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| **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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **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** | | | |  | | | |
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|  | | | **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** | | | | | | | | | | | |  | | | | |
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|  | **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** | | | | | |
|  | | | |  |  | | |  |  | | | | |  | | | | | |
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|  | | | | **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** | | | | | | | | | | | | | | | | | |  |  | |
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|  | | **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. | | | | | | | | | | | | | | | |  |  | |