02/01/2011

AI 177088

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Permits Division

Post Office Box 4313 Baton Rouge, LA 70821-4313

PHONE#: (225) 219-3181

original to

LPDES NOTICE OF INTENT (NOI) TO DISCHARGE STORMWATER ASSOCIAT WITH CONSTRUCTION ACTIVITY GREATER THAN 5 ACRES

(Attach additional pages if needed.)

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by an LPDES permit issued for stormwater discharges associated with construction activity in Louisiana. In order to be automatically authorized under General Permit LAR100000 you must submit a complete and accurate NOI to LDEQ.

EVERY ITEM MUST BE COMPLETED.

Submission of this Notice of Intent also constitutes that implementation of the Storm Water Pollution Prevention Plan required under the general permit will begin at the time the permittee commences work on the construction project identified in Section II below.

SECTION I - FACILITY INFORMATION

Α.	plans and specifications and /or a party having	day-to-day operational control over construction day-to-day operational control over those activities at a pliance with the storm water pollution prevention plan or LAC 33:IX.2503.A and B).
1.	Legal Name of Applicant (Company, Partnership, Corporation, etc.)	Womack-Dunn Construction Team , a Joint Venture
	Project Name OLOL East Tower & ED Trau	ma Additions & offsite Staging Area
	hlan of development or sale (e.g., you do not i	d to cover all of the permittee's activities on the common need to submit a separate NOI for each separate lot in a uildings being constructed on the same property, thich you are the operator.)
	Mailing Address 8400 Jefferson Hwy	
	Baton Rouge, LA	Zip Code:
	If the applicant named above is not also the o	wner, state owner name, phone # and address.
	Our Lady of the Lake Hospital, Inc.	225-765-8866 (Administrative Offices)
	5000 Hennessy Blvd, Baton Rouge, LA 70808	225-921-8406 (Philip Crochet, OLOL)
	Check status: Federal Paris	h Municipal
	State Publi	c X Private Other:
2.	Location of project. Provide a specific addres Mile/Bank location of the project for which the	s, street, road, highway, interstate, and/or River NOI is being submitted.
	5050 Essen Lane (East Tower & ED Trauma)	& at the East end of One Calais Ave (Staging Area)
	City Baton Rouge, LA Zi	Code 70808 Parish East Baton Rouge
	form_7006_r05	Page 2 of 16

age 2 of 16 CSW-G

SECTION I - FACILITY INFORMATION

	Front Gate Cool	rdinates:					19.
	Latitude- 30	deg. 24 min.	<u>10.7</u> sec.	Longitude-	<u>91</u> deg	ı. <u>06</u> min.	
	Method of Coor	dinate Determinati	on: <u>De</u> r	t. of Natural Re	esources S	Sonris Web S	ite
			(ex:http://terraserver-		1	Permit, website,	GPS)
	Is the facility loc	ated on Indian La	nds?	Yes X	No		
В.	Stormwater Po	Ilution Preventio	n Plan Informatio	on. DDD) book was	manado (N	IOTE, The CV	MDDD must be
1.	prepared prior to	ater Pollution Preso submittal of the l	vention Plan (Svv NOI. Do not subr	nit SWPPP wit	h this NOI	.)	VEEL HIMSU DE
	x		No				
2.	Indicate address	s of location of SW		om Project Loc	cation. (N	A if SWPPP	is located at
	the construction	on site.)					
	Address NA	<u></u>					
	City NA			State	NA	Zip	NA
	Location Inform				_		
		truction Start Date		07/05/201			
2.	Estimated Cons	truction Completic	on Date: (mo/day/	/уг) <u>02/201</u>	4		
		a to be disturbed (i		6.0 acres			
4.	Type of facility b	peing constructed	(circle one): Subd & Vascular Cente	ivision, Mall, R	etail Outle	t, Industrial P	ark, Business,
	Other (explain)	area.	o vasculai Celiu	ar, Emergency	Dept Addi		
5.	Is the project pa	art of a larger deve	lopment or subdiv	vision?	Yes	X No	
		he name of the de			IA		
D.	Discharge Info	rmation					
1.	Indicate how the	e storm water rur	-off reaches state	e waters (name	ed water l	oodies). This	will usually be
	either directly, b	y open ditch (if it i minor water bodi	s a highway ditch, se that your disch	, indicate the hi	ighway), o I through	r by <i>pipe.</i> Ple on the way to	ease specifically a maior water
	body. This info	rmation can be of	stained from U.S.	G.S. Quadrang	gle Maps.	Maps can a	ilso be obtained
	online at http://n	map.deg.state.la.u s. If you cannot	<u>s/</u> or <u>www.topozo</u>	<u>ne.com</u> . Privat	te map col	mpanies can u can contac	also supply you
	Department of T	ransportation and	Development at	the address on	the first p	age of this for	rm.
	By Effluent P	Pipe			(ef	fluent pipe, di	tch, etc.);
	thence into V	Vard's Creek			(ef	fluent pipe, di	tch, etc.);
	thence into E	Bayou Manchac		(Par	rish draina	ge ditch, can	al, etc.);
	thence into A	Amite River		(na	med bayo	u, creek, strea	am, etc.)
2.	Based on Apper	ndix C, the Outsta	nding Natural Res	ource Water (0	ONRW) lis	t, does your s	tormwater
	run-off flow direc	ctly into a waterbo	dy listed as an Ol	NRW?			
	Yes	X No				·	
	1 1 7 7						

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SECTION I - FACILITY INFORMATION

NOTE: If the discharge will ultimately enter a scenic stream, contact the Louisiana Department of Wildlife and Fisheries (LDWF) Scenic Stream Division at 318-343-4044 for direction regarding how to comply with their requirements.

