

All information contained herein is provided solely for educational purposes. It is not intended as a substitute for professional or legal advice. Should you decide to act upon any information contained in this presentation, you do so at your own risk.



While the information posted has been verified to the best of our abilities, we cannot guarantee that there are no mistakes or errors.



2020 Hazardous Waste Report Workshop



Presented By:

Kaitlynn Leggett, Environmental Scientist III

Waste Notifications & Reporting Group



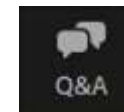


Outline

- Who has to Submit?
- Submitting the Annual Report
- Walkthroughs:
 - HW-1
 - RCRA Subtitle C Reporting Forms
 - RCRAinfo



- New Regulations
- Contact Information
 - Waste Notification & Reporting Section
 - Surveillance Regional Offices
 - Small Business Assistance Program
- Online Resources
- Questions





Who has to submit the annual report?

LAC 33:V.1021

Who has to submit the annual report?

LAC 33:V.1021

- A facility that met the definition of a Large Quantity Generator (LQG)
 - Definition of LQG: Generates $\geq 2,200$ lbs (1,000 kg) hazardous waste, ≥ 2 lbs (1 kg) of acute hazardous waste or ≥ 220 lbs (100 kg) of any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill, into or on any land or water, of any acute hazardous waste **in a calendar month**. (LAC 33:V.109 and LAC 33:V.1007)
 - Acute Hazardous Waste: Any hazardous waste classified under an EPA hazardous waste code of “P” & F020, F021, F022, F023, F026, F027 (LAC 33:V.4901.B & E)
- A facility that treats, stores, disposes, or recycles (TSD) hazardous waste on-site or shipped the hazardous waste off-site to a TSD facility
- A facility that receives waste from off-site generators



Submitting the Annual Report

REPORTS ARE DUE MARCH 1st!

Submitting the Paper Forms

RCRA Subtitle C Reporting Forms

- Make sure all applicable forms are completed.
 - **HW-1** (state) or **Site Identification** (federal)
 - Generation & Management
 - Waste Received from Off-Site
 - Off-Site Identification
- Double check for original signature in the Certification section.
- Mail completed forms

Addresses

▪ **USPS or UPS**

- LDEQ
Waste Notifications & Reporting
Post Office Box 4313
Baton Rouge, LA 70821

▪ **Fed-Ex**

- LDEQ
Waste Notifications & Reporting
602 North Fifth Street
Baton Rouge, LA 70802

Submitting Electronically

- RCRAinfo
 - Make sure you keep a copy for your records.
 - You do not have to submit a hard copy of the electronic submittal.



HW-1

Make sure you are using the correct version of the HW-1! At the bottom of every page it should say Form_7398_r02 9-11-20. Beginning this 2021, LDEQ will no longer accept previous versions of the form.

You can find a link to the form at our website,
<https://www.deq.louisiana.gov/page/hazardous-waste>.

When to use the HW-1 (Section I)?



EPA ID No.

STATE OF LOUISIANA

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

I. REASON FOR SUBMITTAL CHOOSE ONLY ONE REASON PER SUBMITTAL

- To provide initial notification (to obtain an EPA ID number from the LDEQ for hazardous waste, universal waste, or used oil activities) for a regulated activity that will continue for a period of time (includes HSM activity)
- To provide subsequent notification (to update site identification information or other regulatory requirement)
- As a component of the annual Hazardous Waste Report for Reporting Year: _____ (due March 1 of the following year)
 - Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup material in one or more months of the reporting year.
- Submittal of a new Part A Form *NOTE: See signature instructions in Section XIX.*
- Submittal of a revised Part A Form Amendment No.: _____ *NOTE: See signature instructions in Section XIX.*
- To provide notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) or Entire Facility (required)

Section I



EPA ID No.

LAR000000000

STATE OF LOUISIANA

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

I. REASON FOR SUBMITTAL CHOOSE ONLY ONE REASON PER SUBMITTAL

- To provide initial notification (to obtain an EPA ID number from the LDEQ for hazardous waste, universal waste, or used oil activities) for a regulated activity that will continue for a period of time (includes HSM activity)
- To provide subsequent notification (to update site identification information or other regulatory requirement)
- As a component of the annual Hazardous Waste Report for Reporting Year: **2020** (due March 1 of the following year)
 - Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup material in one or more months of the reporting year.
- Submittal of a new Part A Form *NOTE: See signature instructions in Section XIX.*
- Submittal of a revised Part A Form Amendment No.: _____ *NOTE: See signature instructions in Section XIX.*
- To provide notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) or Entire Facility (required)

Sections II-VII

II. SITE ID NUMBER			
EPA ID No.	<u>LAR000000000</u>	LDEQ Agency Interest (AI) No.	<u>123456</u>
III. SITE NAME			
Legal Name	<u>Louisiana Department of Environmental Quality Headquarters</u>		
IV. SITE LOCATION PHYSICAL ADDRESS – NOT P. O. BOX or ROUTE			
Street Address	<u>602 North 5th Street</u>	City, Town, or Village	<u>Baton Rouge</u>
Parish	<u>East Baton Rouge</u>	State	<u>LA</u> Zip <u>70802</u>
V. SITE MAILING ADDRESS			
<input checked="" type="checkbox"/> Same as IV. Site Location/Physical Address (go to Section VI)			
Address	_____	City, Town, or Village	_____
State	_____	Zip	_____ Country _____
VI. SITE LAND TYPE			
<input type="checkbox"/> Private	<input type="checkbox"/> County/Parish	<input type="checkbox"/> District	<input type="checkbox"/> Federal
<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other _____
VII. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE(S) FOR SITE			
NOTE: Use 6-digit codes- see www.naics.com . Attach separate sheet if more codes apply.			
A.	<u>924110</u>	B.	_____
C.	_____	D.	_____



Sections VIII

VIII. SITE CONTACT PERSON TECHNICAL			
First Name	<u>Kaitlynn</u>	MI <u>D</u>	Last Name <u>Leggett</u>
Phone	<u>(225) 219-3292</u>	Title	<u>Environmental Scientist III</u>
Address	<u>Post Office Box 4313</u>	City, Town, or Village	<u>Baton Rouge</u>
State	<u>LA</u>	Zip	<u>70821</u>
		Email	<u>Kaitlynn.Leggett@la.gov</u>

Section IX

- Legal Owner of the Facility – who **owns** the business?
- Legal Owner of the Property – who **owns** the land?
- Legal Operator – who **runs** the business?



IX. LEGAL OWNER(S) AND LEGAL OPERATOR SEE DEFINITIONS (PAGE 2)	
A. Legal Owner of Facility	
Company Name, if applicable	Louisiana Department of Environmental Quality
First Name	Dr. Chuck MI C Last Name Brown
Phone	(225) 219-5337 Date Became Legal Owner 07/01/2003 (mm/dd/yyyy)
Address	602 North Fifth Street City, Town, or Village Baton Rouge
State	LA Zip 70802 Email deqboss@la.gov
Owner Type	<input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other
B. Legal Owner of Property	
<input type="checkbox"/> Same as IX. A. Legal Owner of Facility (go to item IX.C.)	
Company Name, if applicable	State of Louisiana
First Name	John MI B Last Name Edwards
Phone	(225) 342-7000 Date Became Legal Owner 01/01/1998 (mm/dd/yyyy)
Address	1201 North Third Street, Suite 7-210 City, Town, or Village Baton Rouge
State	LA Zip 70802 Email governoremailaddress@la.gov
Owner Type	<input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other
C. Legal Operator of Facility	
<input checked="" type="checkbox"/> Same as IX.A. Legal Owner of Facility (go to Section X)	
Company Name, if applicable	
First Name	MI Last Name
Phone	() Date Became Legal Operator (mm/dd/yyyy)
Address	City, Town, or Village
State	Zip Email
Operator Type	<input type="checkbox"/> Private <input type="checkbox"/> County/Parish <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other

X. TYPE OF REGULATED WASTE ACTIVITY FOR CURRENT ACTIVITIES AS OF THE DATE OF THIS FORM AT YOUR SITE

Section X.A

A. Hazardous Waste Activities

- Y N **1. Generator of Hazardous Waste** If yes, select only one of the following categories (a-c):
- a. LQG: -Generates, in any calendar month (includes quantities imported by importer site) $\geq 1,000$ kg/mo (2,200 lbs.) non-acute hazardous waste; or
 - Generates, in any calendar month, or accumulates at any time, > 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or
 - Generates, in any calendar month, or accumulates at any time, > 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material
 - Generates, in any calendar month, or accumulates at any time, > 100 kg/mo (220 lbs/mo) of acute hazardous spill
 - b. SQG: -Generates, in any calendar month 100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and not > 1 kg (2.2 lb) of acute hazardous waste and not > 100 kg (220 lb) of any acute hazardous spill cleanup material
 - c. VSQG: -Generates, in any calendar month ≤ 100 kg/mo (220 lb/ mo) of non-acute hazardous waste

In addition, indicate other Generator Activities (select all that apply)

- Y N **2. Short-Term Generator** (generates from a short-term, emergency, or one-time event and not from on-going processes. **NOTE: You must provide details in Comments (Section XVIII).** **NOTE: If a short-term generator, you MUST indicate that you are a generator of hazardous waste in Section X.A.1 above.**
- Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** **NOTE: Part B of a hazardous waste permit is required for these activities.**
- a. Permitted
 - b. Interim Status
 - c. Proposed
- Y N **4. Receives Hazardous Waste from Off-Site**
- Y N **5. Recycler of Hazardous Waste (at your site)** **NOTE: A hazardous waste permit may be required for this activity.**
- a. Recycler who stores prior to recycling
 - b. Recycler who does not store prior to recycling
- Y N **6. Exempt Boiler and/or Industrial Furnace** (select all that apply)
- a. Small quantity on-site burner exemption
 - b. Smelting, melting, and refining furnace exemption

Section X.B

B. Waste Codes for Regulated Hazardous Wastes Beginning with top row, list the codes from left to right in the order presented in the regulations (e.g., D001, D002, F001, K001) *NOTE: Louisiana does not have separate state waste codes*

D001	→	→	→	→	→	→
→	→	→	→	→	→	→
→	→	→	→	→	→	→
→	→	→	→	→	→	U480

- Must have at least one code listed
- Select the applicable waste codes for the facility.

