make, model, year, license number, and name of registered owner, if different from transporter.) For more than 4 vehicles, attach additional page(s) with the required information (as indicated below) for each vehicle.*  |
|  | **MAKE** | **MODEL** | **YEAR** | **LICENSE NUMBER** | **REGISTERED OWNER** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Certification: I have personally examined and I am familiar with the information submitted, and I hereby certify under penalty of law that this information is true, accurate, and complete. I am aware that by submitting this information and receiving any authorization numbers, I am subject to the requirements of LAC 33:VII.Subpart 1, which governs my activities. I am also aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.** |
|  |  |  |  |  |  |  |  |  |
|  | Authorized Signature |  | Printed Name |  | Printed Title |  | Date |  |
|  |  |  |  |  |  |  |  |  |
| **SOLID WASTE TRANSPORTER SUPPLEMENTAL ATTACHMENT** **DETAILED INSTRUCTIONS** |  |  |
|  |  |  |
|  | **Applicant Information:** Enter the following information with regard to the solid waste transporter applicant. |  |  |
|  | * **Name of Transporter** – Enter the company name of the solid waste transporter.
 |  |  |
|  | * **Transporter Mailing Address** – Enter the mailing address for the solid waste transporter. This office will mail all transporter-related correspondence to this address.
 |  |  |
|  | * **Transporter’s Physical Location/Street Address** – Enter the street address (***not Post Office Box***); highway number; or other specific identifiers; and the city and state in which the solid waste transporter is located.
 |  |  |
|  | * **Transporter’s Parish** – Enter the name of the parish in which the transporter is physically located.
 |  |  |
|  | * **Contact Information** – Enter the name, title, email address, telephone number, and fax number of the person to contact regarding information supplied on this attachment and other related matters.
 |  |  |
|  | **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes. |  |  |
|  | **Vehicle Information:** Enter the make, model, year, license number, and registered owner of the vehicles that will be used to transport solid waste. For more than 4 vehicles, attach additional page(s) with the required information as indicated in the *Solid Waste Transporter Supplemental Attachment* (p. 7) for each vehicle. |  |  |
|  | **Certification:**  Provide the signature, printed or typed name, and title of the individual authorized to sign the application, along with the signature date. |  |  |