



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. Page 1 of ____		2. Generator's NORM Facility ID #		
3. Generator's or Shipper's ¹ Name and Mailing Address (Check as apply) <input type="checkbox"/> Generator <input type="checkbox"/> Shipper				5. Generator's General License # ²		
4. Phone ()						
6. Transporter #1 Company Name				8. Transporter #1's ICC/USDOT/MC #		
7. Phone ()						
9. Transporter #2 Company Name				11. Transporter #2's ICC/USDOT/MC #		
10. Phone ()						
12. Designated Commercial Facility Name (Check as apply) <input type="checkbox"/> Disposal <input type="checkbox"/> Storage <input type="checkbox"/> Decontamination				14. Facility's Specific License #		
13. Phone ()						
If the designated facility is not a commercial facility, complete items 15 & 16 (Check as apply) <input type="checkbox"/> Disposal <input type="checkbox"/> Storage <input type="checkbox"/> Decontamination						
15. Facility name (if applicable) and location:						
16. Phone ()						
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	20. Number of Containers	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 NORM						
Printed Name			Signature		Date	
27. Transporter 2 Acknowledgement of Receipt of NORM						
Printed Name			Signature		Date	
28. Designated Facility Owner or Operator: Certification of Receipt of NORM						
Printed Name			Signature		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 #