Section XI.A-B

XI. ADDITIONAL REGULATED WASTE ACTIVITIES

A. Other Waste Activities

- Y N 1. **Transporter of Hazardous Waste** (select all that apply)
- a. Transporter of Hazardous Waste
 - b. Transfer Facility Status (LDEQ approval required prior to startup) *NOTE: You must provide details in Comments (Section XVIII).*
- Y N 2. **Underground Injection Control**
- Y N 3. **United States Importer of Hazardous Waste**
- Y N 4. **Recognized Trader** (select all that apply)
- a. Importer
 - b. Exporter
- Y N 5. **Importer/Exporter of Spent Lead-Acid Batteries (SLABs) Under LAC 33:V.4145** (corresponds to 40 CFR 266 Subpart G) (select all that apply)
- a. Importer
 - b. Exporter

B. Universal Waste Activities (indicate activity type)

- Y N 1. **Large Quantity Handler of Universal Waste (Accumulate ≥ 5000 kg)** (The designation is retained for the remainder of the calendar year in which the 5,000 kg limit is met or exceeded.) Refer to Louisiana regulations to determine what is regulated (LAC 33:V. Chapter 38). Indicate types of universal waste generated and/or accumulated at your site (select all that apply).

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

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

Section XI.C-D

C. Used Oil Activities (indicate activity type) (select all that apply)

Y N **1. Used Oil Transporter**

- a. Transporter
- b. Transfer Facility (at your site) (LDEQ approval required prior to start-up) *NOTE: You must provide details in Comments (Section XVIII).*

Y N **2. Used Oil Processor and/or Refiner** (select all that apply)

- a. Processor
- b. Re-refiner

Y N **3. Off-Specification Used Oil Burner**

Y N **4. Used Oil Fuel Marketer**

- a. Marketer who directs shipment of off-specification used oil to off-specification Used Oil Burner
- b. Marketer who first claims the used oil meets specifications

Y N **5. Used Oil Fuel Burner** (indicate combustion device)

- a. Utility Boiler
- b. Industrial Boiler
- c. Industrial Furnace

D. Pharmaceutical Activities

NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA.

Sections XII-XV

XII. ELIGIBLE ACADEMIC ENTITIES WITH LABORATORIES <i>NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA.</i>	
XIII. EPISODIC GENERATION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Is the facility an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, which results in moving to a higher generator category pursuant to LAC 33: V Chapter 10, Subchapter C (corresponds to 40 CFR 262 Subpart L) <i>NOTE: If YES, you must complete Addendum B - Episodic Generator (see page 13)</i>	
XIV. LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Is the facility an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to LAC 33.V.1015.G (corresponds to 40 CFR 262.17(f))? <i>NOTE: If YES, you must complete Addendum C - LQG Consolidation of VSQG Hazardous Waste (see page 14)</i>	
XV. NOTIFICATION OF LQG SITE CLOSURE FOR A CENTRAL ACCUMULATION AREA (CAA) (OPTIONAL) OR ENTIRE FACILITY (REQUIRED) <i>NOTE: ONLY LQGS may notify of closure using this section. All others must notify the LDEQ using the Certification of No Hazardous Waste Activity (Form 7442) available at https://www.deq.louisiana.gov/page/hazardous-waste#Forms</i>	
<input type="checkbox"/> Y <input type="checkbox"/> N LQG Site Closure for a Central Accumulation Area (CAA) or Entire Facility <i>NOTE: If YES, you must attach a cover letter with supplemental information as outlined in LAC 33: V.1015.B.8.b to this HW-1 Form.</i> <i>NOTE: If more than one CAA is being closed, address Items A-D (see below) in supplemental information.</i>	
A. The closure is (select one):	<input type="checkbox"/> Central Accumulation Area (CAA) OR <input type="checkbox"/> Entire Facility
B. Expected closure date(select one):	<input type="checkbox"/> _____ (mm/dd/yyyy) OR <input type="checkbox"/> N/A
C. Requesting new closure date (select one):	<input type="checkbox"/> _____ (mm/dd/yyyy) OR <input type="checkbox"/> N/A
D. Date Closed (select one):	<input type="checkbox"/> _____ (mm/dd/yyyy) OR <input type="checkbox"/> N/A
<input type="checkbox"/> 1. In compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])	

Sections XVI-XVIII

XVI. NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying in compliance with LAC 33:V.105.Q (corresponds to 40 CFR 260.42) 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? <i>NOTE: If YES, you must complete Addendum A-Notification of Hazardous Secondary Material (see page 12)</i>
XVII. ELECTRONIC MANIFEST BROKER	
<i>NOTE: Louisiana has not adopted this part of the program. Notifications relevant to this activity must be submitted to EPA. For questions regarding electronic manifests, contact EPA at Powell.Sontina@EPA.gov</i>	
XVIII. COMMENTS INCLUDE SECTION NUMBER RELEVANT TO EACH COMMENT (ATTACH SEPARATE SHEET IF NECESSARY)	
<i>NOTE: If you have selected "Short-Term Generator" in Section X or "Transfer Facility" for Hazardous Waste or Used Oil in Section XI, you MUST provide a brief description of the activities and/or changes at your site. Comments are optional for all other types of hazardous waste activities.</i>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Section XIX

- Must be original wet-ink signature!
- Date of Signature!

XIX. CERTIFICATION STATEMENT						
<p>NOTE: There are two certification statements below. The certification statement in XIX.A below must be signed for ALL HW-1 submittals. The certification statement in XIX.D should only be signed if applicable.</p> <p>NOTE: This certification must be signed and dated by the generator, owner, or operator of the site, or the duly authorized representative of one of these persons. As described in LAC 33:V.509, a person is a duly authorized representative only if: the authorization is made in writing by a person described in LAC 33:V.507; and the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, superintendent, or position of equivalent responsibility. (A duly authorized representative may thus be either a named individual or any individual occupying a named position). The written authorization must be submitted to the LDEQ.</p>						
<p>A. In accordance with LAC 33:V.513.A.1, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to 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.</p>						
<table border="1"> <tr> <td>Signature</td> <td>Date (mm/dd/yyyy)</td> <td rowspan="2">Title of Person Signing (select one)</td> </tr> <tr> <td>Printed Name (First-Middle Initial-Last)</td> <td>Email</td> </tr> </table>		Signature	Date (mm/dd/yyyy)	Title of Person Signing (select one)	Printed Name (First-Middle Initial-Last)	Email
Signature	Date (mm/dd/yyyy)	Title of Person Signing (select one)				
Printed Name (First-Middle Initial-Last)	Email					
<p>B. Is this HW-1 form being submitted with a new or revised Part A application?</p> <p><input type="checkbox"/> Yes If YES, go to XIX.C, below.</p> <p><input type="checkbox"/> No If NO, Certification Statement is complete.</p>						
<p>C. Is the owner the same person as the Legal Operator?</p> <p><input type="checkbox"/> Yes If YES, Certification Statement is complete.</p> <p><input type="checkbox"/> No If NO, go to XIX.D, below.</p>						
<p>D. Certification Statement for an Owner who is NOT the Operator (ONLY SIGN THIS STATEMENT IF APPLICABLE)</p> <p>In accordance with LAC 33:513.B.1, I certify that I understand that this application is submitted for the purpose of obtaining a permit to operate a hazardous waste management facility on the property as described. As owner of the property/facility, I understand fully that the facility operator and I are jointly and severally responsible for compliance with both LAC 33:V.Subpart 1 and any permit issued pursuant to those regulations.</p>						
<table border="1"> <tr> <td>Signature</td> <td>Date (mm/dd/yyyy)</td> <td rowspan="2">Title of Person Signing (select one)</td> </tr> <tr> <td>Printed Name (First-Middle Initial-Last)</td> <td>Email</td> </tr> </table>		Signature	Date (mm/dd/yyyy)	Title of Person Signing (select one)	Printed Name (First-Middle Initial-Last)	Email
Signature	Date (mm/dd/yyyy)	Title of Person Signing (select one)				
Printed Name (First-Middle Initial-Last)	Email					

The completed HW-1 Form with original signature(s) (NOT A COPY) should be sent to the LDEQ at the address on page 1.



ADDENDUM A
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL (HSM) ACTIVITY
(COMPLIES WITH US EPA'S RCRA SUBTITLE C SITE IDENTIFICATION FORM REQUIREMENTS)

Addendum A

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. Print Clearly or Type.

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.

1. 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.

Table with 5 columns: a. Facility code, 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.

3. Required Financial Assurance Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM (see LAC 33:V.105.D.1.y.vi.(f) and Subpart H of 40 CFR Part 261, July 2015, which is incorporated by reference; and LAC 33:V.105.D.1.z which addresses the conditional exclusion, and which incorporates by reference the following: 40 CFR Part 261, Subparts I; J; AA; BB; and CC.)

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

Addendum A cont.

Transfer-Based Exclusion (40 CFR 261.4(a)(24))	
Code	Facility Code Description
06	HSM Generator transferring HSM off-site to a domestic reclamation facility: This code applies if you generate and send hazardous secondary material for reclamation to an off-site domestic reclamation facility.
07	Reclaimer receiving HSM from off-site: This code applies if you reclaim hazardous secondary material received from an off-site hazardous secondary material generator or other facility and you certify that you have financial assurance per 40 CFR 260.42.
08	Intermediate facility receiving HSM from off-site: This code applies if you receive hazardous secondary material from an off-site hazardous secondary material generator or another facility, you store it for more than ten days, and you certify that you have financial assurance per 40 CFR 260.42. This code does not apply if you generate or reclaim the hazardous secondary material.

