



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

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

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

Please note these differences between the HW-1 and the federal form:

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

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

Please send completed form with original signature(s) to:

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

If you have any questions, please call (225) 219-1352 or email HW1FormAssistance@la.gov



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

WHO MUST SUBMIT THIS FORM

All sites required to submit any of the following must submit the Louisiana Notification of Hazardous Waste Activity (HW-1) Form:

- Initial notification
- Subsequent notification
- Hazardous Waste Report

Refer to PURPOSE OF THIS FORM (page 3) and Section I (page 5) to determine whether you are required to submit this form.

NOTE: Louisiana has not adopted the following activity types as part of its program:

- Pharmaceutical Activities (Notify EPA)
- Eligible Academic Entities with Laboratories (Notify EPA)
- Electronic Manifest Broker Activities (Notify EPA)

NOTE: Do not use the HW-1 for these activities. Notifications relevant to these activities must be submitted to EPA using the Federal Form 8700-12.

ABBREVIATIONS AND DEFINITIONS

For the purpose of completing the HW-1, the definitions of the abbreviations and terms used in this form are provided below. Users may also refer to LAC 33.V.109.

- Duly Authorized Representative (DAR) A representative (named person or individual occupying a named position) of a person described in LAC 33:V.507 who is authorized to sign reports or other information requested by the administrative authority. The representative is only a DAR if: the person described in LAC 33:V.507 has given his/her authorization in writing; the authorization specifies the person or 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; and the authorization has been submitted to the administrative authority (see LAC 33:V.509).
- Episodic generation 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 (see LAC 33.V.1031.A)
- HW Hazardous Waste
- HSM Hazardous Secondary Material - a secondary material (e.g., spent material, by-product, or sludge) that, when discarded, would be identified as hazardous waste under LAC 33:V.Subpart 1 (see LAC 33:V.109)
- Facility Owner The person who owns a facility or part of a facility (see LAC 33:V.109)
- Operator Whoever has legal authority and responsibility for a facility that generates, transports, treats, stores or disposes of any hazardous waste (see LAC 33:V.109)
- Property Owner The person who owns a facility or part of a facility (see LAC 33:V.109)
- LQG Large Quantity Generator
- LQHUW Large Quantity Handler of Universal Waste
- 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 (see LAC 33:V.109)
- SQG Small Quantity Generator
- TSD Treatment, Storage or Disposal
- TSDF Treatment, Storage or Disposal Facility
- VSQG Very Small Quantity Generator

PURPOSE OF THIS FORM

This notification form (HW-1) is to be submitted to the LDEQ for a variety of activities/circumstances. Please review the information below. If the described activity/circumstance is applicable to your facility, then HW-1 submittal is required.

These activities apply to **all types of facilities**:

- To apply for an EPA Hazardous Waste ID Number (Initial Notification) for sites that handle regulated waste or hazardous secondary material
 - If you generate, transport, treat, store, or dispose of hazardous waste
 - If your business moves to another location and you are still conducting activities regulated under RCRA Subtitle C
- If any of the information previously submitted for an existing EPA ID number changes, (e.g. generator status, contact, ownership/operator, activity type, waste codes etc.).

These activities apply to **Large Quantity Generators (LQG) and/or Treatment, Storage or Disposal (TSD) Facilities**:

- As part of a *Hazardous Waste Report* *NOTE: LQGs and Treatment, Storage, or Disposal Facilities engaging in hazardous waste generation and management activities must submit a Hazardous Waste Report to the LDEQ annually*
- If you are requesting LQG site closure for a Central Accumulation Area or an Entire Facility *NOTE: ONLY LQGS may notify of closure using Section XV of this form. 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>*

This activity applies to **Large Quantity Handlers of Universal Waste**:

- If you are a large quantity handler of universal waste *NOTE: HW-1 notification is also required for people who have not previously notified of their hazardous waste activities*

These activities apply to **Small Quantity Generators of Hazardous Waste**:

- If you are an SQG, you are required to re-notify the LDEQ by submitting the HW-1 every 4 years starting in 2021 according to the following schedule:
 - If your EPA Identification number ends in an even number, you shall resubmit the HW-1 notification by April 15, 2021 and every four years thereafter
 - If your EPA Identification number ends in an odd number, you shall resubmit the HW-1 notification by September 1, 2021 and every four years thereafter

