


Department of Environmental Quality Office of Environmental Services Waste Permits Division P.O. Box 4313 Baton Rouge, LA 70821-4313 (225) 219-3181	<h1>LOUISIANA</h1> <h2>Solid Waste Permit Application</h2> <h3>Type IA / Type IIA Processors</h3>	
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NOTE: A *Guidance* document has been prepared by the Louisiana Department of Environmental Quality (LDEQ) to assist the permit applicant in completing this Louisiana Solid Waste Permit Application for Type IA/Type IIA Processors. The *Guidance* should be consulted and utilized prior to providing responses to the information required to be contained in this application.

ALL facility plans, specifications, and operations represented and described in this application shall be prepared under the supervision of and certified by a **professional engineer licensed in the State of Louisiana**.

Site geology and groundwater conditions at facilities shall be characterized by a **geologist** or a **professional engineer licensed in the State of Louisiana** with **expertise** in geotechnical engineering and hydrogeology.

PLEASE TYPE OR PRINT

1. Facility and Permit Applicant Information

A. Facility Name		B. Agency Interest (AI) Number		C. SIC code				
D. Mailing Address			City		State		Zip Code	
E. Type of Application: <input type="checkbox"/> New application <input type="checkbox"/> Renewal application <input type="checkbox"/> Major Modification <input type="checkbox"/> Minor Modification				F. Attach in Attachment 1 proof of publication of the notice regarding the submittal of the permit application for <u>new</u> , <u>renewal</u> , and <u>major modification</u> applications <u>only</u> .				
G. Type of Operation (check each applicable box) <input type="checkbox"/> Type IA industrial <input type="checkbox"/> Type IIA residential/commercial <input type="checkbox"/> Composting (for Type IIA only, attach addendum to application)				H. Operational Status Site <input type="checkbox"/> Existing <input type="checkbox"/> Proposed Facility <input type="checkbox"/> Existing <input type="checkbox"/> Proposed				
I. Individual/Company - Name of Owner <input type="checkbox"/> Permittee/Permit Holder								
J. Individual/Company - Name of Operator (if different from Owner) <input type="checkbox"/> Permittee/Permit Holder								
K. Parent Company (if applicable) <input type="checkbox"/> Permittee/Permit Holder								
L. Ownership Status (if leased, attach a copy of lease in Attachment 2) <input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Leased _____ yrs. of lease				M. Ownership (Check the appropriate box.) <input type="checkbox"/> corporation, partnership, or sole proprietorship <input type="checkbox"/> regulated utility <input type="checkbox"/> municipal government <input type="checkbox"/> state government <input type="checkbox"/> federal government <input type="checkbox"/> other, specify _____				
N. Solid Waste Permit or Order to Upgrade Number								
O. Solid Waste Facility Number								
P. Total site acreage			Q. Acreage to be used for processing					
R. Provide a brief history of solid waste permitting actions for this facility including, but not limited to, permits, modifications, and closure activities.								
S. List the name of all units of the facility that are included in the application.								
T. List of all environmental permits issued to this site (include dates of issuance, permit numbers).								
U. List of all environmental permits for which the applicant has applied or intends to apply for, related to this site.								

2. Facility Physical Location and Process Description

A. Nearest Town (in same parish as the facility) _____	B. Parish(es) _____	
C. Geographic Location: Section _____ Township _____ Range _____		
D. GPS coordinates		
Location	Latitude	Longitude
<i>Centerpoint of the site</i>	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i> _____	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i> _____	_____ decimal degrees	_____ decimal degrees
<i>Centerpoint of unit</i> _____	_____ decimal degrees	_____ decimal degrees
<i>Front gate of the site</i>	_____ decimal degrees	_____ decimal degrees
E. Physical Location (identify by street number, by intersection of roads, or by mileage and direction from an intersection.) _____		
F. Provide a brief description of the site operations. _____		
G. Provide a description of the modifications/changes proposed in this application. _____		

3. Local Zoning

A. Facility Zoning Classification of the Facility at Time of Application Submittal _____	B. Local Zoning Authority _____
C. Local Zoning Authority Contact _____	Address (Including Suite, Mail Drop, or Division) _____
City _____	Zip _____ Business Phone _____
D. Attach zoning in Attachment 3 <input type="checkbox"/> Zoning affidavit <input type="checkbox"/> Zoning confirmation (if required by LAC 33:VII.513.B.2) <input type="checkbox"/> Other	