Code	Land-based Unit Code Description
NA	Do not use land-based units to manage hazardous secondary material.
SI	Use surface impoundment(s) to manage hazardous secondary material. A surface impoundment is a natural topographic depression, man-made excavation or diked area formed primarily of earthen materials (although it may be lined with man-made materials), which is designed to hold an accumulation of liquid hazardous secondary materials or materials containing free liquids and which is not an injection well.
PL	Use pile(s) to manage hazardous secondary material. Pile means any non-containerized accumulation of solid, non-flowing hazardous secondary material that is used for storage and is not a containment building.
OT	Use other land-based unit(s) to manage hazardous secondary material.



ADDENDUM B
EPISODIC GENERATOR

EPA ID No.

Addendum B

ONLY FILL OUT THIS FORM IF:

You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to LAC 33:V Chapter 10 Subchapter C (corresponds to 40 CFR 262 Subpart L).

NOTE: Only one episodic event may be reported per form; use a separate form for each episodic event.

NOTE: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category.

Use additional pages if more space is needed. **Print Clearly or Type.**

1. Identify Episodic Event (select one)

- 1st Episodic Event
- 2nd Episodic Event *NOTE: Must be pre-approved by the LDEQ. Attach copy of pre-approval to this form.*

2. Describe Episodic Event

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Planned
<input type="checkbox"/> Excess chemical inventory removal
<input type="checkbox"/> Tank cleanouts
<input type="checkbox"/> Short-term construction or demolition
<input type="checkbox"/> Equipment maintenance during plant
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Unplanned
<input type="checkbox"/> Accidental spills
<input type="checkbox"/> Production process upsets
<input type="checkbox"/> Product recalls
<input type="checkbox"/> "Acts of Nature" (tornado, hurricane, flood, etc.)
<input type="checkbox"/> Other _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. Episodic Event Date(s)

Beginning Date _____ (mm/dd/yyyy) End Date _____ (mm/dd/yyyy)

4. Emergency Contact Information

First Name _____ MI _____ Last Name _____
 Phone (____) _____ Email _____
 Mailing address _____
 City _____ State _____ Zip _____

5. Waste 1

Waste Description _____ Estimated Quantity _____ lbs

Federal Hazardous Waste Codes



EPA ID No. LAR000000000

ADDENDUM C
LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE

Addendum C

ONLY FILL OUT THIS FORM IF:

You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed. **Print Clearly or Type.**

VSQG 1	
EPA ID No. (if assigned) <u>LAR000000002</u>	Site Name <u>Example Business Name Inc</u>
Site Street Address <u>1 Main Street, Suite B</u>	City <u>Gonzales</u> State <u>LA</u> Zip <u>70707</u>
Contact First Name <u>Jane</u> MI <u>B</u>	Last Name <u>Doe</u>
Contact Address <u>1 Main Street, Suite B</u>	City <u>Gonzales</u> State <u>LA</u> Zip <u>70707</u>
Contact Email <u>Jane.Doe46@la.gov</u>	Contact Phone No. <u>(866) 896-LDEQ</u>
VSQG 2	
EPA ID No. (if assigned) _____	Site Name _____
Site Street Address _____	City _____ State _____ Zip _____
Contact First Name _____ MI _____	Last Name _____
Contact Address _____	City _____ State _____ Zip _____
Contact Email _____	Contact Phone No. () _____
VSQG 3	
EPA ID No. (if assigned) _____	Site Name _____
Site Street Address _____	City _____ State _____ Zip _____
Contact First Name _____ MI _____	Last Name _____
Contact Address _____	City _____ State _____ Zip _____
Contact Email _____	Contact Phone No. () _____
VSQG 4	
EPA ID No. (if assigned) _____	Site Name _____
Site Street Address _____	City _____ State _____ Zip _____
Contact First Name _____ MI _____	Last Name _____
Contact Address _____	City _____ State _____ Zip _____
Contact Email _____	Contact Phone No. () _____



RCRA Subtitle C Reporting Forms

EPA Forms 8700-12, 8700-13 A/B, 8700-23


You can find a link to the form at our website,
<https://www.deq.louisiana.gov/page/hazardous-waste>.



Site Identification (SI) Form

Sections 1-3

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for 2020 (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

L A R 0 0 0 0 0 0 0 0

3. Site Name

Louisiana Department of Environmental Quality Headquarters

Sections 4-7

4. Site Location Address

Street Address	602 North Fifth Street		
City, Town, or Village	Baton Rouge	County	East Baton Rouge
State	Louisiana	Country	U.S.A.
		Zip Code	70802

5. Site Mailing Address

Same as Location Address

Street Address	Post Office Box 4313		
City, Town, or Village	Baton Rouge		
State	Louisiana	Country	U.S.A.
		Zip Code	70821

6. Site Land Type

Private County District Federal Tribal Municipal State Other

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	924110	C.	
B.		D.	

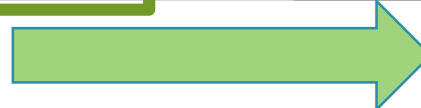
Section 8

EPA ID Number

L A R 0 0 0 0 0 0 0 0 0 0

OMB# 2050-0024; Expires 05/31/2020

8. Site Contact Information



Same as Location Address

First Name	Kaitlynn	MI	D	Last Name	Leggett
Title	Environmental Scientist III				
Street Address	Post Office Box 4313				
City, Town, or Village	Baton Rouge				
State	LA	Country	U.S.A.	Zip Code	70821
Email	Kaitlynn.Leggett@la.gov				
Phone	225 219-3292	Ext		Fax	

Section 9

- Legal Owner – who **owns** the business?
- Legal Operator – who **runs** the business?

9. Legal Owner and Operator of the Site

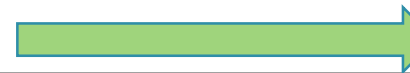
A. Name of Site's Legal Owner



Same as Location Address

Full Name Louisiana Department of Environmental Quality		Date Became Owner (mm/dd/yyyy) 07/01/2003	
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other			
Street Address			
City, Town, or Village			
State	Country	Zip Code	
Email deqboss@la.gov			
Phone 225 219-5337	Ext	Fax	
Comments			

B. Name of Site's Legal Operator



Same as Location Address

Full Name Louisiana Department of Environmental Quality		Date Became Operator (mm/dd/yyyy) 07/01/2003	
Operator Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other			
Street Address			
City, Town, or Village			
State	Country	Zip Code	
Email deqboss@la.gov			
Phone 225 219-5337	Ext	Fax	
Comments			

Section 10.A

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input checked="" type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

Section 10.B

B. 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, D003, F007, U112). Use an additional page if more spaces are needed.

- Must have at least one code listed
- Select the applicable waste codes for the facility.

D001									
									U480

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

Section 11.A-B

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

Section 11.C

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

Section 11.D-12

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input type="checkbox"/> N	1. Operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Withdrawing from operating under 40 CFR 266 Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is no longer an LQG or SQG.

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

Section 13-15

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator?
------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

Section 16-18

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
-------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

18. Comments (include item number for each comment)

Section 19

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

Hazardous Secondary Material

ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form if:

- You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent; See <https://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND
- You are or will be managing excluded HSM in compliance with 40 CFR 260.30, 261.4(a)(23), (24), (25), or (27) (or state equivalent) or 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. Note: If your facility was granted a solid waste variance under 40 CFR 260.30 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulations and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.

1. 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 (see Code List section of the instructions) 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	B. Waste Code(s) for HSM	C. Estimate Short Tons of excluded HSM to be managed annually	D. Actual Short Tons of excluded HSM that was managed during the most recent odd-numbered year	E. Land-based Unit Code

Hazardous Secondary Material cont.

Transfer-Based Exclusion (40 CFR 261.4(a)(24))	
Code	Facility Code Description
06	HSM Generator transferring HSM off-site to a domestic reclamation facility: This code applies if you generate and send hazardous secondary material for reclamation to an off-site domestic reclamation facility.
07	Reclaimer receiving HSM from off-site: This code applies if you reclaim hazardous secondary material received from an off-site hazardous secondary material generator or other facility and you certify that you have financial assurance per 40 CFR 260.42.
08	Intermediate facility receiving HSM from off-site: This code applies if you receive hazardous secondary material from an off-site hazardous secondary material generator or another facility, you store it for more than ten days, and you certify that you have financial assurance per 40 CFR 260.42. This code does not apply if you generate or reclaim the hazardous secondary material.

Code	Land-based Unit Code Description
NA	Do not use land-based units to manage hazardous secondary material.
SI	Use surface impoundment(s) to manage hazardous secondary material. A surface impoundment is a natural topographic depression, man-made excavation or diked area formed primarily of earthen materials (although it may be lined with man-made materials), which is designed to hold an accumulation of liquid hazardous secondary materials or materials containing free liquids and which is not an injection well.
PL	Use pile(s) to manage hazardous secondary material. Pile means any non-containerized accumulation of solid, non-flowing hazardous secondary material that is used for storage and is not a containment building.
OT	Use other land-based unit(s) to manage hazardous secondary material.

Episodic Generator

EPA ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OMB# 2050-0024; Expires 05/31/2020

ADDENDUM TO THE SITE IDENTIFICATION FORM: EPISODIC GENERATOR



ONLY fill out this form if:


- You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 262 Subpart L. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

Episodic Event	
1. Planned <input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____	2. Unplanned <input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, hurricane, flood, etc.) <input type="checkbox"/> Other _____
3. Emergency Contact Phone _____	4. Emergency Contact Name _____
5. Beginning Date _____ (mm/dd/yyyy)	6. End Date _____ (mm/dd/yyyy)

Waste 1

7. Waste Description	8. Estimated Quantity (in pounds)				
9. Federal and/or State Hazardous Waste Codes					

LQG Consolidation

ADDENDUM TO THE SITE IDENTIFICATION FORM: LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE	
----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

ONLY fill out this form if:

- You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1		
1. EPA ID Number (if assigned)	LAR000000000	2. Name Example Business Name Inc
3. Street Address 1 Main Street, Suite B		
4. City, Town, or Village	Gonzales	5. State LA
		6. Zip Code 70707
7. Contact Phone Number	1-866-896-LDEQ	8. Contact Name Jane B. Doe
9. Email Jane.Doe46@la.gov		

VSQG 2		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		

VSQG 3		
1. EPA ID Number (if assigned)	2. Name	
3. Street Address		
4. City, Town, or Village	5. State	6. Zip Code
7. Contact Phone Number	8. Contact Name	
9. Email		




Generation & Management (GM) Form

Describe the waste that was generated and managed at your facility.

