



STATE OF LOUISIANA
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (HW-1)
AND INSTRUCTIONS
(COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE
IDENTIFICATION FORM REQUIREMENTS)

***** **IMPORTANT** *****

Although this STATE form looks very similar to the FEDERAL form (8700-12), they are not the same. This form is the **current** State of Louisiana Notification of Hazardous Waste Activity Form (HW-1) and may be obtained via the Louisiana Department of Environmental Quality (LDEQ) public website at <http://deq.louisiana.gov/page/hazardous-waste>

Please note these differences:

- This **current** Louisiana HW-1 form is used for Louisiana reporting sites only.
- Item 1.A – Reason for Submittal, please check only one reason per submittal. In the case of more than one submittal reason, a separate form is required.
- Item 1.B – Indicate number of employees at this site.
- Item 10.A.2 – Transfer Facility Status box is included.
- Item 10.A.3 – Boxes for status of TSD permit are included.
- Item 10.B.1.e – Antifreeze, Mercury-containing Equipment and Electronics are listed as additional Universal Wastes in Louisiana.
- Item 10.C.5 – Used Oil Burner is included, with boxes for type of device.

Effective July 1, 2017, there are no fees associated with initial notifications to obtain an EPA ID Number or subsequent notifications due to change of ownership.

Please send completed form to:

Louisiana Department of Environmental Quality
Office of Environmental Services
Public Participation and Permit Support Division
Notifications & Accreditations Section
Post Office Box 4313
Baton Rouge, LA 70821-4313

If you have any questions, please call (225) 219-1352.

**INSTRUCTIONS FOR FILLING OUT THE
STATE OF LOUISIANA
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (HW-1) FORM
(COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE IDENTIFICATION FORM REQUIREMENTS)**

WHO MUST SUBMIT THIS FORM

All sites required to submit any of the following must submit the Site Identification (Site ID) Form:

- Initial notification
- Subsequent notification
- Hazardous Waste Report

Refer to Item 1 below to determine whether you are required to submit this form.

PURPOSE OF THIS FORM

To apply for an EPA Hazardous Waste ID Number (Initial Notification), or to update facility information that has an existing EPA ID number (Subsequent Notification). For purposes of the Hazardous Waste Report, the Site ID Form identifies large quantity generators (LQGs) and treatment, storage, and disposal facilities (TSDFs) engaging in hazardous waste generation and management activities for the reporting year. The form is divided into 14 items; all applicable sections must be completed.

HOW TO FILL OUT THIS FORM

Please fill out all of the following Site ID Form items that are applicable:

- Item 1 – reason for submitting the form
- Item 2 – site's EPA ID number (leave blank for Initial Notification);
- Item 3 – full legal name of the site;
- Item 4 – physical location of the site;
- Item 5 – site land type;
- Item 6 – North American Industry Classification System (NAICS) code(s) for the site;
- Item 7 – mailing address for the site;
- Item 8 – information for the technical contact person for the site;
- Item 9 – land owner and legal operator of the site ;
- Item 10.A, B, C, D – hazardous waste activities at the site, check all that apply (i.e., LQG, TSDF, Transporter, Used Oil, etc.);
- Item 11 – federal waste codes associated with wastes generated;
- Item 12 – Hazardous Secondary Material activities;
- Item 13 – comments are optional (except for Transfer Facilities, see note); and
- Item 14 – certification that the information you provided throughout the form is truthful, accurate, and complete.

Type or print in black ink all items except the Signature box in Item 14. On pages 4-7 of the form, enter your site's EPA ID number in the top right-hand corner (leave blank for initial notification). Use the space for Comments in Item 13 to clarify or provide additional information for any entry. When entering information in the Comments section, cross-reference the item number and box letter to which the comment refers. If you must use additional sheets, indicate clearly the number of the item on the Site Identification Form to which the information on the separate sheet applies.

Completed forms should be sent to LDEQ at the address on page 1.



STATE OF LOUISIANA
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (HW-1) FORM
 (COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE
 IDENTIFICATION FORM REQUIREMENTS)

1. Reason for Submittal CHOOSE ONLY ONE REASON PER SUBMITTAL	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <p align="center">or</p> <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <p align="center">or</p> <input type="checkbox"/> As a component of the Hazardous Waste Report. <input type="checkbox"/> Site met the definition of an LQG in 1 or more months of the reporting year.		
	B. Number of Employees:		
2. Site ID Number	EPA ID Number:	LA AI#:	
3. Site Name	Legal Name:		
4. Site Location (PHYSICAL ADDRESS- NOT P.O. BOX or ROUTE)	Street Address:		
	City, Town, or Village:		State: LA
	Parish:		Zip:
5. Site Land Type	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s)	A.		C.
	B.		D.
7. Site Mailing Address	Street Address or P. O. Box:		
	City, Town, or Village:		
	State:	Zip Code:	Country:
8. Site Contact Person	First Name:	MI:	Last Name:
	Phone Number ()		Title:
	Address:		Email:
	City:	State:	Zip:
9. Legal Owner and Operator of the Site (SEE INSTRUCTIONS)	A. Name of Site's Legal Owner:		
	Date Became Owner (mm/dd/yyyy):		
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator:		
	Date Became Operator (mm/dd/yyyy):		
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity for current activities, as of the date of this form (mark 'X' in the appropriate boxes)