4. Confidentiality

Is confidentiality being requested for any information contained in the application? Yes No

- If "yes," list the sections for which confidentiality is requested below. Confidentiality requests require a submittal that is separate from this application. Information for which confidentiality is requested should not be submitted with this application. Consult Guidance document for instructions. _____

5. Fee Information

Has the required fee been paid in accordance with LAC 33:VII.1501? Yes No

6. LAC 33:I.1701 Requirements

A. Does the applicant have federal or state environmental permits (other than the ones listed in Section 1) identical to, or of a similar nature to, the permit for which this application is being submitted? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.) Yes No

- If "yes," list permits in Louisiana: _____
- list other states in which permits are held: _____

A. Does the applicant owe any outstanding fees or final penalties to the LDEQ? Yes No

- If "yes," provide an explanation. _____

B. Is the applicant a corporation or limited liability company? Yes No

- If "yes," attach a copy of the Certificate of Registration and/or Certificate of Good Standing from the Secretary of State. Attach the appropriate certificate(s) in **Attachment 4**.

7. Certification and Signatures

<p>CERTIFICATION OF RESPONSIBLE OFFICIAL: "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, information, and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment."</p>					
Name 			Title 		
Company 		Suite, mail drop, or division 		Street or P.O. Box 	
City 		State 	City 	Zip 	
Signature of responsible official (as defined in LAC 33:VII.115):				Date:	
<p>CERTIFICATION OF APPLICATION PREPARER: "I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this permit application and that the facility as described in this permit application meets the requirements of LAC 33:VII.Subpart 1. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment."</p>					
Name 			Title 		
Company 			Suite, mail drop, or division 		
Street or P.O. Box 		City 		State 	Zip
Business phone 	Cell Phone (Optional) 		Email (optional) 		
Signature of preparer:				Date:	
<p>CERTIFICATION OF ENGINEER: "I certify that the facility plans, specifications, and operations represented and described in the permit application were prepared under my supervision and are true and accurate to the best of my knowledge, information, and belief in accordance with LAC 33:VII.717.E.1."</p>					
Name 			Title 		
Company 		Suite, mail drop, or division 		Street or P.O. Box 	
City 		State 	Zip 	Business phone 	
Signature of engineer:			Date:		Louisiana Registration Number and Seal:

8. Facility Contact Information/Personnel

Select the primary contact by checking the box after the person whom will be the primary contact for questions regarding this application. Only *one* primary contact should be selected. If any contact is the same as another contact in the list, indicated in the 'Name' blank that it is the same as contact X (e.g., the on-site contact is the same as contact a, the facility manager).

a. Manager of Facility who is located at site

Name 		<input type="checkbox"/> Primary Contact	
Title 		Company 	
Suite, Mail Drop, or Division 		Street or P.O. Box 	
City 		State 	Zip
Business Phone 	Cell Phone (Optional) 	E-mail (Optional) 	

b. On-site contact regarding permit

Name 		<input type="checkbox"/> Primary Contact	
Title 		Company 	
Suite, Mail Drop, or Division 		Street or P.O. Box 	
City 		State 	Zip
Business Phone 	Cell Phone (Optional) 	E-mail (Optional) 	

c. Person to whom written correspondence should be directed

Name 		<input type="checkbox"/> Primary Contact	
Title 		Company 	
Suite, Mail Drop, or Division 		Street or P.O. Box 	
City 		State 	Zip
Business Phone 	Cell Phone (Optional) 	E-mail (Optional) 	

e. Person to contact regarding Annual/Maintenance fees a b c other (specify below)

Name 		Name 	
Title 		Title 	
Suite, Mail Drop, or Division 		Suite, Mail Drop, or Division 	
City 		City 	Zip
Business Phone 	Cell Phone (Optional) 	E-mail (Optional) 	

9. Waste Description and Service Areas

A. Maximum quantities of waste processed:

If 'Other' is filled out, provide a brief description of the waste here: _____

Waste Type	Wet tons/week				Wet tons/year			
	On-Site		Off-Site		On-Site		Off-Site	
Residential								
Industrial								
Commercial								
Other								

