

SUBMIT THIS FORM TO:

LA Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
P. O. Box 4313
Baton Rouge, LA 70821-4313

Phone (225) 219-3244 or (225) 219-1665 • Fax (225) 325-8283

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

SOLID WASTE NOTIFICATION FORM
Industrial Generators • Processors • Disposers • Transporters

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 _____

10. Property Owner's 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.)

Generator of Industrial Solid Waste (Generators must also complete the Solid Waste Industrial Generator Supplemental Form, p. 5)

Transporter (Transporters must also complete the Solid Waste Transporter Supplemental Form, p. 8, and submit appropriate fee)

Industrial Waste (Type I)

Type I (Industrial Waste Disposal Facility)

- Landfill
- Landfarm
- Surface Impoundment

Type I-A (Industrial Waste Processing Facility)

- Processing Transfer Station
- Shredder/Compactor Baler
- Incinerator Waste Handling Facility

Residential and Commercial Waste (Type II)

Type II (Commercial/Residential Disposal)

- Landfill
- Landfarm
- Surface Impoundment

Type II-A (Commercial/Residential Processing)

- Processing Transfer Station
- Refuse-derived Fuel Facility
- Shredder/Compactor Baler
- Incinerator Waste Handling Facility

Minor Facilities/Recycling Alternative Facilities (Type III)

- Woodwaste Landfill
- Best Management Practice Plan
- Construction/Demolition-Debris Landfill

- Compost Facility
- Resource Recovery/Recycling

Notifications

- Collection Facility
- Non-processing Transfer Station

For Collection Facilities and Non-processing Transfer Stations: 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.

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 _____ Disposal _____ Processing _____

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

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:** 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 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.
 - **Type I Facility** – a facility used for disposing of industrial solid wastes. (*If the facility is also used for disposing of residential or commercial solid waste, it is also a Type II facility.*)
 - **Type I-A Facility** – a facility used for processing industrial solid waste (e.g. transfer station, incinerator waste-handling facility, shredder, baler, or compactor). (*If the facility is also used for processing residential or commercial solid waste, it is also a Type II-A facility.*)
 - **Type II Facility** – a facility used for disposing of residential or commercial solid waste. (*If the facility also is used for disposing of industrial solid waste, it is also a Type I facility.*)
 - **Type II-A Facility** – a facility used for processing residential or commercial solid waste (e.g. transfer station, incinerator waste-handling facility, refuse-derived fuel facility, shredder, baler, or compactor). (*If the facility is also used for processing industrial solid waste, it is also a Type I-A facility.*)
 - **Type III Facility** – a facility used for disposing of construction/demolition debris or woodwaste, composting organic waste to produce a usable material, or separating recyclable wastes (*a separation facility*). Residential, commercial, or industrial solid waste must not be disposed of in a Type III facility.
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:** Provide signature, typed name, date, and title ONLY if the facility is a transfer or collection facility.

SOLID WASTE INDUSTRIAL GENERATOR SUPPLEMENTAL FORM

NOTE: A Solid Waste Notification Form (pages 1-3) must accompany the supplemental form.

1. **Name of Generator of Industrial Solid Waste** _____

2. **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 <input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Waste Is Disposed <input type="checkbox"/> On-site <input type="checkbox"/> Off-site	Waste Is Disposed <input type="checkbox"/> On-site <input type="checkbox"/> 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

3. **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 FORM DETAILED INSTRUCTIONS

1. **Name of Generator of Industrial Solid Waste:** Enter the company name of the generator of industrial solid waste.
2. **Description of Generated Industrial Solid Wastes:** For more than 3 Waste Codes, copy *Solid Waste Industrial Generator Supplemental Form* (p. 5), 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. 7) 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.
3. **Certification:** Provide the signature, printed or typed name, and title of the individual authorized to sign the application, along with the signature date.

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		

SOLID WASTE TRANSPORTER SUPPLEMENTAL FORM

NOTE: A Solid Waste Notification Form (pages 1-3) must accompany the supplemental form.

NOTE: Please make checks payable to the LDEQ and submit to the address on page 1.

Fees: Initial: \$165 plus \$42 per vehicle

1. 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	

2. Waste to be Transported *(Check each applicable box)*

- Industrial Waste
- Residential & Commercial Waste
- Woodwaste
- Construction/Demolition-Debris

Special Wastes

- Asbestos
- Medical Waste
- Grease Waste
- Other, Describe _____

3. 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

4. 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 FORM DETAILED INSTRUCTIONS

1. **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 form and other related matters.
2. **Waste to be Transported:** Indicate type of waste to be transported by marking all applicable boxes.
3. **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 Form* (p. 8) for each vehicle.
4. **Certification:** Provide the signature, printed or typed name, and title of the individual authorized to sign the application, along with the signature date.