Section 1

EPA ID Number **L A R 0 0 0 0 0 0 0 0 0** OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting cycle)
 WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. Source Code		Management Method (G25)	Country Code (G62)			
E. Form Code		F. Waste Minimization Code		G. Radioactive Mixed	<input type="checkbox"/> Y	<input type="checkbox"/> N
H. Quantity		UOM		Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Section 1 cont.

Code	Source Code Description
G11	Discarding off-specification, out-of-date, and/or unused chemicals or products
G12	Lagoon or sediment dragout and leachate collection (large scale operations in open pits, ponds, or lagoons)
G13	Cleaning out process equipment (periodic sludge or residual removal from enclosed processes including internal scrubbing or cleaning)
G14	Removal of tank sludge, sediments, or slag (periodic sludge or residual removal from storage tanks including internal scrubbing or cleaning)
G15	Process equipment change-out or discontinuation of equipment use (final materials and residuals removal including cleaning)
G16	Oil changes and filter or battery replacement (automotive, machinery, etc.)
G17	Subpart K laboratory waste clean-out (facility must have opted into the Subpart K rule to use this source code)
G19	Other one-time or intermittent processes (specify in comments)

Residue From Pollution Control and Waste Management Processes

W101	Very dilute aqueous waste containing more than 99% water (land disposal restriction defined wastewater that is not exempt under NPDES or POTW discharge)
W103	Spent concentrated acid (5% or more)
W105	Acidic aqueous wastes less than 5% acid (diluted but pH <2)
W107	Aqueous waste containing cyanides (generally caustic)
W110	Caustic aqueous waste without cyanides (pH >12.5)
W113	Other aqueous waste or wastewaters (fluid but not sludge)
W117	Waste liquid mercury (metallic)
W119	Other inorganic liquid (specify in comments)

Section 1 cont.

B	Continued initiatives to recycle the waste either on-site or off-site	<ul style="list-style-type: none"> The waste was used, reused, or reclaimed as a result of a change in the product formulation, product's chemical ingredients, or equipment; materials management process with a goal of sustainable use of materials, etc.
The facility <u>initiated waste minimization efforts during the reporting year</u> for this hazardous waste		
C	Implemented new initiatives to reduce quantity and/or toxicity of this waste	See examples above for Code A.
D	Implemented new initiatives to recycle the waste either on-site or off-site	See examples above for Code B.

<u>Code</u>	<u>Unit of Measure</u>
1	Pounds
2	Short tons (2,000 pounds)
3	Kilograms
4	Metric tons (1,000 kilograms)
5	Gallons
6	Liters
7	Cubic yards

Section 2 – 3

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code <input type="text"/> Quantity <input type="text"/>
Process System 2	Management Method Code <input type="text"/> Quantity <input type="text"/>

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling?		
Site 1		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
<input type="text"/>	<input type="text"/>	<input type="text"/>
Site 2		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
<input type="text"/>	<input type="text"/>	<input type="text"/>
Site 3		
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 – 3 cont.

H039	Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc. (specify in comments)
H041	Open burning/open detonation (should be permitted under Subpart X with process code X01)
H050	Energy recovery at this site – used as fuel (includes on-site fuel blending before energy recovery; report only this code)
H061	Fuel blending prior to energy recovery at another site (waste generated on-site or received from off-site)
Destruction or Treatment Prior to Disposal at Another Site	
Code	Management Method Code Description
H040	Incineration – thermal destruction other than use as a fuel (includes any preparation prior to burning)
H070	Chemical treatment (reduction/destruction/oxidation/precipitation); do not include immediate treatment in an exempt wastewater treatment unit with discharge to a NPDES-POTW (unless required by State)

Section 4

4. Comments

EPA Form 8700-12, 8700-13 A/B, 8700-23



Waste Received from Off-Site (WR) Form

Describe the waste that your facility received from off-site facilities

Section 1-3

EPA ID Number

L A R 0 0 0 0 0 0 0 0 0 0

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
 HAZARDOUS WASTE REPORT 2020 (reporting year)
 WASTE RECEIVED FROM OFF-SITE (WR) FORM



1. Waste 1

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. EPA ID Number			E. Form Code		F. Management Code	
G. Quantity		UOM	Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Section 4

4. Comments

EPA Form 8700-12, 8700-13 A/B, 8700-23



Off-Site Identification (OI) Form

List the sites that transported the waste, the sites that received the waste and, if applicable, the facilities that shipped waste to you.

Sections 1-3

EPA ID Number	L	A	R	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OMB# 2050-0024; Expires 05/31/2020																						
United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM																						

1. Site 1



A. EPA ID Number of Off-site Installation or Transporter					
B. Name of Off-site Installation or Transporter					
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter	<input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation					
Street Address					
City, Town, or Village					
State	Zip Code	Country			

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter					
B. Name of Off-site Installation or Transporter					
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter	<input type="checkbox"/> Receiving Facility
D. Address of Off-site Installation					
Street Address					
City, Town, or Village					
State	Zip Code	Country			

Section 4

4. Comments

EPA Form 8700-12, 8700-13 A/B, 8700-23



RCRAInfo

<https://rcrainfo.epa.gov/rcrainfoprod/action/secured/login>



Registering an Industry User

Every facility must have an Industry User

Registering an Industry User

Create a New Account

Built on 

* = required

User Information ▼

Title *	First Name *	Middle Initial	Last Name *	Suffix
<input type="text" value="Select..."/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select..."/>

Registering an Industry User

Create a User ID and Password ▼

User ID * ? i

This field is required.

Password * ? i

Verify Password *

Show password

These questions will be used to reset your password:

Question 1 *

Question 2 *

Question 3 *

Answer 1 * ? i

Answer 2 *

Answer 3 *

Show answers

Agree to the [Terms and Conditions](#)

Registering an Industry User

Organization/Contact Information

Organization Name *

Mailing Address (line 1) *

Mailing Address (line 2)

Zip/Postal Code * City *

State * Country *

Job Title *

Phone Number * Extension

Email * Re-enter Email *

[Send Verification Code via Email](#)

[Register](#)

✓ You have completed New Industry Account registration. You will be redirected shortly.





Connecting to the Facility and Requesting Permissions



Connecting to the Facility

My Sites Outstanding Site ID Requests 0

My Sites

Show 20 entries Search:

Site ID	Site Name	Address	City	State	County	Permission Status
There are no sites to display.						

Showing 0 to 0 of 0 entries

Previous Next

[Select Existing Site](#) [Request New Site ID](#)



Connecting to the Facility

The image shows a search form within a web application. The form is titled "Search" and has a close button (X) in the top right corner. It contains several input fields and dropdown menus for searching by site information. The "Site ID" field is filled with "LAR000000000" in red text. Below the form are three buttons: "Search", "Clear", and "Close". A green hint box at the bottom provides guidance on search criteria.

Home Documentation Feedback/Report an Issue

Search

Site ID: LAR000000000

Site Name: [Empty]

Street Number: [Empty]

Street Name: [Empty]

City: [Empty]

State *: [Select State]

County: [Select a County]

Zip: [Empty]

Search Clear Close

Hint: It is recommended to just search by EPA ID if known. If the EPA ID is not known, try searching with the minimal amount of search criteria. Adding more criteria will limit your search result. For more assistance, [click here](#).

Connecting to the Facility

Search Results ×

Show entries

Select All <input type="checkbox"/>	Site ID	Site Name	Address	City	State	County
<input checked="" type="checkbox"/>	LAD985176031	SHELL PIPELINE COMPANY LP - HOUMA STATION	1617 COTEAU RD	HOUMA	LA	TERREBONNE

Showing 1 to 1 of 1 entries Previous 1 Next

[Request Access](#) [Back to Search Criteria](#) [Close](#)




Requesting Permissions

Select Permissions ×

You've selected 1 site(s), now please choose the permissions you are requesting.

Module	Permission Level	Description of Permission
Site Management	None	None
Annual Report	None Active	None
Biennial Report	None Viewer Preparer Certifier	None
e-Manifest	None	None

 Send Request Back to Search Results Close

Requesting Permissions

My Sites

Show entries Search:

Site ID	Site Name	Address	City	State	County	Permission Status
LAD985176031	SHELL PIPELINE COMPANY LP - HOUMA STATION	1617 COTEAU RD	HOUMA	LA	TERREBONNE	Pending

Showing 1 to 1 of 1 entries Previous **1** Next



Electronic Signature Agreement

+ Identity Proofing for Site Management and Certifiers

Electronic Signature Agreement

Electronic Signature Agreement

You have been directed to this page because you have requested to be a Certifier for one of the RCRAInfo Industry Application components. Please enter the information below.

Electronic Signature Setup

These questions will be used for signing your document electronically:

Question 1 *	Answer 1 *
<input type="text" value="Select a question..."/>	<input type="text"/>
Question 2 *	Answer 2 *
<input type="text" value="Select a question..."/>	<input type="text"/>
Question 3 *	Answer 3 *
<input type="text" value="Select a question..."/>	<input type="text"/>
Question 4 *	Answer 4 *
<input type="text" value="Select a question..."/>	<input type="text"/>
Question 5 *	Answer 5 *
<input type="text" value="Select a question..."/>	<input type="text"/>

Show answers

Next

Identity Proofing - Electronic

Identity Proofing

Would you like to perform electronic Identity Proofing?

Electronic Identity Proofing

The following information will be used for identity proofing, it will NOT be stored.

Home Mailing Address (Line 1) *

Home Mailing Address (Line 2)

City * **State *** **Zip ***

Date of Birth * **SSN Last 4 ***

Year Month Day Show SSN

Home Phone Number

I agree to the [Electronic Signature Agreement](#)

Identity Proofing – Paper

Identity Proofing

Would you like to perform electronic Identity Proofing?