3.	Based on Appendix A, Endangered Species Guidance, are there any listed endangered or threatened species in the project area?
	NOTE: Use the Endangered Species Guidance in Appendix A to determine if there are listed endangered or threatened species in the project area. Applicants should contact the U. S. Fish and Wildlife Service (address is in Appendix A) for guidance if they need assistance in making a
	determination. Based on Appendix B, Historic Properties Guidance, are any historic properties listed or eligible for listing
4.	on the National Register of Historic Places located on the facility or in proximity to the discharge?
	Yes X No
5.	Was the State Historic Preservation Office (see Part I.A.3.f of the permit) involved in your determination of eligibility?
	Yes X No
E.	Additional Discharge Information
1.	Will the facility being constructed result in a discharge that will require a water discharge permit (including sanitary wastewater, such as a subdivision or apartment complex)?
	Yes X No
2.	If yes, does the facility have an LPDES water discharge permit?
	Yes No NA
3.	If yes, what is the LPDES permit number?
4.	If the discharge has an LPDES water discharge permit, will the construction result in an increase to the permitted discharge?
	Yes No NA
5.	If the facility does not have an LPDES permit or if the construction will result in an increased discharge, the party or developer responsible for construction plans and specifications must provide this information within 14 days of submittal of the Construction NOI to: DEQ, OES, P.O. Box 4313, Baton Rouge, LA 70821-4313, Attn: Water Permits Division, and obtain a preliminary determination whether permit limits may be more stringent. Failure to submit this information may result in denial of this and/or any future applications for discharge of wastewater to waters of the state. The "Request for Preliminary Determination of LPDES Permit Issuance Form" requests the information referenced above and can be accessed on our web page http://www.deg.louisiana.gov under DIVISIONS, Water Permits, LPDES

Permits, LPDES forms.

SECTION II – LAC 33.I.1701 REQUIREMENTS

Α.	Does the company or owner have federal or star identical to, or of a similar nature to, the permit for to all individuals, partnerships, corporations, or other more in your company, or who participate in the entapplying for the permit or an ownership interest in the	which you are applying er entities who own a vironmental managem	g? (This requirement applies controlling interest of 50% or
	Permits in Louisiana. List Permit Numbers:	NA	
	Permits in other states (list states):	NA	
D	X No environmental permits. Do you owe any outstanding fees or final penalties t	o the Department?	Yes X No
В.	If yes, please explain.	o the Bepariment	
	NA		
C.	Is your company a corporation or limited liability con	npany?	Yes X No
	If you in the corporation of LLC registered with the	Secretary of State?	Yes X No

SECTION III - SIGNATURE

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
 - 1. For a corporation by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
 - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.

NOTE: LDEQ does not require specific assignments or delegations of authority to responsible corporate officers identified in the Permit Standard Permit Conditions, Part VI.G.1.a(1) The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the state administrative authority to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under Permit Standard Permit Conditions, Part VI.G.1a.(2) rather than to specific individuals.

- 2. For a partnership or sole proprietorship by a general partner or the proprietor, respectively, or
- 3. For a municipality, state, federal or other public agency by either a principal executive officer or ranking elected official. For the purposes of this section a principal executive officer of a federal agency includes:
 - (a) The chief executive officer of the agency, or
 - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage this 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 also certify that a storm water pollution prevention plan, including both construction and post construction controls, has been prepared for the site in accordance with the permit and that such plan complies with approved State, Tribal and/or local sediment and erosion plans or permits and/or storm water management plans or permits. I am aware that signature and submittal of the NOi is deemed to constitute my determination of eligibility under one or more of the requirements of Permit Part I.A.3.e(1), related to the Endangered Species Act requirements. To the best of my knowledge, I further certify that such discharges and discharge related activities will not have an effect on properties listed or eligible for listing on the National Register of Historic Places under the National Historic Preservation Act, or are otherwise eligible for coverage under Part I.A.3.f of the permit. I am also aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NOTE: SIGNATURE MUST COMPLY WITH REQUIREMENTS STATED ABOVE IN SECTION III.

	() a com
Signature	Jeltilla
Printed Name	Dele Phillips
· Title _	v.P.
Company _	Milton J. Womak, Inc.
Date _	7/1/11
Telephone	225 -524-8050

***ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING CANNOT PROCEED UNTIL ALL REQUIRED INFORMATION HAS BEEN SUBMITTED.

MAN IN E

AI-177088

DEO

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Water Permits Plyision Tow

Post Office Box 4313
Baton Rouge, La 70821-4313
Phone#: (225) 219-9371

copy to MFG/CORTS

LPDES NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER LPDES GENERAL PERMIT FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY GREATER THAN 5 ACRES

