



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
Permit Support Services Division, Notification & Accreditations
P O Box 4313, Baton Rouge, LA 70821

602 North Fifth St, Baton Rouge, LA 70802 (Physical Address)

CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY

I certify, under penalty of law, that the facility named below does not presently generate, store, treat, transport, or dispose of hazardous wastes, as defined in the Louisiana Hazardous Waste Regulation. I certify that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:
(Check all that apply)

- ___ Facility has no hazardous waste present at site.
- ___ Facility is out of business. Date of closure: _____
- ___ Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous waste. Date service discontinued: _____
- ___ Facility has moved to new location. Date of move: _____
New physical address: _____
- ___ Temporary ID being deactivated. Date of last manifest: _____
- ___ Other, please describe: _____

FOR THE FACILITY REQUESTING CERTIFICATION/CLOSURE:

Facility Name: _____

EPA ID Number: _____

Physical Address: _____

Signature & Date: _____

Print Name & Title: _____

FOR OFFICE USE ONLY											
DIST	___	GEN	___	TRANS	___	TSD	___	B/B	___	AI	___