No

Paper ESA

You have selected to perform identity proofing via the paper based option. Please be aware that the paper based option requires you to mail a wet ink signed version of the ESA and takes longer to process. You will not be able to certify submissions in the RCRAInfo system until this document is received and processed by your state.

U.S. Environmental Protection Agency ELECTRONIC SIGNATURE AGREEMENT

NON-PRODUCTION: Pre-Production

In accepting the electronic signature credential issued by the U.S. Environmental Protection Agency (EPA) to sign electronic documents submitted to EPA's Central Data Exchange (CDX), and as a representative for:

Electronic Signature Holder Company Information

Organization Name:	LA DEQ
Address:	602 North Fifth Street
City, State, Zip:	Baton Rouge, LOUISIANA 70802
Province:	
Country:	
Phone Number:	225-219-3292
E-mail Address:	kaitlynn.leggett@la.gov
Job Title:	ESIII
Registrant's Name:	Kaitlynn Leggett
CDX User Name:	KAITLEGG@

Electronic Signature Agreement

Electronic Signature Agreement Management

You have been directed to this page because you have been approved as a Site Manager for one or more sites. Please complete the fields below to continue.

Opt-In to ESA Management

Please indicate whether you will opt into receiving paper Electronic Signature Agreements from users affiliated with your RCRA Sites. This will significantly expedite their registration process. You will be able to upload a scanned copy of their agreement and instantly grant their ability to sign from within the application.

If you opt out, any new user for this site that declines or does not pass electronic identity proofing will need to mail their printed ESA to the proper government official listed on the ESA. Please allow for mail and processing time for those users to be able to electronically sign within the application. See help for more details.

Yes, I will receive and process ESAs for users affiliated with sites I manage.

 No

Save and Continue

Electronic Signature Agreement

Yes, I will receive and process ESAs for users affiliated with sites I manage.

Yes

ESA Mailing Address

Enter the mailing address where users will be directed to send their ESAs for you to process.

Organization *

LA DEQ

Attention Of *

Kaitlynn Leggett

Address 1 *

602 North Fifth Street

Address 2

City *

Baton Rouge

State *

LOUISIANA

Zip *

70802

Phone *

225-219-3292

I confirm that I have read the [Rules of Behavior](#) and acknowledge that I:

- Understand the information contained in the Rules of Behavior.
- Understand EPA policy and goals for protecting information and will respect and protect registration data.
- Understand the potential impact of threats to and vulnerabilities of computer systems; and
- Agree to follow sound security practices, especially with regard to safeguarding my User ID and Password; and
- Agree to follow recordkeeping requirements for all Electronic Signature Agreements in my possession.

Save and Continue



Completing the Report

My Sites

Outstanding Site ID Requests **0**

Pending Requests **0**

My Sites

Show entries

Search:

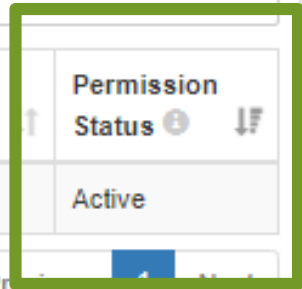
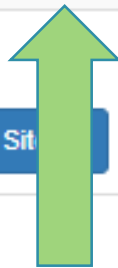
Site ID	Site Name	Address	City	State	County	Permission Status
LAD985176031	SHELL PIPELINE COMPANY LP - HOUMA STATION	1617 COTEAU RD	HOUMA	LA	TERREBONNE	Active

Showing 1 to 1 of 1 entries

Previous Next

Select Existing Site

Request New Site



SHELL PIPELINE COMPANY LP - HOUMA STATION

1617 COTEAU RD - HOUMA

LAD985176031

Site Details

Biennial Report

Annual Report

e-Manifest

WIETS

General Overview

[How do I edit Site Information?](#)

Federal Generator Status

Large Quantity Generator

Is Site Active

Yes

State Generator Status

No separately defined State status

Date Last Updated

06/04/2020

Site Mailing Address

[How do I edit Site Information?](#)

602 N FIFTH ST
BATON ROUGE, LA 70802

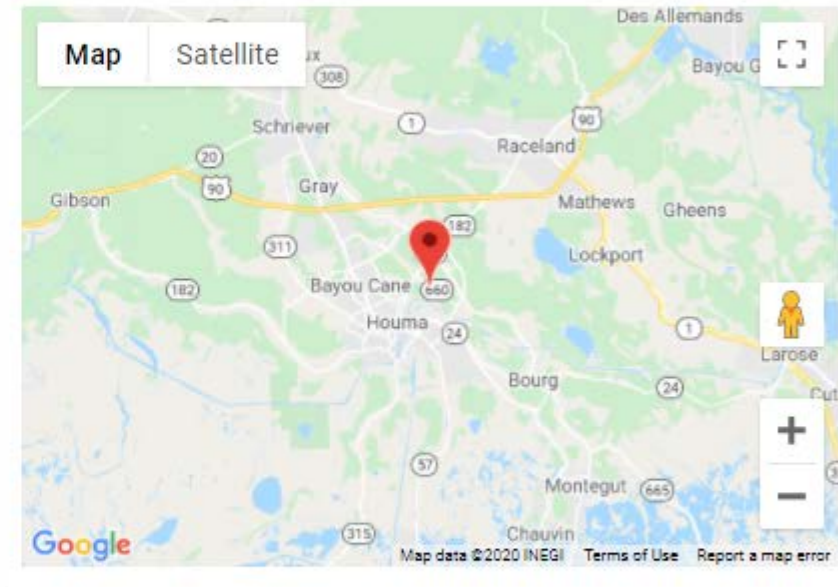
Site Contact

[How do I edit Site Information?](#)

KAITLYNN LEGGETT
602 N FIFTH ST
BATON ROUGE, LA 70802

[Back to My Sites](#)

Map



In Progress

Cycle	Generated (Tons)	Managed (Tons)	Shipped (Tons)	Received (Tons)	Status	Action
There are no submissions in progress.						



Create New Submission

Completed

Show 10 entries

Cycle	Generated (Tons)	Managed (Tons)	Shipped (Tons)	Received (Tons)	Action
There are no completed forms.					

Previous Next

Back to My Sites

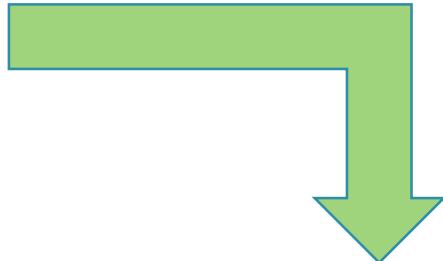
Home Reports/Extracts Tools Documentation Feedback/Report an Issue

Create Annual Report

Please select your Annual Report year below

2020

Close Continue



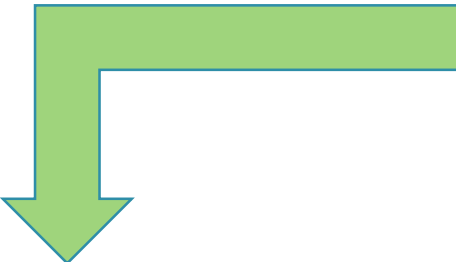
Home Reports/Extracts Tools Documentation Feedback/Report an Issue

Create Annual Report

Please indicate whether you will be uploading a flat file with all Annual Report forms or using the data entry screens.

Upload a File Continue to Data Entry

Close



Home Reports/Extracts Tools Documentation Feedback/Report an Issue

Create Annual Report

We have detected that you have waste generated and managed (GM) data from a previous cycle. Would you like to copy this information (excluding quantities) forward into your current Annual Report?

Yes, bring forward 2015 GM data No, do not bring forward any GM data

Cancel



GM Form

GM Forms

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
There are no GM Forms to display.									

Showing 0 to 0 of 0 entries Previous Next

[Add New GM Form](#)



WR Forms

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
There are no WR Forms to display.								

Showing 0 to 0 of 0 entries Previous Next

[Add New WR Form](#)

OI Forms

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDF	Action
There are no OI Forms to display.							

Showing 0 to 0 of 0 entries Previous Next

[Add New OI Form](#)

Site ID Form

[Add Site ID Form](#)

Section 1

Add GM Form

General Information		
Site ID	Site Name	Site Address
LAD985176031	SHELL PIPELINE COMPANY LP - HOUMA STATION	1617 COTEAU RD, HOUMA, LA 70364

1. Waste Characteristics

A. Waste Description *

B. Hazardous Waste Codes (Federal) *

Selected	
None selected ▾	<input type="text"/>

Clear All

C. Hazardous Waste Codes (State)
No codes available for your State

Section 1 cont.

Process Information

D. Source Code *

E. Form Code *

F. Waste Minimization Code *

G. Radioactive Mixed No

Quantity Information

H. Qty Generated *

Unit of Measure *

Calculated (Tons) 0

Unit of Measure *

- Select a Unit of Measure
- 1 - POUNDS
- 2 - SHORT TONS
- 3 - KILOGRAMS
- 4 - METRIC TONNES
- 5 - GALLONS
- 6 - LITERS
- 7 - CUBIC YARDS

Quantity Information

H. Qty Generated *

Unit of Measure *

Density *

Density Units *

Calculated (Tons) 0

Density Units *

- Select a Density...
- 1 - lbs/gal
- 2 - sg

Section 2

2. On-site Generation and Management of Hazardous Waste

Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? *

No

2. On-site Generation and Management of Hazardous Waste

Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? *

Yes

On-site Process Systems

There are no On-site Process Systems to display

[Add On-site Process System](#)

Add On-site Process System

On-site Management Method Code *

Select a Management Method Code

Qty Managed (GALLONS) * Calculated Quantity (Tons)

 0

[Save Changes](#) [Close](#)



Section 3

3. Off-site Shipment of Hazardous Waste

Was any of this waste shipped off-site for treatment, disposal, or recycling? *

Yes

Off-site Facilities

There are no Off-site Facilities to display

Add Off-site Facility

Home Reports/Extracts Tools Documentation Feedback/Report an Issue

Add Off-site Facility x

B. EPA ID Number *
Select or Enter EPA ID Number
also search by Site Name or Location City

C. Off-site Management Code *
Select a Management Method Code

D. Quantity Shipped (GALLONS) * Calculated Quantity (Tons)
 0

Save Changes Close



Section 3

Home | Reports/Forms | Tools | Documentation | Feedback/Report an Issue

Add Off-site Facility

B. EPA ID Number *

LAD980622104 - HEXION INC.

also search by Site Name or Location City

Street Number	Street 1	Street 2
16122	RIVER ROAD, LOT #3	
Zip	City, Town or Village	State
70079	NORCO	LOUISIANA
Country	UNITED STATES	

C. Off-site Management Code *

Select a Management Method Code

D. Quantity Shipped (GALLONS) *	Calculated Quantity (Tons)
<input type="text"/>	0

Save Changes **Close**

Comments and Saving

Comments



Save

Back to Annual Report

GM Forms

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
1	TEST	G02	W005	11	GALLONS	0.005500	12/30/2020	Complete	

[Add New GM Form](#) [Delete All GM Forms](#)

WR Forms

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
There are no WR Forms to display.								