SECTION I - PERMIT INFORMATION Facility's Storm Water General Permit Authorization LAR10 H Number Check here if you are no longer the Operator of the Facility OR if the facility has been sold Check here if the Storm water discharge associated with Date: the construction activity is Being Terminated SECTION II - FACILITY OPERATOR INFORMATION Womack-Dunn Construction TEAM A Joint Name **Address** City Phone 225-924-8050 Zip 70809 State SECTION III - FACILITY/SITE LOCATION INFORMATION SECTION IV - CERTIFICATION I certify under penalty of law that all storm water discharges associated with construction activity from the portion of the identified facility where I was an operator have ceased or have been eliminated or that I am no longer an operator at the construction site. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge storm water associated with construction activity under this general permit, and that discharging pollutants in storm water associated with construction activity to waters of the State is unlawful under the Clean Water Act where the discharge is not authorized by a LPDES permit. I also understand that the submittal of this Notice of Termination does not release an operator from liability for any violation of this permit or the Clean Water Act. Thomas J. Sanpas **Print Name**

form_7007_r02 7/5/11 Page 1 of 1 CSW-T BOBBY JUNDAL GOVERNOR



PEGGY M. HATCH SURGEARY

State of Louisiana DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF MANAGEMENT & FINANCE

February 22, 2013

144

Womack-Dunn Construction Team Joint Venture

8400 Jefferson Hwy

Baton Rouge, LA 70809

Al# 177088 Permit #: LAR10H365 OLOL East Tower & ED Trauma Additions & Offsite Staging Area - Womack-Dunn Const Jt Venture 5050 Essen Ln (E Tower & ED Trauma) Baton Rouge, LA 70808

Re: Active Construction Storm Water Permit

Dear Water Permit Contact:

You currently have an active Construction Storm Water Permit, Permit LAR10H365. If you no longer require this permit (for example if construction is completed or if you are no longer the operator), then you should complete the enclosed Notice of Termination Form. Our office must receive this form via mail by April 30, 2013 to the following address to terminate before the next fiscal year billing:

Louisiana Department of Environmental Quality
Office of Environmental Services, Water Permit Division
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313

Please be aware if your permit is still active by the beginning of the new fiscal year which is July 1, 2013, you will receive your 2013-2014 Water Annual Monitoring and Maintenance Fee for this permit.

If you have any questions about completing the Notice of Termination Form please contact Kim Corts or Ardrene Logan at kimberly.corts@la.gov or Ardrene.Logan@la.gov. If you have any questions pertaining to fees or invoices please contact Ashley Broom at Ashley.Broom@LA.gov. All calls can be directed to 225-219-5337.

Thank you

Department of Environmental Quality Financial Services Division

MAIN FILE



Stormwater Compliance, Permits & Plans

December 4, 2009

Louisiana Department of Environmental Quality (LDEQ)

Office of Environmental Services

ATTN: Permits Division Post Office Box 4313

Baton Rouge, Louisiana 70821-4313

DEQ COPY / OF a

DiscountPermit.com

Re: CONSTRUCTION STORMWATER DISCHARGE PERMIT APPLICATION

LDEQ CSW-G-NOI Stormwater Construction General Permit

RCS Contractors, Inc. Perkins Road/ Stanford

C.P. No. 06-CS-TL-0034 - Roadway Project

East Baton Rouge Parish

Dear Sirs/Madam:

Attached is the LDEQ CSW-G application for stormwater discharges regarding RCS Contractors Inc.'s project. This stormwater discharge permit application is for a roadway construction project located in Perkins Road/ Stanford C.P. No. 06-CS-TL-0034 in Baton Rouge, Louisianâ (location map attached). This permit application is for entire city project area including 🚎 Acadian Thwy, Perkins Rd., and Stanford Ave.

his project has prepared a seconffice when operations terminate. We have use activity at this site and our stormwater permit application seconf the facility site owner will monitor and commence compliance measures as required.

LDEQ stormwater permit and proper stormwater BMPs.

Should you have any questions regarding this permit application or need further information, please call me at the office at 225-268-1477. Thank you for your assistance,

Sincerely,

Sincerely,

diane@discountpermit.com

attachments

cc: City of Baton Rouge Permits Office Aaron Broussard, RCS Contractors, Inc.



To: Prospective Applicants for a Stormwater General Permit Associated with Construction Activity Greater than 5 Acres

Attached is a Stormwater General Permit Associated with Construction Activity Greater than 5 Acres Notice of Intent (NOI) CSW-G, for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two copies (one original and one copy) of your completed NOI should be submitted to:

Mailing Address:

delivered):

Department of Environmental Quality Office of Environmental Services Post Office Box 4313 Baton Rouge, LA 70821-4313 Attention: Water Permits Division

Physical Address (if NOI is hand

Department of Environmental Quality Office of Environmental Services 602 N Fifth Street Baton Rouge, LA 70802 Attention: Water Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD Office of Highways Post Office Box 94245 Baton Rouge, LA 70804-9245 (225) 379-1927

AND

Louisiana DHH
Office of Public Health
Center for Environmental Services
Post Office Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7395

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx#Title33 or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under this general permit.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-3181. For help regarding completion of this NOI please contact DEQ, Small Business/Small Community Assistance at 1-800-259-2890.

STATE OF LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3181

LPDES NOTICE OF INTENT (NOI) TO DISCHARGE STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITY GREATER THAN 5 ACRES

(Attach additional pages if needed.)

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by an LPDES permit issued for stormwater discharges associated with construction activity in Louisiana. In order to be automatically authorized under General Permit LAR100000 you must submit a complete and accurate NOI to LDEQ.

EVERY ITEM MUST BE COMPLETED.

Submission of this Notice of Intent also constitutes that implementation of the Storm Water Pollution Prevention Plan required under the general permit will begin at the time the permittee commences work on the construction project identified in Section II below.

