



CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY (LDEQ)

OFFICE OF ENVIRONMENTAL SERVICES
PUBLIC PARTICIPATION AND PERMIT SUPPORT DIVISION
NOTIFICATIONS AND ACCREDITATIONS SECTION

Mailing Address P. O. Box 4313
Baton Rouge, LA 70821

Physical Address 602 North 5th St.
Baton Rouge, LA 70802

NOTE: Small Quantity Generators, Very Small Quantity Generators, and Transporters of Hazardous Waste may use this form to request closure of their EPA Identification Number.

NOTE: This form may not be used by Large Quantity Generators. Instead, use the HW-1 Form which is located at <https://www.deq.louisiana.gov/page/hazardous-waste>. Refer to LAC 33:V.1015 for Large Quantity Generator closure regulations.

FOR THE FACILITY REQUESTING CERTIFICATION

Facility Name _____
EPA ID Number _____ Agency Interest (AI) No. _____
Physical Address _____
City _____ Parish _____
State _____ Zip _____

TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY

(Check all that apply)

| | |
|--|---------------------------------|
| <input type="checkbox"/> Facility has no hazardous waste present on site | |
| <input type="checkbox"/> Facility is out of business | Date of closure _____ |
| <input type="checkbox"/> Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous waste | Date service discontinued _____ |
| <input type="checkbox"/> Facility has moved to a new location | Date of move _____ |
| | New physical address _____ |
| <input type="checkbox"/> Temporary ID being deactivated | Date of last manifest _____ |
| <input type="checkbox"/> Other type of change | Description of change _____ |

I certify, under penalty of law, that the hazardous waste generator facility named above does not presently generate, store, treat, or transport hazardous waste (nor does it offer hazardous waste for transport) in accordance with Louisiana Hazardous Waste Regulations (LAC 33: V.1017). I certify 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 fines and imprisonment.

Signature _____ Date _____
Printed Name _____ Printed Title _____
Email Address _____ Phone No. (____) _____

FOR OFFICE USE ONLY

DIST _____ GEN _____ TRANS _____ TSD _____ B/B _____ AI _____