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Add New WR Form](#)

OI Forms

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDf	Action
1	LAD980622104	HEXION INC.	NORCO			Yes	

[Add New OI Form](#) [Delete All OI Forms](#)



WR Form

GM Forms

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
There are no GM Forms to display.									

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Add New GM Form](#)



WR Forms

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
There are no WR Forms to display.								

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Add New WR Form](#)

OI Forms

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDf	Action
There are no OI Forms to display.							

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

[Add New OI Form](#)

Site ID Form

[Add Site ID Form](#)

Waste Information

A. Waste Description *

B. Hazardous Waste Codes (Federal) * Selected

None selected ▾

Clear All

C. Hazardous Waste Codes (State)
No codes available for your State

D. Off-site Handler Information

EPA ID Number *

Recent **Search**



Search

Site ID

Site Name

Street Number

Street Name

City

State *

Zip

This field is required.

Search **Clear** **Close**



D. Off-site Handler Information

EPA ID Number *

LAD981913254 **Recent** **Search**

Site Name
171 AUTO

Street Number	Street 1 HWY 171 SOUTH	Street 2
Zip	City, Town or Village FLORIEN	State LOUISIANA
Country	UNITED STATES	

Process Information

E. Form Code * **F. Management Code ***


G. Quantity Information

Quantity Received *
Unit of Measure * **Calculated (Tons)** 0

Comments



[Save](#) [Back to Annual Report](#)


GM Forms 

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
1	TEST	G02	W005	11	GALLONS	0.005500	12/30/2020	Complete	

Showing 1 to 1 of 1 entries Previous **1** Next

[Add New GM Form](#) [Delete All GM Forms](#)


WR Forms 

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
1	1	TEST	W005	55	LITERS	0.399887	LAD981913254	

Showing 1 to 1 of 1 entries Previous **1** Next

[Add New WR Form](#) [Delete All WR Forms](#)

OI Forms 

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDf	Action
1	LAD980622104	HEXION INC.	NORCO			Yes	
2	LAD981913254	171 AUTO	FLORIEN	Yes			

Showing 1 to 2 of 2 entries Previous **1** Next

[Add New OI Form](#) [Delete All OI Forms](#)



OI Form

GM Forms

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
There are no GM Forms to display.									

Showing 0 to 0 of 0 entries Previous Next

[Add New GM Form](#)

WR Forms

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
There are no WR Forms to display.								

Showing 0 to 0 of 0 entries Previous Next

[Add New WR Form](#)

OI Forms

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDf	Action
There are no OI Forms to display.							

Showing 0 to 0 of 0 entries Previous Next

[Add New OI Form](#)

Site ID Form

[Add Site ID Form](#)

[Sign & Submit](#) [Back to Site Dashboard](#)



Off-Site Identification Information

A. EPA ID Number *

B. Site Name *

C. Type of Activity *

None selected -

Street Number

Street 1

Street 2

Zip

City, Town, or Village

State

Country

Comments

[Save](#) [Back to Annual Report](#)

GM Forms 📄

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
1	TEST	G02	W005	11	GALLONS	0.005500	12/30/2020	Complete	📄 ✎ ✖

Showing 1 to 1 of 1 entries Previous **1** Next

[Add New GM Form](#) [Delete All GM Forms](#)

WR Forms 📄

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
1	1	TEST	W005	55	LITERS	0.399887	LAD981913254	📄 ✎ ✖

Showing 1 to 1 of 1 entries Previous **1** Next

[Add New WR Form](#) [Delete All WR Forms](#)

OI Forms 📄

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDF	Action
1	LAD980622104	HEXION INC.	NORCO			Yes	📄 ✎ ✖
2	LAD981913254	171 AUTO	FLORIEN	Yes			📄 ✎ ✖
3	LAR000000555	TEST TEST LLC	WALKER		Yes		📄 ✎ ✖

Showing 1 to 3 of 3 entries Previous **1** Next

[Add New OI Form](#) [Delete All OI Forms](#)



SI Form

GM Forms

Show entries Search:

Page	Waste Description	Source Code	Form Code	Quantity	UOM	Qty (Tons)	Date Created	Status	Action
There are no GM Forms to display.									

Showing 0 to 0 of 0 entries Previous Next

[Add New GM Form](#)

WR Forms

Show entries Search:

Page	Sub Page	Waste Description	Form Code	Quantity	UOM	Qty (Tons)	Off-site EPA ID	Action
There are no WR Forms to display.								

Showing 0 to 0 of 0 entries Previous Next

[Add New WR Form](#)

OI Forms

Show entries Search:

Page	Site ID	Site Name	City	Generator	Transporter	TSDf	Action
There are no OI Forms to display.							

Showing 0 to 0 of 0 entries Previous Next

[Add New OI Form](#)

Site ID Form

[Add Site ID Form](#)



[Sign & Submit](#) [Back to Site Dashboard](#)

1. Reason for Submittal

BR / AR with Notification. [Source B]

2. Site ID

EPA ID

LAD985178031

Activity Location

LA

3. Site Name

Name *

SHELL PIPELINE COMPANY LP - HOUMA STATION

4. Site Location

Street Number

Street 1 *

1817 COTEAU RD

Street 2

Zip *

70364

City, Town or Village *

HOUMA

State *

LOUISIANA

Country *

UNITED STATES

County *

TERREBONNE

Geographic Information

[View on Map](#)

Coordinate Type

Decimal Degrees Degrees Minutes Seconds

Latitude *

29.822492

Longitude *

-90.889715

Use Lat/Long as Primary Address

No

These coordinates have been provided by an automatic geocoding service. Please click [View on Map](#) and confirm that these coordinates are accurate.

5. Site Mailing Address

Copy From Address -

Street Number

602

Street 1 *

NORTH FIFTH STREET

Street 2

Zip *

70737

City, Town or Village *

GONZALES

State *

LOUISIANA

Country *

UNITED STATES

6. Site Land Type

Land Type *

Private

7. North American Industry Classification System (NAICS)

Primary NAICS *

488110 - PIPELINE TRANSPORTATION OF CRUDE OIL

Other NAICS

Select Other NAICS

8. Site Contact Person

First Name *

KAITLYNN

Middle Initial

Last Name *

LEGGETT

Title

FACILITY CONTACT

Email

KAITLYNN.LEGGETT@LA.GOV

Phone Number *

225-219-3292

Extension

Fax

8a. Site Contact Address Copy From Address ▾

Street Number: 602

Street 1: NORTH FIFTH STREET

Street 2:







Zip: 70737

City, Town or Village: GONZALES

State: LOUISIANA ▾







Country: UNITED STATES ▾

9a. Legal Owner ●

Type	Name	Address	Date	
Private	SHELL PIPELINE CO LP	PO BOX 2648 OSP-42 FLOOR, HOUSTON, TX 77252-2648	09/01/2002	 
Private	SHELL PIPELINE CO LP	PO BOX 2648 OSP-42 FLOOR, HOUSTON, TX 77252-2648	09/01/2002	 
Private	ZYDECO PIPELINE CO LLC	305 E HWY 30, GONZALES, LA 70737	05/01/2015	 



9b. Legal Operator ●

Type	Name	Address	Date	
Private	SHELL PIPELINE CO LP	PO BOX 2648 OSP-42 FLOOR, HOUSTON, TX 77252-2648	09/01/2002	 
Private	ZYDECO PIPELINE CO LLC	305 E HWY 30, GONZALES, LA 70737	05/01/2015	 
Private	SHELL PIPELINE CO LP	PO BOX 2648 OSP-42 FLOOR, HOUSTON, TX 77252-2648	09/01/2002	 

Add Owner

Name *

Date MM/DD/YYYY

Type * Select Type

Street Number **Street 1 ***

Street 2

Zip * **City, Town or Village ***

State * Select State

Country * UNITED STATES

Email **Phone** **Extension** **Fax**

Public Comments

Copy From ▾



Copy From ▾

- Address
 - Site Location
 - Mailing
 - Contact
- Operators
 - SHELL PIPELINE CO LP
 - ZYDECO PIPELINE CO LLC
 - SHELL PIPELINE CO LP
- Clear

10. Type of Federal Regulated Waste Activity

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (Federal) *

1 - Large Quantity Generator x ▾

3. Treater, Storer, or Disposer of Haz Waste

No

6. Exempt Boiler and / or Industrial Furnace

None selected ▾

2. Short Term Generator

No

4. Receives Hazardous Waste from Off-site

No

5. Recycler of Hazardous Waste

Select Recycler Activity ▾

2. Short Term Generator

Yes

Short Term Generator Comments *

Empty text area for comments.