SECTION I - FACILITY INFORMATION

A.	Permit is to be issued to the following: (must be a party having operational control over construction
	plans and specifications and /or a party having day-to-day operational control over those activities at a
	project site which are necessary to ensure compliance with the storm water pollution prevention plan or
	other permit conditions LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

	отто разлита	=			<i>r</i> .	
1.	Legal Name of (Company, Par	Applicant rtnership, Corpora	ation, etc.) RCS	S Contractors, Inc.		
F	⊃roject Name	Perkins Road/	Stanford C.P. No	o. 06-CS-TL-0034		
	plan of develope residential sub	ment or sale (e.g. idivision or for tv	, you do not need o separate buildir	cover all of the perm to submit a separate igs being constructed you are the operator.	NOI for each se on the same pr	parate lot in a
-	Mailing Address	3390 Souther	n Pacific Road			
_	± <u>.</u>	Port Allen, LA	·		_ Zip Code:	70767
	If the applicant	named above is i	not also the owner	, state owner name, p	hone # and add	Iress.
	N/A					
•						
-	Check status:	Federal	Parish	Municipal		.2009 DE
2.				X Private reet, road, highway, it is being submitted.		

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SECTION I - FACILITY INFORMATION

Take I-10W to Acadian Thwy Exit. Take left on Acadian Thwy and travel approximately 1/4 mile. Site location begins at Acadian Thwy to Perkins Rd. and approximately 500 feet down Stanford

City Baton Rouge Zip Code 70808 Parish Parish Front Gate Coordinates: Latitude- 30 deg. 25 min. 15.80 sec. Longitude- 91 deg. 9 min. 10.19 sec. Method of Coordinate Determination: Topographical Quad Map Software (ex:http://terraserver-usa.com/Quad Map, Previous Permit, website, GPS)
Latitude- 30 deg. 25 min. 15.80 sec. Longitude- 91 deg. 9 min. 10.19 sec. Method of Coordinate Determination: Topographical Quad Map Software (ex:http://terraserver-usa.com/Quad Map, Previous Permit, website, GPS)
Method of Coordinate Determination: Topographical Quad Map Software (ex:http://terraserver-usa.com/Quad Map, Previous Permit, website, GPS)
(ex:http://terraserver-usa.com/Quad Map, Previous Permit, website, GPS)
Is the facility located on Indian Lands? Yes X No
. Stormwater Pollution Prevention Plan Information.
1 Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared? (NOTE: The SWPPP must be
. prepared <u>prior to</u> submittal of the NOI. Do not submit SWPPP with this NOI.)
X Yes No
2 Indicate address of location of SWPPP if different from Project Location. (N/A if SWPPP is located at t
construction site.)
Diane T. Baum/DiscountPermit.com <u>diane@discountpermit.com</u> 225-268-1477 1223 Address Industriplex Blvd. Suite A-2
City Baton Rouge State Louisiana Zip 70809
. Location Information
1
. Estimated Construction Start Date: (mo/day/yr) 12/15/09
2
. Estimated Construction Completion Date: (mo/day/yr)
3 . Estimate of area to be disturbed (to nearest acre) 20 acres
4. Is the project part of a larger development or subdivision? Yes X No
If yes, provide the name of the development or subdivision.

1. Indicate how the storm water run-off reaches state waters (named water bodies). This will usually be either directly, by open ditch (if it is a highway ditch, indicate the highway), or by pipe. Please specifically name all of the minor water bodies that your discharge will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Maps can also be obtained online at http://map.deq.state.la.us/ or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at the address on the first page of this form

SECTION 1 - FACILITY INFORMATION

	Ву	Acadia	n Thwy Parish ditch unto Dawson Creek	(effluent pipe, ditch, etc.);
	thend	e into	Ward Creek unto Bayou Manchac	(effluent pipe, ditch, etc.);
	theno	e into	Amite River	_(Parish drainage ditch, canal, etc.);
2.	Based on		Lake Maurepas ix C, the Outstanding Natural Resource Water y into a waterbody listed as an ONRW?	_ (named bayou, creek, stream, etc.) r (ONRW) list, does your stormwater
	Yes		X No	
	NOTE:		scharge will ultimately enter a scenic stream, ries (LDWF) Scenic Stream Division at 318-34	
3.		n the proj	ix A, Endangered Species Guidance, are there ject area? Yes X No	e any listed endangered or threatened
	endange	Use the red or thi Service	Endangered Species Guidance in Append reatened species in the project area. Application (address is in Appendix A) for guidance if	ants should contact the U. S. Fish and
4.	Based or	n Append n the Na e?	dix B, Historic Properties Guidance, are any ational Register of Historic Places located Yes X No	
5.		e State	Historic Preservation Office (see Part I.A eligibility? Yes X No	.3.f of the permit) involved in your
E.	Additiona	ıl Discha	arge Information	
1. '			constructed result in a discharge that will require, such as a subdivision or apartment complex. Yes X No	
2.	information and obtain this inform wastewate Issuance I	to: DEQ a prelimi nation n r to wate Form" re	developer responsible for construction plans , OES, P.O. Box 4313, Baton Rouge, LA 708 inary determination whether permit limits may nay result in denial of this and/or any fuers of the state. The "Request for Prelimination referenced above leq.louisiana.gov under DIVISIONS, Wate	21-4313, Attn: Water Permits Division, be more stringent. Failure to submit uture applications for discharge of nary Determination of LPDES Permit and can be accessed on our web

SECTION II – LAC 33.I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits in other states that are identical to, or of a similar nature to, the permit for which you are applying? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity

LDEQ-EDMS	Document	6139851,	Page	6	of	1
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SECTION I - FACILITY INFORMATION

	applying for the permit or an ownership interest in the permit.)
	Permits in Louisiana. List Permit Numbers:
	Permits in other states (list states):
	X No environmental permits.
B.	Do you owe any outstanding fees or final penalties to the Department?
	If yes, please explain.
C.	Is your company a corporation or limited liability company?
	If yes, is the corporation or LLC registered with the Secretary of State?

SECTION III - SIGNATURE

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
 - 1. For a corporation by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
 - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
 - (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.

NOTE: LDEQ does not require specific assignments or delegations of authority to responsible corporate officers identified in the Permit Standard Permit Conditions, Part VI.G.1.a(1) The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the state administrative authority to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under Permit Standard Permit Conditions, Part VI.G.1a.(2) rather than to specific individuals.

- For a partnership or sole proprietorship by a general partner or the proprietor, respectively; or
- 3. For a municipality, state, federal or other public agency by either a principal executive officer or ranking elected official. For the purposes of this section a principal executive officer of a federal agency includes:
 - (a) The chief executive officer of the agency, or
 - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage this 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 also certify that a storm water pollution prevention plan, including both construction and post construction controls, has been prepared for the site in accordance with the permit and that such plan complies with approved State, Tribal and/or local sediment and erosion plans or permits and/or storm water management plans or permits. I am aware that signature and submittal of the NOI is deemed to constitute my determination of eligibility under one or more of the requirements of Permit Part I.A.3.e(1), related to the Endangered Species Act requirements. To the best of my knowledge, I further certify that such discharges and discharge related activities will not have an effect on properties listed or eligible for listing on the National Register of Historic Places under the National Historic Preservation Act, or are otherwise eligible for coverage under Part I.A.3.f of the permit. I am also aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NOTE: SIGNATURE MUST COMPLY WITH REQUIREMENTS STATED ABOVE IN SECTION III.

Signature	
	Kern mas
Printed Name	1 //2
	Kerri L. Biggs
Title	
	Administrative
Company	
	RCS Contractors, Inc.
Date	
	12-8-09
Telephone	
	225-388-9094

***ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING CANNOT PROCEED UNTIL ALL REQUIRED INFORMATION HAS BEEN SUBMITTED.

BOBBY JINDAL GOVERNOR



PEGGY M. HATCH SECRETARY

State of Louisiana

DEPARTMENT OF ENVIRONMENTAL QUALITY ENVIRONMENTAL SERVICES

MAR 19 2010

Certified Mail 7009 2820 0001 8249 4390 Return Receipt Requested

File No. LAR10G103 AI No. 168452 GEN20090001

Ms. Kerri L. Biggs RCS Contractors, Inc. 3390 Southern Pacific Road Port Allen, Louisiana 70767

Re:

Storm Water Construction General Permit Coverage Notice Louisiana Pollutant Discharge Elimination System (LPDES)

Dear Ms. Biggs:

Your Notice of Intent (NOI) received December 28, 2009 for the project named below has been processed and is administratively complete.

Project Name: Perkins Road / Stanford C.P. No. 06-CS-TL-0034

Location:

Off Stanford Avenue, Baton Rouge

Parish:

East Baton Rouge

This construction project, if qualified under the conditions of the permit and unless notified otherwise by this office, is authorized to discharge storm water associated with construction activity to Dawson Creek under the terms and conditions established under Louisiana's LPDES Construction General Permit. Your project's authorization number is LAR10G103. This number and the Agency Interest Number listed above should be referenced in all future correspondence with this office.

Attached for your use is a copy of the permit. This permit requires certain storm water pollution prevention and control measures, possible monitoring and reporting, and regular inspections. You must prepare and implement a storm water pollution prevention plan (SWPPP) that is tailored to your site. As a construction project authorized to discharge under this general permit, all terms and conditions of the permit must be complied with in order to maintain coverage and to avoid possible penalties.

Coverage under this permit does not relieve the permittee from any regulatory responsibility to apply for and receive other permits or authorizations that may be required as a result of activities ongoing or planned at this site. Any activity resulting in a discharge to waters of the state, such as that from a sanitary sewage treatment plant, must have all necessary permits prior to commencement of the planned discharge.

RCS Contractors Inc - Perkins Rd/Stanford Ave Project RE: LAR10G103 / AI: 168452

Page 2 of 2

Your facility will be assessed an Annual Maintenance and Surveillance Fee in the amount of \$264.00, to be invoiced separately by the agency. This payment is not due until your invoice is received. Annual fee amounts are subject to adjustment at a later date by promulgation of changes in the Louisiana Administrative Code. Should you owe any past due fees to the Department, you must pay them as soon as possible, pursuant to LAC 33.IX.1309.I, LAC 33.IX.6509.A.1 and LAC 33.I.1701. Therefore, you are encouraged to verify your facility's fee status by contacting LDEQ's Office of Management and Finance, Financial Services Division at (225) 219-3863. Any past due fees must be remitted via a check to the Louisiana Department of Environmental Quality within thirty (30) days after the effective date of authorization under the permit.

If you have any questions, please call Melissa Conti 225-21-3109 in the Municipal and General Water Permits Section.

Sincerely,

Tom Killeen, Environmental Scientist Manager Municipal and General Water Permits Section

Attachment: General Permit LAR100000

cc:

Permit Compliance Unit
Office of Environmental Compliance

Capital Regional Office
Office of Environmental Compliance

c: IO-W

BOBBY JINDAL GOVERNOR



PEGGY M. HATCH SECRETARY

State of Louisiana

DEPARTMENT OF ENVIRONMENTAL QUALITY ENVIRONMENTAL SERVICES

Certified Mail 70060810000303492535

Return Receipt Requested

September 16, 2010

File No. LAR10G103 Al No. 168452 GEN20090001

Mr. Aaron Broussard RCS Contractors, Inc. 3390 Southern Pacific Road Port Allen, Louisiana 70767

Re:

Notice of Termination - Louisiana Pollutant Discharge Elimination System (LPDES) Storm Water General

Permit

Dear Mr. Broussard:

Your request received July 16, 2010 to discontinue coverage under the Louisiana Department of Environmental Quality's storm water general permit has been received and evaluated. By submission of the request, you are certifying that you have reviewed the terms and conditions of the permit and have determined that the facility no longer requires permit coverage. In accordance with your request and certification that coverage is no longer needed, permit coverage for the facility identified below is terminated in accordance with the provisions of the permit.

Facility:

Perkins Road & Stanford Avenue Project

Location:

Perkins Road & Stanford Avenue, Baton Rouge

Parish:

East Baton Rouge

If you have any questions, please call Bonnie Wascom at 225-219-3091.

Sincerely,

Tom Killeen, Environmental Scientist Manager

Municipal and General Water Permits Section

ec:

Permit Compliance Unit

Office of Environmental Compliance

Capital Regional Office

Office of Environmental Compliance

Ashley Broom

Office of Management & Finance

c: IO-W



State of Louisiana

Department of Environmental Quality



Edwin W. Edwards
Governor

February 4, 1994

William A. Kucharski Secretary

CERTIFIED RETURN RECEIPT REQUESTED

P 138 788 321

Alas industrial cases a

1075 Cinclair Dr.

Port Allen, Louisiana 70767

ATTN: Mr. Steve Heaney

Subject: NOTICE OF VIOLATION

HE-N-93-0604

Dear Mr. Heaney:

On or about November 2, 1993, an inspection of Airco Industrial Gases (Respondent) was performed to determine the degree of compliance with the Louisiana Hazardous Waste Regulations.

During the course of the inspection, the following violations were noted:

- 1. Contrary to LAC 33:V.1117, Respondent failed to prepare a contingency plan which included the information as specified in LAC 33:V.1513.A,B,C,D.2, and F.
- Contrary to LAC 33:V.1119, Respondent failed to institute a personal training plan program as specified in LAC 33:V.1515.
- 3. Contrary to LAC 33:V.1105.B., Respondent failed to notify the administrative authority within seven (7) days of changes in the information, specifically waste codes D002, D008, D018, F001, F003, and F005, submitted in the application for the identification number.

OFFICE OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE DIVISION

P.O. BOX 82178

BATON ROUGE, LOUISIANA 70884-2178



TELEPHONE (504) 765-0355 FAX (504) 765-0617

AN EQUAL OPPORTUNITY EMPLOYER



Notice of Violation Airco Industrial Gases Page 2

Written response to this notice of violation may be submitted to the Hazardous Waste Division within thirty (30) days of receipt of this letter. Such response shall include steps taken to correct and prevent recurrence of these violations.

You are hereby notified that the violations described herein, as well as failure or refusal to comply with this Notice of Violation and the provisions herein could subject you to enforcement procedures under Section 2025 of the Environmental Quality Act.

For each violation described herein, the Department reserves the right to seek penalties or compliance with its rules and regulations in any manner allowed by law and nothing herein shall be construed to preclude the right to seek such penalties or compliance.

This action is effective upon receipt.

In order to reduce document handling time, please refer to the docket number on the front of this document on all correspondence in response to this action.

Sincerely,

Assistant Secretary

Hazardous Waste Division

GAM:JBP:eml

Notice of Violation Airco Industrial Gases Page 3

Copies of a request for hearing and/or related correspondence should be addressed to:

Mr. Monroe F. Penrod, Program Manager Department of Environmental Quality Post Office Box 82178 Baton Rouge, Louisiana 70884-2178 and Mr. Jay Pecot Capitol Regional Office 11720 Airline Highway Baton Rouge, Louisiana 70809

All requests for hearings should be sent to the attention of:

Administrative Hearings Clerk Louisiana Department of Environmental Quality Post Office Box 82263 Baton Rouge, Louisiana 70884-2263





State of Louisiana

Department of Environmental Quality



Edwin W. Edwards
Governor

February 4, 1994

William A. Kucharski Secretary

CERTIFIED RETURN RECEIPT REQUESTED

P 138 788 321

Airco Industrial Gases LAD 094 178 050 1075 Cinclair Dr. Port Allen, Louisiana 70767

ATTN: Mr. Steve Heaney

ORIGINAL DOCUMENT RETURN TO FILE ROOM

Subject:

NOTICE OF VIOLATION

HE-N-93-0604

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recycled paper

OFFICE OF SOLID AND HAZARDOUS WASTE HAZARDOUS WASTE DIVISION

P.O. BOX 82178

BATON ROUGE, LOUISIANA 70884-2178

TELEPHONE (504) 765-0355 FAX (504) 765-0617



1

Notice of Violation Airco Industrial Gases Page 2

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Sincerely,

Assistant Secretary

Hazardous Waste Division

GAM:JBP:eml

*

Notice of Violation Airco Industrial Gases Page 3

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All requests for hearings should be sent to the attention of:

Administrative Hearings Clerk Louisiana Department of Environmental Quality Post Office Box 82263 Baton Rouge, Louisiana 70884-2263

Receipt for

Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Industrial Buses Cinclair Sin 10 POSTE, SERVICE following services (for an extra I also wish to receive the

fee):

1661 Thank you for using Return Receipt Service. ☐ Return Receipt for 1.

Addressee's Address 2.