B. Approximate percentage of waste received from onsite: _____
 offsite from generators within Louisiana: _____
 offsite from generators outside of Louisiana: _____

C. Areas sourced by the facility:

Only waste generated by the facility

All parishes

Out-of-state

<input type="checkbox"/> Acadia	<input type="checkbox"/> Claiborne	<input type="checkbox"/> Livingston	<input type="checkbox"/> St. Martin
<input type="checkbox"/> Allen	<input type="checkbox"/> Concordia	<input type="checkbox"/> Madison	<input type="checkbox"/> St. Mary
<input type="checkbox"/> Ascension	<input type="checkbox"/> De Soto	<input type="checkbox"/> Morehouse	<input type="checkbox"/> St. Tammany
<input type="checkbox"/> Assumption	<input type="checkbox"/> East Baton Rouge	<input type="checkbox"/> Natchitoches	<input type="checkbox"/> Tangipahoa
<input type="checkbox"/> Avoyelles	<input type="checkbox"/> East Carroll	<input type="checkbox"/> Orleans	<input type="checkbox"/> Tensas
<input type="checkbox"/> Beauregard	<input type="checkbox"/> East Feliciana	<input type="checkbox"/> Ouachita	<input type="checkbox"/> Terrebonne
<input type="checkbox"/> Bienville	<input type="checkbox"/> Evangeline	<input type="checkbox"/> Plaquemines	<input type="checkbox"/> Union
<input type="checkbox"/> Bossier	<input type="checkbox"/> Franklin	<input type="checkbox"/> Pointe Coupee	<input type="checkbox"/> Vermilion
<input type="checkbox"/> Caddo	<input type="checkbox"/> Grant	<input type="checkbox"/> Rapides	<input type="checkbox"/> Vernon
<input type="checkbox"/> Calcasieu	<input type="checkbox"/> Iberia	<input type="checkbox"/> Red River	<input type="checkbox"/> Washington
<input type="checkbox"/> Caldwell	<input type="checkbox"/> Iberville	<input type="checkbox"/> Richland	<input type="checkbox"/> Webster
<input type="checkbox"/> Cameron	<input type="checkbox"/> Jackson	<input type="checkbox"/> Sabine	<input type="checkbox"/> West Baton Rouge
<input type="checkbox"/> Catahoula	<input type="checkbox"/> Jefferson Davis	<input type="checkbox"/> St. Bernard	<input type="checkbox"/> West Carroll
	<input type="checkbox"/> Jefferson	<input type="checkbox"/> St. Charles	<input type="checkbox"/> West Feliciana
	<input type="checkbox"/> La Salle	<input type="checkbox"/> St. Helena	<input type="checkbox"/> Winn
	<input type="checkbox"/> Lafayette	<input type="checkbox"/> St. James	<input type="checkbox"/> Other
	<input type="checkbox"/> Lafourche	<input type="checkbox"/> St. John the Baptist	<input type="checkbox"/>
	<input type="checkbox"/> Lincoln	<input type="checkbox"/> St. Landry	<input type="checkbox"/>

D. Provide the maximum days of operation per week and hours per facility operating day (maximum hours of operation within a 24-hour period). _____ days/week _____ hrs/day

Provide the normal days or operation per week and hours per facility operating day (within a 24-hour period).
 _____ days/week _____ hrs/day

List the hours of operation during normal operating hours:

Monday _____ am to _____ pm	Tuesday _____ am to _____ pm	Wednesday _____ am to _____ pm	Sunday _____ am to _____ pm
Thursday _____ am to _____ pm	Friday _____ am to _____ pm	Saturday _____ am to _____ pm	

10. Enforcement Actions

Does the facility presently have any current requirements, conditions, or limitations that have been imposed upon the facility pursuant to any enforcement actions, settlement agreements, and consent decrees? Yes No

- If "yes," attach a list of all such enforcement actions, settlement agreements, and consent decrees from the federal government or LDEQ issued to the facility and/or entered into between the federal government and/or LDEQ. For each action, list the type of action, its tracking number, and the date that the action was issued. Summarize the conditions imposed by the enforcement action, settlement agreement, and/or consent decree in **Attachment 5**. It is not necessary to submit a copy of the referenced action.
- If "no," has the facility been issued any enforcement actions and/or entered into any settlement agreements, and/or consent decrees within the last three (3) years? Yes No
 - If "yes," attach a summary as described above in **Attachment 5**.