B. Waste Codes for Federally Regulated Hazardous Wastes

Hazardous Waste Codes (Federal) *

9 selected ▾

Selected

D001 x D008 x D018 x D035 x D039 x D040 x U210 x F003 x F005 x

Clear All

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes

Hazardous Waste Codes (State)

No codes available for your State

11. Additional Regulated Waste Activities

A. Other Waste Activities

1. Transporter of Hazardous Waste

None selected ▾

3. United States Importer of Hazardous Waste

No

5. Importer/Exporter of SLABs

None selected ▾

2. Underground Injection Control

No

4. Recognized Trader

None selected ▾

B. Universal Waste Activities

1. Large Quantity Handler of Univ Waste

None selected ▾

2. Destination Facility for Universal Waste

No

C. Used Oil Activities

1. Used Oil Transporter

None selected ▾

3. Off-Specification Used Oil Burner

No

2. Used Oil Processor and / or Re-refiner

None selected ▾

4. Used Oil Fuel Marketer

None selected ▾

D. Pharmaceutical Activities

Your state does not participate in Subpart P.

12. Eligible Academic Entities with Laboratories

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories.

None selected ▾

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories.

No



14. LQG Consolidation of VSQG Waste

Are you an LQG notifying of consolidating VSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)?

 No

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) and Entire Facility

LQG Site Closure of a Central Accumulation Area or Facility

 No

16. Notification of Hazardous Secondary Material (HSM) Activity

Are you reporting HSM activities?

 No

17. Electronic Manifest Broker

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

 No

18. Comments

Public Comments

11394_NOT20200001

Review

Finish Later

Back to Annual Report

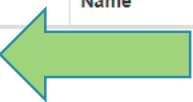
14. LQG Consolidation of VSQG Waste

Are you an LQG notifying of consolidating VSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)?

Yes

Consolidated VSQG Sites *

EPA ID	Name	Address	City	State	Zip	
--------	------	---------	------	-------	-----	--



VSQG Site Information [Close]

A. EPA ID Number

B. Site Name *

Street Number Street 1 * Street 2

Zip * City, Town, or Village * State *

Contact First Name * Middle Initial Contact Last Name *

Contact Phone * Extension Contact Email *



Consolidated VSQG Sites *

EPA ID	Name	Address	City	State	Zip	
LAR000000000	Test	111 Test	Walker	LA	70785	<input type="button" value="✎"/> <input type="button" value="✕"/>

14. LQG Consolidation of VSQG Waste

Are you an LQG notifying of consolidating VSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)?

 No

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) and Entire Facility

LQG Site Closure of a Central Accumulation Area or Facility

 No

16. Notification of Hazardous Secondary Material (HSM) Activity

Are you reporting HSM activities?

 No

17. Electronic Manifest Broker

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

 No

18. Comments

Public Comments

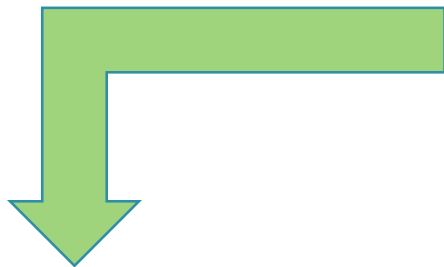
11394_NOT20200001



Review

Finish Later

Back to Annual Report



16. Notification of Hazardous Secondary Material (HSM) Activity

Are you reporting HSM activities?

Yes

Managing

Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

No

Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

Yes

1. Reason for Notification and Date

Notification Reason

Notifying that the facility will begin managing hazardous secondary material

This field is required.



1. Reason for Notification and Date

Notification Reason

Notifying that the facility will begin managing hazardous secondary material

Effective Date of Notification *

MM/DD/YYYY

2. Description of hazardous secondary material (HSM) activity: *

At least one HSM Activity record must be provided.

Facility Code	Waste Codes	Estimated Short Tons	Actual Short Tons	Land-based Unit
<input type="button" value="Add"/>				

Add HSM Activity

Facility Code *

Select Facility Code

Hazardous Waste Codes * **Selected**

None selected ▾

Estimated Short Tons *

Land-based Unit *

Select Land-based Unit ▾

14. LQG Consolidation of VSQG Waste

Are you an LQG notifying of consolidating VSQG hazardous waste under the control of the same person pursuant to 40 CFR 262.17(f)?

 No

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) and Entire Facility

LQG Site Closure of a Central Accumulation Area or Facility

 No

16. Notification of Hazardous Secondary Material (HSM) Activity

Are you reporting HSM activities?

 No

17. Electronic Manifest Broker

Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?

 No

18. Comments

Public Comments

11394,NOT20200001



Review

Finish Later

Back to Annual Report



Save

Make Changes

Back to Annual Report





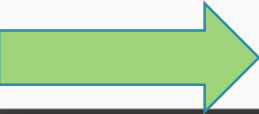
Sign and Submit

Site ID Form

Federal Generator Status	Last Updated Date	Last Updated By	Status	Action
Large Quantity Generator	12/30/2020	Kaitlynn Leggett	Complete	 

  [Sign & Submit](#) [Back to Site Dashboard](#)

I certify, under penalty of law that the information provided in this document 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 fines and imprisonment for knowing violations.

 [Accept](#) [Decline](#)



eSignature Widget


1. Authentication

Log into CDX

User:

Password:

Show Password

[Login](#) 

eSignature Widget

1. Authentication

Log into CDX

User:

USERNAME

Password:

.....

Show Password

Welcome Kaitlynn Leggett

2. Verification

Question:


What was your high school's mascot?

Answer:

.....

Show Answer

Answer



eSignature Widget

1. Authentication

Log into CDX

User:

USERNAME

Password:

.....

Show Password

Welcome Kaitlynn Leggett

2. Verification

Question:

What was your high school's mascot?

Answer:


.....

Show Answer

Correct Answer

3. Sign File

Sign



[Site Details](#)[Biennial Report](#)[Annual Report](#)[e-Manifest](#)[WIETS](#)

In Progress

Cycle	Generated (Tons)	Managed (Tons)	Shipped (Tons)	Received (Tons)	Status
2020	0.005500	0.399887	0.005500	0.399887	Submitted

Last Updated Date

01/04/2021

Last Updated By

Kaitlynn Leggett

Email

kaitlynn.leggett@la.gov

Phone

225-219-3292

Completed

Show 10 entries

Cycle	Generated (Tons)	Managed (Tons)	Shipped (Tons)	Received (Tons)	Action
There are no completed forms.					

[Previous](#)[Next](#)[Back to My Sites](#)



Summary of New Hazardous Waste Regulations

This will be a very brief explanation of the changes.

Episodic Generation

LAC 33:V.1031-1035

- **Definition** - an activity or activities, either planned or unplanned, that does not normally occur during generator operations, resulting in an increase in the generation of hazardous wastes that exceeds the calendar month quantity limits for the generator's usual category. (LAC 33:V.1031)
 - **Planned** - an episodic event that the generator planned and prepared for, including: regular maintenance, tank cleanouts, short-term projects, and removal of excess chemical inventory.
 - **Unplanned** - an episodic event that the generator did not plan or reasonably did not expect to occur, including production process upsets, product recalls, accidental spills, or acts of nature such as tornado, hurricane, or flood.
- **Notification Requirements** - a completed HW-1 form will need to be submitted to the Waste Notification & Reporting Group. See regulations for more detailed information.
- **Annual Report Requirements** – A very small quantity generator and a small quantity generator that generates more than their normal category amount as part of an episodic event DO NOT have to submit an Annual Report.

SQG Re-Notification

LAC 33:V.1017.D.1

- A small quantity generator shall re-notify the Office of Environmental Services starting in the year 2021 and every four years thereafter using the department's Notification of Hazardous Waste Activity Form (HW-1). Small quantity generators with EPA identification numbers ending in:
 - An even number shall submit notification by April 15, 2021, and every four years thereafter;
or
 - An odd number shall submit notification by September 1, 2021, and every four years thereafter.

VSQG Consolidation

LAC 33:V.1015.G

- Large quantity generators may accumulate on-site hazardous waste received from very small quantity generators under *control* of the same *person*, without a storage permit or interim status and without complying with the requirements of LAC 33:V.Subpart 1 provided that they comply with the conditions listed in this section of the regulations.
 - Control - means the power to direct the policies of the generator, whether by the ownership of stock, voting rights, or otherwise, except that contractors who operate generator facilities on behalf of a different person shall not be deemed to control such generators.
 - Person - an individual, trust, firm, joint stock company, corporation (including a government corporation), partnership, association, state, municipality, commission, political subdivision of a state, an interstate body, or the federal government or any agency of the federal government.
- **Notification Requirements** – a completed HW-1 must be submitted *at least* 30 days before receiving first shipment.
- **Annual Report Requirements** – Must be noted on the Annual Report. (LAC 33:V.1021.B)

LQG Closures - Partial/Whole Facility

LAC 33: V.1015.B.8 & LAC 33: V.1017.E

- In order to close a LQG facility you must now complete an HW-1 form within 30 days of the closure.

XV. NOTIFICATION OF LQG SITE CLOSURE FOR A CENTRAL ACCUMULATION AREA (CAA) (OPTIONAL) OR ENTIRE FACILITY (REQUIRED)			
<i>NOTE: ONLY LQGS may notify of closure using this section. All others must notify the LDEQ using the Certification of No Hazardous Waste Activity (Form 7442) available at https://www.deq.louisiana.gov/page/hazardous-waste#Forms</i>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	LQG Site Closure for a Central Accumulation Area (CAA) or Entire Facility	
<i>NOTE: If YES, you must attach a cover letter with supplemental information as outlined in LAC 33: V.1015.B.8.b to this HW-1 Form.</i>			
<i>NOTE: If more than one CAA is being closed, address Items A-D (see below) in supplemental information.</i>			
A. The closure is (select one):	<input type="checkbox"/> Central Accumulation Area (CAA)	OR	<input type="checkbox"/> Entire Facility
B. Expected closure date(select one):	<input type="checkbox"/> _____ (mm/dd/yyyy)	OR	<input type="checkbox"/> N/A
C. Requesting new closure date (select one):	<input type="checkbox"/> _____ (mm/dd/yyyy)	OR	<input type="checkbox"/> N/A
D. Date Closed (select one):	<input type="checkbox"/> _____ (mm/dd/yyyy)	OR	<input type="checkbox"/> N/A
<input type="checkbox"/> 1.	In compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])		
<input type="checkbox"/> 2.	Not in compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])		

Recyclable Materials

LAC 33:V.4101-4145

- Recyclable Materials – Hazardous Waste that is recycled. (LAC 33:V.4101.A)
- Owners/Operators of facilities that **do not store** before recycling will be held to the applicable regulation provisions listed in...LAC 33:V.1529.D” (LAC 33:V.4105)
 - A destination facility that recycles universal waste without storing is subject to the above provisions.
- **Annual Report Requirements** - Owners/operators of facilities that store and facilities that do not store prior to recycling are required to notify on the annual report.



