EXHIBIT 6

Emergency Disaster Cleanup Site Request

Government Entity (Parish, City, or Town) _____

Mailing Address _____

City, State, ZIP _____

Telephone _____ FAX _____

Contact Person _____

Type of Activity:

Staging ☐

Chipping & Grinding Area ☐

Burn Area ☐

Pre-Approved C&D Area ☐

Other _____

Requested Time Span for Activities _____

Proposed Hours of Operation: _____

Location of Site (Latitude, Longitude) _____

Physical Location (Street, Highway, etc.) _____

Owner of Property _____

Environmental Characteristics of Location _____

_____

_____	_____	_____
Signature-Authorized Parish or City Official	***Telephone Number***	***Date***

Please Note: Approval must be obtained from the affected property owner prior to commencement of operation.

Provide a quad map delineating the area to be utilized as the site. ***Mail*** or ***Fax*** this completed form and map to:

Steve Aguillard
Louisiana Department of Environmental Quality
P.O. Box 4312
Baton Rouge, LA 70821-4312
FAX: 225-219-3708