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| DEQ Logo 2005 | **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 4313Baton 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**](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)* |
|  |  | Facility has no hazardous waste present on site |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Facility is out of business | Date of closure |  |  |
|  |  |  |  |  |  |  |
|  |  | Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous waste | Date service discontinued  |  |  |
|  |  |  |  |  |  |  |
|  |  | Facility has moved to a new location | Date of move  |  |  |
|  |  |  |  | New physical address  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Temporary ID being deactivated  |  | Date of last manifest |  |  |
|  |  |  |  |  |  |  |  |
|  |  | 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 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |