

SUBMIT THIS FORM TO:

LA Department of Environmental Quality
Office of Environmental Services
Waste Permits Division
P. O. Box 4313
Baton Rouge, LA 70821-4313

Phone (225) 219-2470 OR (225) 219-3523 • Fax (225) 219-3158

FOR DEPARTMENT USE ONLY	
Site I.D. #	_____
AI #	_____
Date Rec'd	_____
Rev'd by	_____
Check No.	_____
Amount	_____
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)*

2. Mailing Address _____
City _____ State _____ Zip _____

3. Facility Name _____

4. Actual Location/Description *(Use Street Address, if possible)*

City _____ Parish _____ State _____ Zip _____

5. Location Latitude Degrees _____ Minutes _____ Seconds _____
Longitude Degrees _____ Minutes _____ Seconds _____

6. Contact Name/Title _____

7. Contact Phone _____ Contact Fax _____

8. Contact Email _____

9. Property Owner _____
Property Owner's

10. Address _____
City _____ State _____ Zip _____

11. 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.

12. Total Acres _____

13. 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 _____

14. 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 _____

SOLID WASTE NOTIFICATION FORM DETAILED INSTRUCTIONS

**** Cover Letter** - Include a detailed description of the requested operation(s) at the facility. ******

1. **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.
2. **Mailing Address:** Enter the mailing address for the site. This office will mail all site-related correspondence to this address.
3. **Facility Name**
4. **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.
5. **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).
6. **Contact:** Enter the name, title, business telephone/fax number of the person to contact regarding information supplied on this form and other related matters.
7. **Telephone:** Telephone and fax number of the contact person.
8. **Email:** Email address of the contact person.
9. **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.
10. **Owner's Address:** Enter the mailing address of the owner(s) of the site.
11. **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.
12. **Total Site Acreage** and the amount of acreage that will be used for processing and/or disposal.
13. **Certification:** Provide the signature, typed name, date, and title of the individual authorized to sign the application.
14. **Certification (for transfer and collection facilities):** Provide the signature, typed name, date, and title of the individual authorized to sign the application.