Restricted Delivery

☐ Insured 000 🗆

4b. Service Type

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1075 Cinclair

Certified Fee

Restricted Delivery Fee special Delivery Fee

Merchandise

7. Date of Delivery

Return Receipt Showing to Whom Date, and Addressee's Address Return Receipt Showing to Whom & Date Delivered eunic

FOTAL Postage PS Form **3800**,

40

Postmark or Date

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530

ထ

fure (Agent)

Addressee's Address (Only if requested and fee is paid)

iortextra, la. 10167 Signature (Addressee

Complete items 4 th 12 Fin For Complete items 4 and 4a & b. Print your name and 4a & b.

Print your name and address on the reverse of this form so that we can

Ich this form to the front of the mailplece, or on the back if space

Write "Return Receipt Requested" on the mailpiece below the stricle number.
 The Return Receipt will show to whom the article was delivered and the date

Consult postmaster for fee. 788 Article Number 138

70767

LAB 094 178 0. 18mpu Airco t

3. Article Addressed to:

Sebia serieve ent no beselve completed on the reverse side?

BOBBY JINDAL GOVERNOR



HAROLD LEGGETT, PH.D. SECRETARY

State of Louisiana

DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF ENVIRONMENTAL COMPLIANCE

October 29, 2009

CERTIFIED MAIL (7003 2260 0005 9322 6511) RETURN RECEIPT REQUESTED

Airgas Specialty Gases c/o Tonya Sumners, Port Allen Manager 1075 Cinclare Drive Port Allen, LA 70767

RE: NOTICE OF DEFICIENCY

Agency Interest # 3444

TEMPO ACTIVITY NUMBER: INS20100001

Dear Tonya Sumners:

On or about October 6, 2009, an inspection of the above referenced facility was conducted to determine compliance with the Louisiana Environmental Quality Act and supporting regulations. The facility is located at 1075 Cinclare Drive, Port Allen, West Baton Rouge Parish, Louisiana. The following areas of concern were noted in the inspection report and/or subsequent file review:

LAC 33:V.1105.B – The facility failed to update the generator status and the waste codes on the HW-1 notification form.

LAC 33:V.1109.E.7 – The facility failed to train their employees in RCRA Personal Training.

We request that you review the areas of concern noted and submit a written response within 30 days of receipt of this letter. In your response, please include any action(s) you have taken to correct the above-mentioned areas of concern at your facility.

Please address your written response to:

Department of Environmental Quality Office of Environmental Compliance Surveillance Division P.O. Box 4312

Baton Rouge, LA 70821-4312 Attn: Ms. Tammy Jo Street

Re: Tempo Activity No. INS20100001

Agency interest No. 3444

Failure to satisfactorily resolve the areas of concern will result in a formal referral to the Enforcement Division and the possible issuance of civil orders and/or assessment of civil penalties. If you have any questions or comments regarding this matter, please contact Peter Michgelsen at (225) 219-3600.

Sincerely,

Bolly J. Mayweather

Bobby J. Mayweather

Regional Environmental Scientist Manager

OEC/Surveillance Division

BJM/tjs

c: Peter Michgelsen, Surveillance Division

Al No. 3444

Alt. ID No. LAD094178050

DECLARATION OF ELECTRONIC FILING OF THE 2015 ANNUAL HAZARDOUS WASTE REPORT

For the calendar year January 1, 2015, through December 31, 2015

-			Submit Da	ate			
EPA ID	LAD094178050						
Site/Company Name	AIRGAS SPECIALTY GASES PORT AL	LEN					
Site Address	1075 CINCLARE DRIVE						
City	PORT ALLEN	State LA	Zip	70767			
Mailing Address	1075 CINCLARE DRIVE						
City	PORT ALLEN	State LA	Zip	70767			
Contact Name	RAUL MOLIERI	Phone No2253880900		Ext			
Contact Title	MANAGER						
I certify under penalty of law that the information shown on my 2015 Hazardous Waste Report, which I filed electronically, and 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, is correct and current. Based on my inquiry of the person or persons who manage the system or those 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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for known violations.							
Part II- Signature	of Certification						
Last Name LOFTI	S First Name JOS	SH Title	ASSISTAN	IT SAFETY DIRECTOR			
Signature		Date	05/19/2016	3			
Part III - Method of File Transmittal							
c	D <u>X</u> ARM\	Web Site					