11. Location Area Information

Airports

A. List the distance from the facility to the nearest airport. _____

<p>B. Does the facility process putrescible waste? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If “yes,” is the facility within: <ul style="list-style-type: none"> ➤ 10,000 ft of the end of the runway for any public-use airport used by turbojet aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ 5,000 ft of the end of the runway for any public-use airport used by only piston-type aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ 5 miles of any airport runway? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>C. If “yes” to any of 11.B, attach copies of the notifications to the affected airport(s) and the Federal Aviation Administration (FAA) in Attachment 6.</p>
<p>Master Plan</p>
<p>D. Attach in Attachment 7 an area master plan, which shall show the current facility, the road network, major drainage systems, drainage flow patterns, location of closest population centers, nearest public use airport (if processing putrescible waste) within a 5-mile radius, the location of the 100-year flood plain, and other pertinent information.</p>
<p>E. Describe access to the facility.</p> <p>_____</p>
<p>Traffic and Land Use</p>
<p>F. For facilities receiving waste from offsite, attach in Attachment 8 a copy of a letter from the appropriate agency or agencies stating that the facility will not have a significant negative impact on the traffic flow of area roadways and that the construction, maintenance, or proposed upgrading of such roads is adequate to withstand the weight of the vehicles.</p>
<p>G. Describe the existing land use within a three-mile radius of the facility.</p> <p>_____</p>
<p>H. Attach a <u>current</u> aerial photograph representative of current land use within a one-mile radius surrounding the facility in Attachment 9.</p>
<p>Population</p>
<p>I. Describe the estimated population and the population density within a three-mile radius of the facility. (Provide the source of this information.)</p> <p>_____</p>
<p>Environmental Characteristics</p>
<p>J. Is the facility perimeter located within 1,000 feet of any of the following critical/sensitive environmental sites: wetlands, estuaries, wildlife-hatchery areas, habitats of endangered species, archaeological sites, historic sites, publicly-owned recreation areas, and similar critical environmental areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If “yes,” describe the measures the applicant will implement to prevent any impacts to areas from facility operations and list all known areas within 1,000 feet in Attachment 10.
<p>K. Attach documentation from the appropriate state and federal agencies substantiating the above areas in Attachment 11.</p>
<p>L. Has the facility received waste prior to October 9, 1993? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>M. If wetlands are present on site, does the applicant have a 404 permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (NOTE: The wetland determination letter should be attached in Attachment 11.)</p> <ul style="list-style-type: none"> • If “yes,” attach a copy of the 404 permit in Attachment 12. • If “no,” has the facility applied for a 404 permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If “yes,” attach a copy of the 404 application in Attachment 12.
<p>Emergency Response (NOT required for modifications)</p>
<p>N. Attach a copy of the facility’s emergency response plan AND approval of the plan from the State Fire Marshal in Attachment 20.</p>

12. Facility Characteristics

<p>A. Attach in Attachment 7 drawing(s) including, as applicable, property lines, original contours (shown at not greater than five foot intervals), buildings, units of the facility, drainage, ditches, and roads.</p>
<p>B. Provide a description of the perimeter barriers and other control measures used to prevent unauthorized ingress or egress except by willful entry. At a minimum, each facility entry point shall be continuously manned, monitored, or locked during operating hours; each facility entry point shall be locked during non-operating hours; and facilities that receive waste from off-site sources shall post readable signs that list the types of waste that can be received at the facility.</p> <p>_____</p>
<p>C. Attach in Attachment 7 a figure demonstrating that there is an adequate buffer zone at the site. At a minimum, the buffer zone should be 200 feet between the facility and the property line.</p>