These activities apply to **Small Quantity or Very Small Quantity Generators of Hazardous Waste**:

- If you are either a VSQG or a SQG who, as a result of a planned or unplanned episodic event, generates a quantity of hazardous waste in a calendar month sufficient to cause the facility to move into a more stringent generator category (i.e., VSQG to either an SQG or an LQG; or an SQG to an LQG)

This activity applies to **Recyclers of Hazardous Waste**:

- If you recycle hazardous wastes (recyclable materials are defined as hazardous wastes that are recycled). *NOTE: The recycling process itself is exempt from regulation, but you must notify and obtain an EPA Identification Number from the LDEQ prior to recycling recyclable material*

These activities apply to **Handlers of Used Oil**:

- If you transport, process, or re-refine used oil; burn off-specification used oil for energy recovery; or market used oil *NOTE: HW-1 notification is required for people who have not previously notified of their hazardous waste activities*

These activities apply to **Managing Hazardous Secondary Material (HSM)**:

- If you will begin managing HSM
- If you are managing or will stop managing HSM, you must notify the LDEQ by submitting the HW-1 by March 1 of each even-numbered year

HOW TO FILL OUT THIS FORM

Print Clearly or Type. *NOTE: Forms which are not printed legibly or typed will not be processed. The LDEQ will notify the applicant that a corrected form must be submitted.*

The HW-1 Form is divided into 19 Sections; all applicable sections must be completed.

- Section I Reason for submitting the form
- Section II Site's EPA ID number (leave blank for Initial Notification)
- Section III Full legal name of the site
- Section IV Physical location of the site
- Section V Mailing address for the site
- Section VI Site land type
- Section VII North American Industry Classification System (NAICS) code(s) for the site (use 6 digit codes)(www.naics.com)
- Section VIII Information for the technical contact person for the site
- Section IX Legal property owner, legal facility owner, and legal operator of the site
- Section X.A Hazardous waste activities at the site (select all that apply)
- Section X.B Federal waste codes associated with wastes generated. Listed in the order presented in the regulations (e.g., D001, D002, F001, K001, P001). *NOTE: Louisiana does not have separate state waste codes*
- Section XI Additional regulated waste activities
- Section XII *NOTE: Louisiana has not adopted the Eligible Academic Entities with Laboratories as part of the program. Submit notifications relevant to this activity to EPA.*
- Section XIII Episodic Generator
- Section XIV Large Quantity Generator (LQG) consolidation of Very Small Quantity Generator (VSQG) Hazardous Waste
- Section XV Notification of LQG site closure for central accumulation area or entire facility (ONLY for LQGs)
- Section XVI Hazardous Secondary Material (HSM) activities
- Section XVII *NOTE: Louisiana has not adopted the Electronic Manifest Broker as part of the program. Submit notifications relevant to this activity to EPA.*
- Section XVIII Comments are optional (except for Transfer Facilities and Short-Term Generators- see note in Section XVIII)
- Section XIX Certification that the information you provided throughout the form is truthful, accurate, and complete
- Addendum A *Notification of Hazardous Secondary Material*
- Addendum B *Episodic Generator*
- Addendum C *LQG Consolidation of VSQG Hazardous Waste*

Type or print in black ink all sections except the Signature box in Section XIX. On pages 5-14 of the form, enter your site's EPA ID number in the top right-hand corner (leave blank for initial notification). Use the space for Comments in Section XVIII to clarify or provide additional information for any entry. When entering information in the Comments section (Section XVIII), cross-reference the section number and box letter to which the comment refers. If you must use additional sheets, indicate clearly the number of the section on the HW-1 Form to which the information on the separate sheet applies.

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

If you have any questions, please call (225) 219-1352 or email HW1FormAssistance@la.gov



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 ≥ 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)

NOTE: Except for LQG, the HW-1 is not to be used to provide notification that regulated activity is no longer occurring at site. For all types of regulated waste activities other than LQG, you 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

NOTE: This HW-1 should not be used to provide notification for Electronic Manifest Broker activities. 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.

