

Louisiana Department of Environmental Quality Emergency and Radiological Services Division P.O. Box 4312

Baton Rouge, LA 70821-4312 Phone: (225) 219-3041 Fax: (225) 219-3154

PLEASE PRINT OR TYPE

NORM WASTE MANIFEST	1. Paş	ge 1 of	1 of 2. Generator's NORM Facility ID #					
3. Generator's or Shipper's ¹ Name and Mailing Address (Check as apply) Generator Shipper				5. Generator's General License # ²				
4. Phone ()								
6. Transporter #1 Company Name7. Phone ()				8. Transporter #1's ICC/USDOT/MC #				
9. Transporter #2 Company Name				11. Transporter #2's ICC/USDOT/MC #				
				11. Hansporter #2 3 ICC/OSDO1/IVIC #				
10. Phone ()								
12. Designated Commercial Facility Name (Check as apply) Disposal Storage Decontamination 13. Phone ()				14. Facility's Specific License #				
	- 15 & 16 (C)	haak as annly) ÍDien	and Storage	Dagonta	mination			
If the designated facility is not a commercial facility, complete items 15 & 16 (Check as apply) Disposal Storage Decontamination 15. Facility name (if applicable) and location:								
16. Phone ()	10	12	20		1 21	- 22	22	
17. Description of NORM waste (e.g., scale, soil, sludge) or contaminated equipment (e.g., heater treater, tubulars). Enter US DOT description if required.	18. MicroR/ hr Reading	19. Activity Concentration pCi/gm	Numb Contai	er of	21. Container Type	22. Total Quantity	23. Unit Wt/Vol	
a.								
b.								
C.								
24. Special Handling Instructions and Additional Information								
25. Generator's certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport according to applicable international and national government regulations.								
Generator's Printed Name	Signature		Date					
Shipper's Printed Name	Signature		Date					
26. Transporter 1 Acknowledgement of Receipt of NC)RM							
Printed Name	Signature	Signature Date						
	27. Transporter 2 Acknowledgement of Receipt of NORM							
Printed Name	Signature	Signature Date						
28. Designated Facility Owner or Operator: Certification of Receipt of NORM								
Printed Name	Signature			I	Date			

IF SPILLED IN LOUISIANA CALL THE DEQ HOTLINE at (225) 765-0160.

¹ Shipper denotes a decontamination or treatment facility.

² Or Shipper's Specific License #

The Louisiana Department of Environmental Quality requires proper completion of all information on a manifest. All generators are responsible under the Louisiana Radiation Regulations for the proper identification, manifesting, and ultimate disposal of all NORM they generate.

The NORM Waste Manifest consists of six copies:

Copy 1 Designated Facility to Louisiana Department of Environmental Quality Copy 2 Designated Facility to Generator (does not include Shipper)

Designated Facility Retains Copy 3

Copy 4 Transporter 2 Copy 5 Transporter 1

Copy 6 Generator or Shipper (decontamination or treatment facility)

Note: if NORM is manifested (manifest #1) to a decon/treatment facility, Copy 1 of manifest #1 should be retained until the NORM is remanifested back-out (manifest #2) of the facility (Shipper). Shipper should attach Copy 1 of manifest #1 to Copy 1 of manifest #2 and sent to the Louisiana Department of Environmental Quality.

Item 1 Enter the total number of pages used to complete this manifest, the first page (RPD-37) plus the number.

Item 2 Enter the NORM facility seven digit ID# (DNR 6 digit well serial# or DEQ internal generated #),

(NORM is to be tracked facility specific).

Item 3 Enter either the generator or the shipper company name and mailing address.

Generator e.g. XYZ Oil & Gas Company Shipper e.g. XYZ Decon/Treatment Facility

Provide phone number where an authorized agent of your firm may be reached in the event Items 4, 7,

10.13, 16 of an emergency.

Enter the generator's DEQ 9 digit general license # (LA-operator code-N01) or the shipper's DEQ 9 Item 5

digit specific license # (LA-DEQ Internal #-S01).

Enter the company name, and 6 digit ICC/USDOT/MC # of the first transporter. Items 6 & 8

Items 9 & 11 Enter the company name and 6 digit ICC/USDOT/MC # of the second transporter.

Items 12 & 14 Enter the company name and mailing address and the DEQ 9 digit specific license #.

Item 15 If generator has approval from the Louisiana Department of Environmental Quality (e.g. NORM waste

management plan) to relocate NORM waste, or contaminated equipment to another location other than a

commercial licensed facility, enter the facility name, location, and phone number.

Item 17 Enter the description of NORM.

Item 18 Enter the exposure radiation reading (microroentgen per hour) taken on the described NORM.

Item 19 Enter the activity concentration (if available) of the described NORM.

Item 20 Enter the number of NORM containers to be transported.

Item 21 Enter type of container derived from Table 1.

Table 1

DM-Metal drums, barrels, kegs

DF-Fiberboard or plastic drums, barrels, kegs

Cargo Tanks (tank trucks) TT-

DT-Dump Truck

Metal boxes, cartons, cases (including rolloffs) CM-

BA-Burlap, cloth, paper or plastic bags PT-

Production pipe, tubulars DW-Wooden drums, barrels, kegs

TP-Tanks portable TC-Tank cars

CY-Cylinders CW-Wooden boxes, cartons, cases

CF-Fiber or plastic boxes, cartons, cases PE-

Production equipment (i.e., heater treater, desalter)

Item 22 Enter the total quantity (volume) of NORM described on each line.

Enter the appropriate abbreviation for the unit of measure indicated below: Item 23

> G-gallons (liquid only) P-pounds T-tons (2000 lbs) Y- cubic yards

Item 24 Generators should use this space to indicate special transportation, treatment, storage, or disposal information or bill of lading information

Item 25 The generator must read, sign (by hand), and date the certification statement, or the shipper must sign

and date to confirm that containerized NORM waste departed from his facility.

Item 26 Enter the name of the person accepting the NORM on behalf of the first transporter. That person must

acknowledge acceptance of the NORM described on the manifest by signing and entering the date of

receipt.

Item 27 Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter.

That person must acknowledge acceptance of NORM described on the manifest by signing and entering

the date of receipt.

Item 28 Enter the name of the person accepting the waste on behalf of the owner/operator of the designated

facility. The date is the date of signature and receipt of shipment.

Mailing: Louisiana Department of Environmental Quality

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