<p>D. Did the units of the facility exist prior to April 1, 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If “no” and the adjacent property contains a structure currently being used as a church prior to the submittal of a permit application, then no less than 300 feet shall be provided between the facility and the common property line. This requirement shall not apply to any facility existing prior to April 1, 2010; to any portion of such facility that has been closed or that has ceased operations; or to future expansions of the permitted disposal area of any such facility.
<p>E. If a reduction in the buffer zone requirements is requested, attach in Attachment 21 copies of notarized affidavits from all landowners having an ownership interest in property located less than 200 feet from the facility (or 300 feet for a church). Additionally, attach copies of the approved buffer waivers in Attachment 21.</p>
<p>F. Provide a description of the device or method used to determine wet weight tonnage, sources (in-state or out-of-state and if industrial waste- where it was generated), and types of incoming waste (commercial, residential, infectious, etc.). This description shall also include the facility’s central control and record keeping system for tabulating this information.</p>
<p>G. Provide a description of the device or method used to control entry of the waste and to prevent entry of unauthorized deliverables (examples, hazardous waste, TSCA-regulated PCB waste, or unauthorized solid waste). This description shall also include the facility’s central control and record keeping system for tabulating this information.</p>

13. Surface Hydrology

<p>A. Provide a description of the method(s) to be used to prevent surface drainage through the operating areas of the facility.</p>
<p>B. Attach a description of the facility runoff collection system in Attachment 22. At a minimum, provide the design for surface-runoff-diversion levees, canals, or devices to prevent drainage from the units of the facility. The proposed system shall be designed to collect and control at least the water volume resulting from a 24-hour/25-year storm event and/or the peak discharge from a 25-year storm event.</p>
<p>C. Describe how runoff from operating areas or areas that contain solid waste are managed such that this contaminated runoff is not allowed to mix with non-contaminated surface runoff.</p>
<p>D. Describe the facility run-on control system. At a minimum, a run-on control system shall be installed to prevent run-on during the peak discharge from a 25-year storm event and/or to collect and control at least the water volume resulting from a 24-hour/25-year storm event.</p>
<p>E. Provide the rainfall amount from a 24-hour/25-year storm event. (Provide the source of this information.)</p>
<p>F. Are there any aquifer recharge areas in the site or within 1,000 feet of the site perimeter? (Provide the source of this information.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If “yes,” attach a map of aquifer recharge areas and describe the measures planned to protect those areas from the adverse impact of operations at the facility in Attachment 23. (Provide the source of this information.)
<p>G. Is the facility located in a 100-year flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide the source of this information.)</p> <p>Attach a map of the 100-year flood plain with the facility location clearly identified on the map in Attachment 24.</p>
<p>H. Describe how the facility plans to prevent restriction or reduction of the flow of the 100-year base flood or reduction of the temporary water-storage capacity of the flood plain. At a minimum the site shall be filled to bring site elevation above flood levels, or perimeter levees or other measures must be provided to maintain adequate protection against a 100-year flood.</p>
<p>I. Describe how the facility is designed to ensure that the flooding does not affect the integrity of the facility or result in the washout of solid waste.</p>

14. Facility Plans and Specifications

<p>A. Attach in Attachment 25 plan-view drawings showing original contours, proposed elevations of the base of units prior to installation of the liner system, proposed final contours, slopes, levees, and other pertinent features. Include detailed drawings as necessary.</p>
<p>B. Attach in Attachment 30 a description of the levee system, which shall include the type, source, and volume of material required for levee construction. In order to protect the facility against a 100-year flood, the levee shall be engineered to minimize wind and water erosion, have a grass cover or other protective cover to preserve structural integrity, and provide adequate freeboard protection against a 100-year flood.</p>

15. Facility Administrative Procedures

<p>A. Describe the recordkeeping system, including the types of records to be kept, and the use of records by management to control operations as required. This description will include the annual report. (Refer to Guidance document for details.)</p>
<p>B. Provide an estimate of the minimum personnel, listed by general job classification, required to operate the facility.</p>
<p>C. Does the facility receive residential and/or commercial waste? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If "yes," provide the number and levels of certified facility operators determined and certified by the Louisiana Solid Waste Operator Certification and Training Program Board (R.S. 37:3151 et seq. and LAC 46:Part XXIII).

