



ASBESTOS LANDFILL RECOGNITION FORM (AAC-7 IS)

In State Landfills

Louisiana Department of Environmental Quality
Public Participation and Permits Support Division
Notifications and Accreditations Section
P.O. Box 4313, Baton Rouge, LA 70821-4313
Phone (225) 219-0789 Fax (225) 219-3310

I. Instructions

Agency Interest (AI) No. _____

This application must be completed and submitted to the Louisiana Department of Environmental Quality at the above address. All landfills must enclose a copy of the section of the approved permit that addresses friable and/or non-friable asbestos containing waste material (ACWM). Upon receipt of an acceptable application, the landfill will be included on Louisiana's Asbestos Recognition List. If you have any questions, please contact Christopher Mayeux, Manager, at (225) 219-0789; or Sheryl Grimmer, Supervisor, at (225) 219-1665.

II. Landfill Information (please print)

Name of Landfill		Physical Location of Landfill	
Mailing Address		Contact Name	
City		Contact Phone No. ()	Fax No. ()
State	Zip Code	Email Address	
Accepts (check all that apply) <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> No ACWM		If Non-friable ACWM <u>Only</u> is Accepted (check one) <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Categories 1 & 2	
Landfill Type (check one) <input type="checkbox"/> Type I or II Commercial/Residential Landfill <input type="checkbox"/> Type III Construction and Debris Landfill			

III. Availability and Compliance with LAC 33:III.Chapter 5151, Louisiana Asbestos Regulations

(To be completed and signed by the facility manager. Please check "yes" or "no" after each statement.)

- A. A copy of LAC 33:III.Chapter 5151, which pertains to asbestos renovation/demolition and waste disposal is on site at the landfill and made available to all employees.**
 Yes No
- B. The facility has properly trained employees concerning the above regulations.**
 Yes No
- C. The facility is permitted to accept asbestos-containing waste noted in Part II of this form.**
 Yes No If yes, indicate Permit No. _____

Facility Manager (Print Name) **Facility Manager (Signature)** **Date**