



Solid Waste Notification Form

Louisiana Department of Environmental Quality (LDEQ)
Office of Environmental Services (OES)
Waste Permits Division (WPD)

Phone (225) 219-2470 or (225) 219-3523

FOR DEPARTMENT USE ONLY

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

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

**** A Cover Letter is Required Detailing The Requested Operation(s) ****

THIS NOTIFICATION IS *(Check only one)*

☐ The first for this site

☐ A subsequent notification

NOTE: See Detailed Instructions (p.4)

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

City _____ Parish _____ Zip _____

5. Geographic Location of the Facility

a. Center Point	Latitude	Degrees	_____	Minutes	_____	Seconds	_____
	Longitude	Degrees	_____	Minutes	_____	Seconds	_____
b. Front Gate	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, if applicable.)

- ☐ Woodwaste Disposal Facility ☐ Other: Describe type and purpose of operations. _____
- ☐ On-site Construction/Demolition Debris Disposal _____
- ☐ Non-processing Transfer Station _____
- ☐ Best Management Practices Plan _____
- ☐ Collection Facility _____

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 Woodwaste Disposal Facilities at which **only** woodwaste is disposed of on property owned by the generator of the woodwaste: Attach a site plan showing the buffer zone. (LAC 33: VII.305.A.8.c and 719.B.3.a)

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**

Attach a site plan showing the buffer zone for non-processing transfer stations. (LAC 33: VII.508.B.)

Attach the written notice provided to the parish governing authority of the intent to operate a non-processing transfer station or other type of facility for the offloading and/or transloading of solid waste destined for disposal. (LAC 33:VII.508.A.1.)

For Non-processing Transfer Stations and Collection Facilities, only:

Zoning of site location: _____

For Best Management Practice Plans, only: Attach the best management practice plan and approval from the Louisiana Department of Agriculture. (LAC 33:VII.301.A.1.a. and 303.A.10)

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

**** 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 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. **Physical Location:** Enter the street address (*not Post Office Box*); highway number; or other specific identifiers, and the city parish, and zip code to which the information on this form applies.
5. **Geographic Location of the Facility**
 - a. Enter the latitude and longitude coordinates to the second for the location of the center point of the facility.
 - b. Enter the latitude and longitude coordinates to the second for the location of the front gate 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:
 - **Woodwaste Disposal Facility** – a woodwaste facility at which only woodwaste is disposed of on property owned by the generator of the woodwaste, in accordance with LAC 33:VII.305.A.8, or at which only woodwastes resulting from utility right-of-way clearing are received, in accordance with LAC 33:VII.305.A.9.
 - **On-site Construction/Demolition Debris Disposal Facility** – a facility that receives only on-site-generated construction/demolition debris in accordance with LAC 33:VII.305.A.4.
 - **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 in accordance with LAC 33:VII.508.
 - **Best Management Practices (BMP) Plan** – a set of practices for beneficially using organic solid waste materials determined to pose no or minimal risk to human health and the environment if managed properly. BMP Plans are intended to guide the collection, storage, and handling of organic solid waste materials such as, but not limited to, yard trash, vegetative debris, race track stable bedding, and agricultural & forestry production residues destined for soil enrichment or other approved beneficial use. See LAC 33:VII.3015 for examples of agricultural waste that may be managed under an approved BMP Plan.
 - **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 in accordance with LAC 33:VII.507.
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.