16. Facility Operations and Implementation

<p>A. Attach a comprehensive operational plan describing the total operation in Attachment 35. The operational plan shall include types of waste and minimum equipment, waste-handling procedures, waste segregation procedures, inclement weather procedures, contingency procedures, provisions for controlling vectors, salvaging procedures and control, scavenging control, air monitoring procedures, traffic control, support facilities, day-to-day activities, quality-assurance/quality-control plan, and inspections of incoming waste.</p>
<p>B. Attach in Attachment 20 a plan outlining procedures, equipment, and contingency plans for protecting employees and the general public from accidents, fires, explosions, etc., and provisions for emergency response and care, should an accident occur.</p>
<p>C. Are you a Type IA or IIA facility that handles incinerator waste or is a refuse-derived energy facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If "yes," attach a description of the method used to handle process waters and other water discharges subject to NPDES/LPDES permit and state water discharge permit requirements and regulations in Attachment 36. If "yes," attach a plan for the disposal and periodic testing of ash in Attachment 37.
<p>D. Are you a Type IA or IIA facility refuse derived fuel facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If "yes," attach a description of the testing to be performed on the fuel or compost and a description of the uses for and types of fuel/compost to be produced in Attachment 38. If "yes," attach a description of marketing procedures and control in Attachment 39.
<p>E. Attach an implementation plan in Attachment 40. The implementation plan shall include construction schedules for existing facilities including the beginning and ending time frames and time frames for the installation of all major features; details on phase implementation for any proposed facility to be constructed in phases; and a plan for closing and upgrading existing operating areas if proposing expansion of a facility or construction of a replacement facility. All time frames shall be specified in days, with day 1 as the date of standard permit issuance.</p>

17. Facility Closure and Post-Closure

<p>Attach a closure/post-closure plan in Attachment 41. The closure plan shall include the date of final closure; the method(s) to be used and steps necessary for closing the facility; a discussion of the long-term use of the facility after closure; a list of the itemized cost(s) to conduct closure and post-closure (if applicable) activities at the facility by a third party; an estimate of the maximum inventory of solid waste ever on site over the active life of the facility; a schedule for completing all activities necessary for closure; a sequence of final closure of each unit of the facility; and a copy of the document that will be filed upon closure of the facility with the official parish record keeper.</p>
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18. Financial Responsibility

<p>A. Provide the name and address of the person or company who currently owns the land.</p>			
Name		Company	
Suite, Mail Drop, or Division		Street or P.O. Box	
City	State	Zip	Business Phone

B. Provide the name and address of the person or company who will own the land if the standard permit is granted.			
Name 		Company 	
Suite, Mail Drop, or Division 		Street or P.O. Box 	
City 	State 	Zip 	Business Phone
C. Provide the name of the agency or other public body that is requesting the standard permit, or if the agency is a public corporation, its published annual report (attach in Attachment 43), or if otherwise, the names of the principal owners, stockholders, general partners, and/or officers. If this information is available online, referencing a weblink is acceptable. 			
D. Is this an existing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> If "yes," list the current financial mechanism for this facility. If "no," provide a statement of acknowledgement that financial assurance will be obtained in accordance with LAC 33:VII.1303.A.2. prior to accepting waste at the facility. 			

19. Geology

<p>Does the facility have natural soils of low permeability for the area occupied by the solid waste units, including vehicle parking and turnaround areas? (These soils shall provide a barrier to prevent any penetration of surface spills into groundwater aquifers underlying the area or to an underlying sand or other permeable stratum that would provide a conduit to such aquifers.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> If "yes," attach a demonstration in Attachment 44. If "no," attach a design for surfacing natural soils that do not meet this requirement in Attachment 44. <p>Attach a plan-view map in Attachment 46, which shall include existing topographic contours and locations of all borings.</p>
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20. Additional Information

<p>Attach any additional information needed to support the application. These should be included as additional attachments. Fill in the blanks on the last page of the checklist as needed.</p>

21. Environmental Assessment Statement (EAS or IT Question Responses)

<p>Attach a discussion of the following questions in Attachment 57. Consult the Guidance document for details of what each statement discussion should include.</p> <p>NOTE: Applications for renewal of an existing permit are not required to submit answers to these questions, unless said renewal or extension encompasses changes that would constitute a major modification.</p> <p>Applications for a minor modification of an existing permit are not required to submit answers to these questions.</p>
A. Demonstrate that the potential and real adverse environmental effects of the facility have been avoided to the maximum extent possible.
B. Provide a cost-benefit analysis demonstrating that the social and economic benefits of the facility outweigh the environmental-impact costs.
C. Discuss and describe possible alternative projects that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.
D. Discuss possible alternative sites that would offer more protection to the environment without unduly curtailing nonenvironmental benefits.
E. Discuss and describe the mitigating measures which would offer more protection to the environment than the facility, as proposed, without unduly curtailing nonenvironmental benefits.