Contact Information

Waste Notification & Reporting Group



Kaitlynn Leggett

Environmental Scientist III

- Phone: (225) 219-3292
- Email: Kaitlynn.Leggett@la.gov

Sheryl Grimmer

Supervisor

- Phone: (225) 219-1665
- Email: Sheryl.Grimmer@la.gov

Tonya Landry

Manager

- Phone: (225) 219-3174
- Email: Tonya.Landry@la.gov

Surveillance Regional Offices Directory

<https://www.deq.louisiana.gov/directory/office/regional-offices>

■ Acadiana

- Parishes: Acadia, Avoyelles, Catahoula, Concordia, Evangeline, Grant, Iberia, Lafayette, LaSalle, Rapides, St. Landry, St. Mary & Vermilion

■ Capital

- Parishes: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, St. Martin, Tangipahoa, West Baton Rouge & West Feliciana

■ Northeast

- Parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll & Winn

■ Northwest

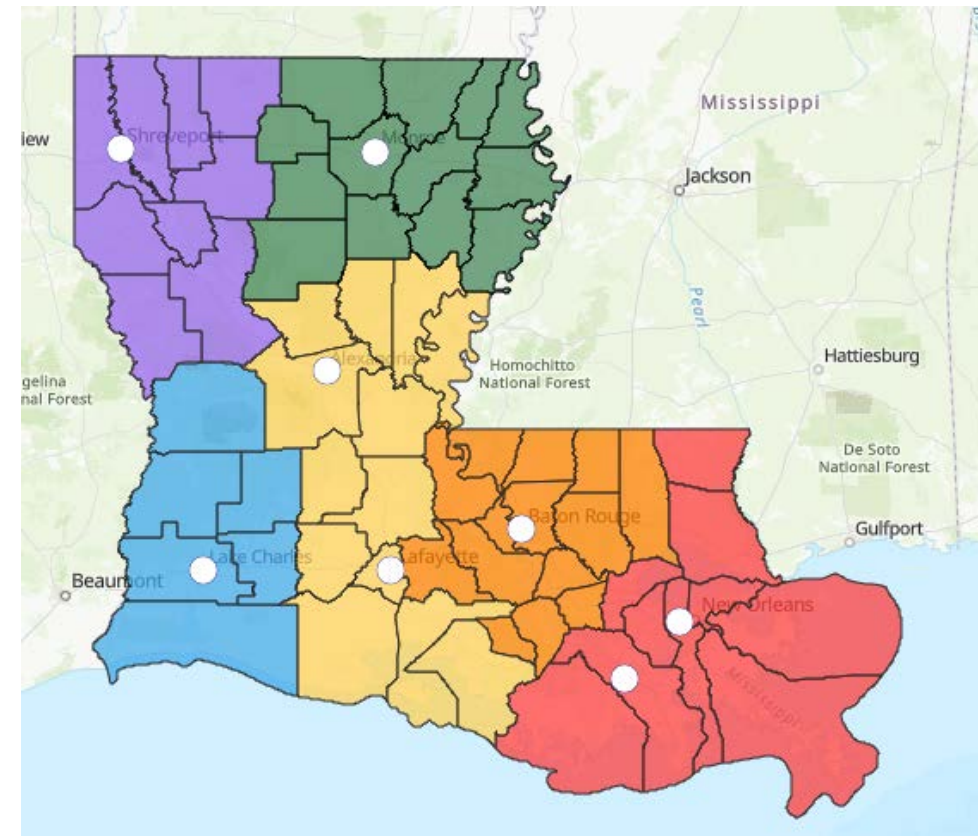
- Parishes: Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine & Webster

■ Southeast

- Parishes: Jefferson, Lafourche, Orleans, Plaquemines, St. Bernard, St. John the Baptist, St. Charles, St. Tammany, Terrebonne & Washington

■ Southwest

- Parishes: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis & Vernon



Surveillance Regional Offices Directory

<https://www.deq.louisiana.gov/directory/office/regional-offices>

■ Acadiana

- Phone: (337) 262-5584
- Fax: (337) 262-5593
- Email: aroadmin@la.gov

■ Capital

- Phone: (225) 219-3480
- Fax: (225) 219-3695
- Email: croadmin@la.gov

■ Northeast

- Phone: (318) 362-5439
- Fax: (318) 362-5448
- Email: neroadmin@la.gov

■ Northwest

- Phone: (318) 676-7476
- Fax: (318) 676-7573
- Email: nwroadmin@la.gov

■ Southeast

- Phone: (504) 736-7701
- Fax: (504) 736-7702
- Email: seroadmin@la.gov

■ Southwest

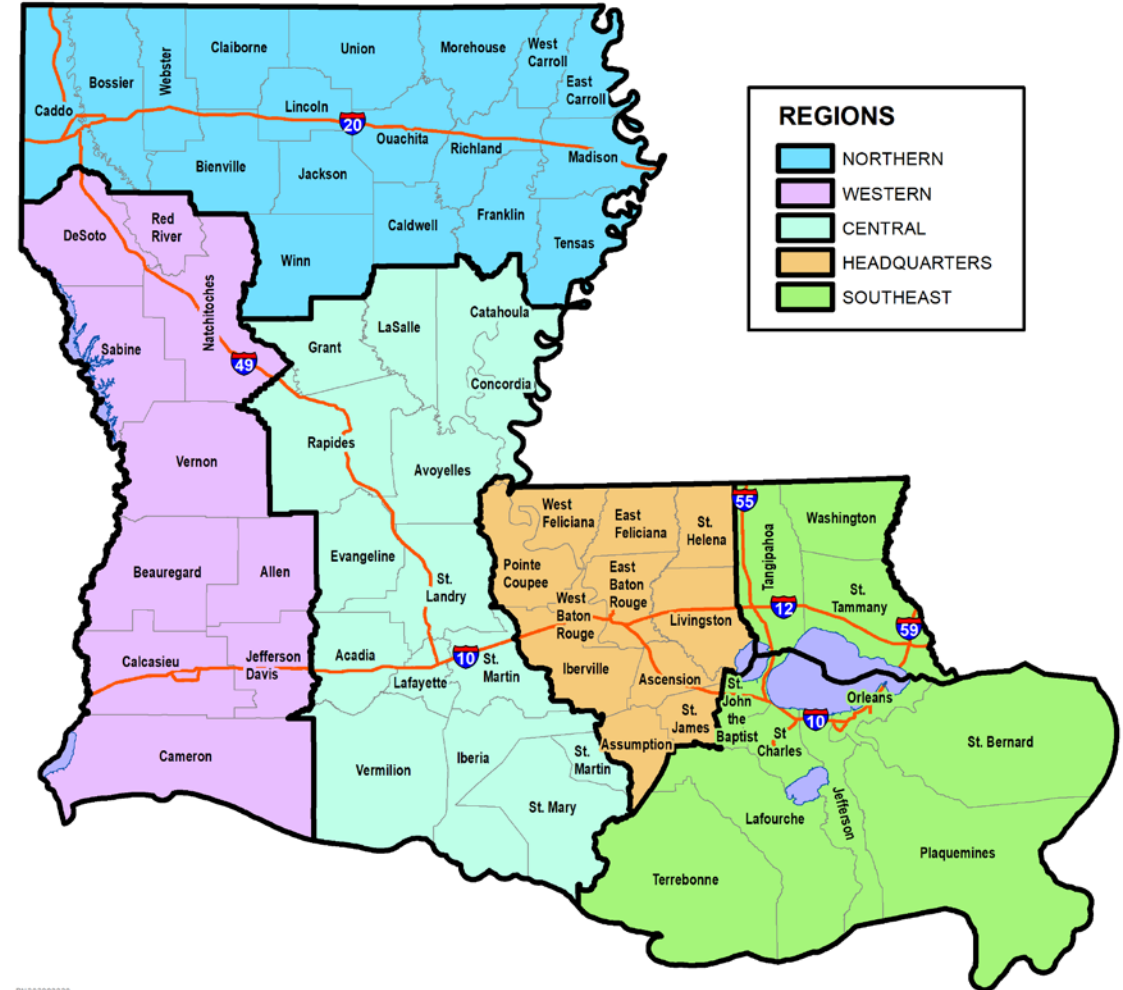
- Phone: (337) 491-2667
- Fax: (337) 491-2682
- Email: swroadmin@la.gov

Small Business Assistance Program



<https://www.deq.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&piid=small-business-assistance>

- Small Business Classification:
 - Less than 100 employees
 - Independently owned / not dominant in the field
 - Not a major facility
 - Not a publically traded company



PH202000020



Online Resources

- <https://www.deq.louisiana.gov/page/hazardous-waste> - links to forms, regulations & FAQs
- <https://www.deq.louisiana.gov/directory/office/regional-offices> - Surveillance Regional Offices
- <https://www.deq.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=small-business-assistance> - Small Business Assistance Program
- <https://edms.deq.louisiana.gov/app/doc/querydef.aspx> - review past submissions
- <https://www.naics.com/search/> - NAICS look-up
- <https://rcrapublic.epa.gov/rcrainfoweb/action/modules/hd/hdoverview> - review past submissions & find EPA IDs
- <https://rcrapublic.epa.gov/rcrainfoweb/action/main-menu/view> - federal regulations & helpful information
- <https://rcrainfo.epa.gov/rcrainfoprod/action/secured/login> - submit Annual Report electronically

**Thank you for
attending!**