A. Hazardous Waste Activities

- 1. Generator of Hazardous Waste** Select one of the following categories:
 - a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or
 - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or
 - c. CESQG: Less than 100 kg/mo Non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. Short-Term Generation (not normally a generator but generated through a One-time, Emergency, or Short-term Event). Give details in Comments.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For items 2-7, check all that apply

- 2. Transporter of Hazardous Waste.** If yes, check all that apply
 - a. Transporter of Hazardous Waste
 - b. Transfer Facility Status (State approval required prior to startup)
- 3. Treater, Storer, or Disposer of HW (at your site)** Note: A hazardous waste permit is required for this activity.
 - Permitted Interim Status Proposed
- 4. Recycler of Hazardous Waste (at your site)** Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace**
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control**
- 7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities (indicate activity type)

- 1. Large Quantity Handler of Universal Waste** Refer to your State regulations to determine what is regulated. Indicate types of universal waste generated and/or accumulated at your site. Check all boxes that apply.

	<u>Generated</u>	<u>Accumulated</u>		<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	d. Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	e. Mercury-containing equipment	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	f. Electronics	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Destination Facility for Universal Waste** Note: A hazardous waste permit may be required for this activity

C. Used Oil Activities (indicate activity type)

- 1. Used Oil Transporter**
 - a. Transporter
 - b. Transfer Facility (State approval required prior to start-up)

- 2. Used Oil Processor and/or Re-refiner**
 - a. Processor
 - b. Re-refiner
- 3. Off-specification Used Oil Burner**
- 4. Used Oil Fuel Marketer**
 - a. Marketer who directs shipment of off-specification used oil to Off-speciation Used Oil Burner
 - b. Marketer who first claims the used oil meets the specifications
- 5. Used Oil Fuel Burner** (indicate combustion device)
 - Utility Boiler
 - Industrial Boiler
 - Industrial Furnace

D. Eligible Academic Entities with Laboratories-notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262, Subpart K (THIS DOES NOT YET APPLY IN LOUISIANA)

- 1. Opting into 40 CFR Part 262, Subpart K** for the management of hazardous waste in laboratories (check all that apply)
 - a. College or university
 - b. Teaching hospital owned by or has a formal written affiliation agreement with a college or university
 - c. Non-profit institute owned by or has a formal written affiliation agreement with a college or university
- 2. Withdrawing from 40 CFR Part 262, Subpart K** for the management of hazardous waste in laboratories.

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D002, F001, K001, P001, U001, U002, etc). Use an additional page if more spaces are needed for waste codes. (Louisiana does not have separate State Waste codes.)

12. Notification of Hazardous Secondary Material (HSM) Activity

Are you notifying in compliance with LAC 33:V.105.K or LAC 33:V.105.O that you will begin managing, are managing, or will stop managing hazardous secondary materials under LAC 33:V.105.R.5.c.iii; or LAC 33:V.105.D.1.x; y; or z?

- Yes No

If "Yes," you must fill out the *Addendum to the State of Louisiana Notification of Hazardous Waste Activity (HW-1) Form: Notification of Hazardous Secondary Material Activity* (see page 7).

13. Comments (optional): However, if you have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brief description of the activities and/or changes at your site.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Owner, Operator, or an Authorized Representative	Name (type or print)	Official Title (type or print)	Date of Signature (mm-dd-yyyy)
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Please send completed form to:

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Notifications & Accreditations Section
Post Office Box 4313
Baton Rouge, LA 70821-4313**

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**ADDENDUM TO THE STATE OF LOUISIANA
 NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (HW-1) FORM:
 NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY
 (COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE
 IDENTIFICATION FORM REQUIREMENTS)**

NOTE: Louisiana allows the management of excluded hazardous secondary material (HSM) in accordance with LAC 33:V.105.D.1.x-z.

ONLY fill out this form if you are or will be managing excluded HSM in compliance with LAC 33:V.105.D.1.x-z. or if you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____(mm/dd/yyyy)
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of _____(mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (contact the LDEQ for Code List)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that were managed during the most recent odd-numbered year	e. Land-based unit code (contact the LDEQ for Code List)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under LAC 33:V.105.D.1.y.vi.(f) and LAC 33:V.105.D.1.z)

Does this facility have financial assurance pursuant to LAC 33:V.105.D.1.y.vi.(f)? Yes No