SOLID WASTE PERMIT APPLICATION ATTACHMENT LIST AND CHECKLIST

Instructions: Complete this checklist and submit it with the completed solid waste permit application. Each line should have a “yes,” “no,” or “N/A” checked. If one of the attachments is marked as “N/A,” subsequent attachments should still be labeled with the corresponding attachment letter listed in the first columns. If additional attachments are needed, fill in the title(s) on the last page or the additional page provided in the guidance. **Not all attachments will be used for this application.**

Attachment	Item Description	Yes	No	N/A
1	Proof of publication of notice to submit a solid waste permit application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Copy of lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Zoning documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Certificate of Registration and/or Certificate of Good Standing from the Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Summary of enforcement actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Airport or FAA notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Master plan to include: scaled map of location of pipelines, power lines, and right-of-ways; figure(s) showing property lines, original contours, buildings, units of the facility, drainage, ditches, and roads; and figure of buffer zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Traffic flow letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Aerial photograph of land use within one-mile radius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Description of measures used to isolate landfill operations from all environmentally sensitive sites within 1,000 feet and a list of all known areas within 1,000 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Letters from state and federal agencies regarding environmentally sensitive sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Copy of US Army Corps of Engineers 404 permit or copy of (and proof of submittal) US Army Corps of Engineers 404 permit application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Scaled map showing location of shot holes, seismic lines, and wells within 2,000 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Scaled map of all water wells within one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Scaled map of all recorded faults within one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Geophysical mapping or stratigraphic correlation of boring logs and discussion of measures to be taken to mitigate adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Demonstration of alternate setback distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Demonstration of ability to withstand stresses caused by maximum ground motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Demonstration of integrity of structural components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Copy of Emergency Response Plan and State Fire Marshal’s approval of plan and/or Contingency plan (if different than Emergency Response Plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Copies of notarized affidavits from landowners less than 200 (or 300) feet from the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Description of facility runoff collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Map of aquifer recharges areas and description of the measures planned to protect them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Map of 100-year floodplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Plan-view drawings showing original contours, proposed elevations, proposed final contours, slopes, levees, and other pertinent features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Cross-sectional drawings showing original contours, elevations, drainage, location and type of liner, leachate collections system, and other pertinent features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Description of liner system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT LIST AND CHECKLIST

Attachment	Item Description	Yes	No	N/A
28	Quality assurance/quality control plan for liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Description of leachate collection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Description of levee system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Description of daily fill and cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Description of interim and interim compacted cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Calculations for volume of material for daily, interim, and final cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Slope stability analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Comprehensive operation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Description of method to handle process waters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Plan for disposal and testing of ash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Description of testing and uses for fuel or compost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Description of marketing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Implementation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Closure plan and drawing of final contours (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Post-closure plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Annual report for public corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Demonstration of natural soil permeability or Design for surfacing natural soils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Boring logs for boreholes, monitoring wells, and piezometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Plan-view map of existing topographic contours and locations of all borings, monitoring wells, and piezometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Regional geologic cross sections depicting stratigraphy to a depth of at least 200 feet below ground surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Geologic cross sections along perimeter of the facility and along each transect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Structure and contour maps showing areal extent, depths, and thickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Scaled quarterly potentiometric surface maps, groundwater flow direction, and well-completion diagrams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Maps of groundwater monitoring zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Table of well construction details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Plan for installation of monitoring wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Background data and monitoring data from past four years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Detection Monitoring Sampling and Analysis Plan (SAP), Assessment Monitoring SAP, and/or Corrective Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Capacity Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Environmental Assessment Statement (IT Questions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	[]			
59	[]			