II. SITE ID NUMBER

EPA ID No. _____ LDEQ Agency Interest (AI) No. _____

III. SITE NAME

Legal Name _____

IV. SITE LOCATION PHYSICAL ADDRESS – NOT P. O. BOX or ROUTE

Street Address _____ City, Town, or Village _____
Parish _____ State LA Zip _____

V. SITE MAILING ADDRESS

Same as IV. Site Location/Physical Address (go to Section VI)
Address _____ City, Town, or Village _____
State _____ Zip _____ Country _____

VI. SITE LAND TYPE

Private County/Parish District Federal
Tribal Municipal State 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. _____ B. _____ C. _____ D. _____

VIII. SITE CONTACT PERSON TECHNICAL

First Name _____ MI _____ Last Name _____
 Phone (____) _____ Title _____
 Address _____ City, Town, or Village _____
 State _____ Zip _____ Email _____

IX. LEGAL OWNER(S) AND LEGAL OPERATOR SEE DEFINITIONS (PAGE 2)

A. Legal Owner of Facility

Company Name, if applicable _____
 First Name _____ MI _____ Last Name _____
 Phone (____) _____ Date Became Legal Owner _____ (mm/dd/yyyy)
 Address _____ City, Town, or Village _____
 State _____ Zip _____ Email _____
 Owner Type Private County/Parish District Federal
 Tribal Municipal State Other _____

B. Legal Owner of Property

Same as IX. A. Legal Owner of Facility (*go to item IX.C.*)
 Company Name, if applicable _____
 First Name _____ MI _____ Last Name _____
 Phone (____) _____ Date Became Legal Owner _____ (mm/dd/yyyy)
 Address _____ City, Town, or Village _____
 State _____ Zip _____ Email _____
 Owner Type Private County/Parish District Federal
 Tribal Municipal State Other _____

C. Legal Operator of Facility

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 Private County/Parish District Federal
 Tribal Municipal State Other _____

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

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 \leq 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

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

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 \geq 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.**

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.

XII. ELIGIBLE ACADEMIC ENTITIES WITH LABORATORIES

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

XIII. EPISODIC GENERATION

- Y 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) NOTE: If YES, you must complete Addendum B - Episodic Generator (see page 13)**

XIV. LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE

- Y 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))?**
- NOTE: If YES, you must complete Addendum C - LQG Consolidation of VSQG Hazardous Waste (see page 14)*

XV. NOTIFICATION OF LQG SITE CLOSURE FOR A CENTRAL ACCUMULATION AREA (CAA) (OPTIONAL) OR ENTIRE FACILITY (REQUIRED)

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>

- Y N **LQG Site Closure for a Central Accumulation Area (CAA) or Entire Facility**
- 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.*
- NOTE: If more than one CAA is being closed, address Items A-D (see below) in supplemental information.*

- A.** The closure is (select one): Central Accumulation Area (CAA) **OR** Entire Facility
- B.** Expected closure date(select one): _____ (mm/dd/yyyy) **OR** N/A
- C.** Requesting new closure date (select one): _____ (mm/dd/yyyy) **OR** N/A
- D.** Date Closed (select one): _____ (mm/dd/yyyy) **OR** N/A
- 1.** In compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])
- 2.** Not in compliance with the closure performance standards LAC 33: V.1015.B (corresponds to 40 CFR 262.17[a][8])

XIX. CERTIFICATION STATEMENT

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.

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.

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.

Signature	Date (mm/dd/yyyy)
Printed Name (First-Middle Initial-Last)	Email

Title of Person Signing (select one)

Legal Operator of Facility

Legal Operator's Duly Authorized Representative

B. Is this HW-1 form being submitted with a new or revised Part A application?

Yes If YES, go to XIX.C, below.

No If NO, Certification Statement is complete.

C. Is the owner the same person as the Legal Operator?

Yes If YES, Certification Statement is complete.

No If NO, go to XIX.D, below.

D. Certification Statement for an Owner who is NOT the Operator (ONLY SIGN THIS STATEMENT IF APPLICABLE)

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.

Signature	Date (mm/dd/yyyy)
Printed Name (First-Middle Initial-Last)	Email

Title of Person Signing (select one)

Legal Owner of Property/Facility

Legal Owner's Duly Authorized Representative

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



EPA ID. No.

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

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

ONLY FILL OUT THIS FORM IF:

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

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

3. 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 B
EPISODIC GENERATOR

EPA ID No. []

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)
2. Describe Episodic Event
3. Episodic Event Date(s)
4. Emergency Contact Information
5. Waste 1
6. Waste 2
7. Waste 3



EPA ID No.

ADDENDUM C 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. **Print Clearly or Type.**

VSQG 1	
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 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. () _____