Submit Date: 05/19/2016

^{**} Note: This is not the 2015 Annual Hazardous Waste Report. Only file this form if you submitted your 2015 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2015 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Send completed form	LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY						
to this address:	RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)						
	Louisiana Department of Environmental Quality Office of Environmental Services Public Participation and Permit Support Division PO Box 4313, Baton Rouge, LA 70821						
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #). As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)						
2. Site EPA ID Number	EPA ID Number: LAD094178050						
3. Site Name	Name: AIRGAS SPECIALTY GASES PORT ALLEN						
4. Site Location Information	Street Adress: 1075 CINCLARE DRIVE City, Town, or Village: PORT ALLEN Country US Country: LA121 State: LA Country US Zip Code: 70767						
5. Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
6. NAICS Code(s) for the Site	а. 424690 в. с. d.						
7. Site Mailing Address	Street or P. O. Box: 1075 CINCLARE DRIVE City, Town, or Village: PORT ALLEN State: LA Country: US Zip Code: 70767						
8. Site Contact Person	First Name: RAUL MI: Last Name: MOLIERI Title: MANAGER Street or P. O. Box: 1075 CINCLARE DRIVE City, Town, or Village: PORT ALLEN State: LA Country: US Zip Code: 70767 Email: raul.molieri@airgas.com Phone: 2253880900 Ext: Fax:						
9. Operator and Legal Owner of the Site	A. Name of Site's Owner: AIRGAS SPECIALTY GASES INC Date Became 02/01/2003 Owner: Type: Private County District Federal Indian Municipal State Other Street or P. O. Box: 1075 CINCLARE DRIVE City, Town, or Village: PORT ALLEN Phone 2253880900 State: LA Country: US Zip Code: 70767						
	B. Name of Site's Operator: AIRGAS SPECIALTY GASES INC Type: Date Became 02/01/2003						

EPA ID Number: LAD094178050

10. Type of Regulated Waste Activity Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.						
Y□ N⊠ 5. Transporter of Hazardous Waste If Yes, mark all that apply.						
□ a. Transporter □ b. Transfer Facility (at your site) Y□ N☒ 6. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.						
Y□ N☒ 7. Recycler of Hazardous Waste (at your site) Y□ N☒ 8. Exempt Boiler and/or Industrial Furnace If Yes, mark each that applies.						
a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption Y□ N☒ 9. Underground Injection Control Y□ N☒ 10. Receives Hazardous Waste from Off-site						
C. Used Oil Activities; Complete all parts 1-4.						
Y□ N□ 1. Used Oil Transporter If Yes, mark each that applies. □ a. Transporter □ b. Transfer Facility						
Y□ N□ 2. Used Oil Processor and/or Re-refiner If Yes, mark each that applies. □ a. Processor □ b. Re-refiner Y□ N□ 3. Off-Specification Used Oil Burner Y□ N□ 4. Used Oil Fuel Marketer If Yes, mark each that applies. □ 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 the Specifications						

EPA ID Number: LAD094178050

D. Eligible Academic Entities with Laboratories-Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:						
☐ a. College or University						
□ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university						
□ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university						
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories						
11. Description of Hazardous Wastes						
A. 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. D001, D002, D005, D006, D007, D008, D011, D021, D022, D028, D035, F003, F005, P003, P022, P028, P056, P096, U001, U002, U003, U009, U031, U037, U041, U055, U056, U057, U070, U079, U112, U124, U135, U138, U140, U154, U159, U161, U171, U184, U208, U210, U211, U213, U225, U227, U228, U239						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.						
Please list the waste codes of the State-regulated 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 for waste codes.						

EPA ID Number: LAD094178050 12. Notification of Hazardous Secondary Material (HSM) Activity Y NM 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)? If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material. 13. Comments CLEAN UP ACTIVITIES REMOVING UNUSED CHEMICALS. 14. 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 fine and imprisonment for knowing violations. Signature of Operator, Owner, or an Name and Official Title (type or print) **Date Signed Authorized Representative** (mm/dd/yyyy) JOSH LOFTIS, ASSISTANT SAFETY DIRECTOR 02/01/2016

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions begining of the instructions and forms booklet before completing this form

SEC.	A. Waste description NON PROCESSABLE PAINTS, RESISNS, ADHESIVES IN CANS						
B. EPA hazardous waste code D001 D005 D006 D007 D008 D011 D035 F003 F005					C. State hazardous waste code		
D. Source code G11 Management method code for source code G25			E. Form code W209	F. Quantity general 1230.0 UOM Portion Density	rated in 2015 unds	G. Waste minization code X	
SEC.	Was any of this waste n	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)			
On-site managen			nt method code	method code Total quantity treated, disposed, or recycled On-site in 2015		n-site in	
SEC.	The state of the s	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)					
	B. EPA ID No. of fa waste was ship		C. Off-site management method code shipped to		D. Total quantity shipped	D. Total quantity shipped in 2015	
SITE 1	ARD069748192	ARD069748192				1,230.00	
Comments	3:						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions begining of the instructions and forms booklet before completing this form

SEC.	A. Waste description LABPACK FOR IN	ICINERATION					
B. EPA hazardous waste code D002					C. State hazardous waste code		
D. Source code G11 Management method code for source code G25			E. Form code W001	F. Quantity genera 40.0 UOM Pou Density	vated in 2015 unds □ 1 lbs/gal □ 2 sg	G. Waste minization code X	
SEC. Was any of this waste managed on site? 1. Yes (CONTINUE TO ON-SITE PROCE			ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)		
On-site manager			nt method code	t method code Total quantity treated, disposed, or recycled On-site in 2015		n-site in	
SEC.		A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)					
	B. EPA ID No. of fa waste was ship		C. Off-site management method code shipped to		D. Total quantity shipped	D. Total quantity shipped in 2015	
SITE 1	TXD055141378	TXD055141378				15.00	
SITE 2	ARD069748192	2	H040			25.00	
Comments	5 :						

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions begining of the instructions and forms booklet before completing this form

SEC.	A. Waste description LABPACK FOR IN	ICINERATION					
STATE OF STREET STATE OF STREET	ardous waste code I184 U208 U211 U225 U	U228			C. State hazardous waste code		
D. Source code G11 Management method code for source code G25			E. Form code	F. Quantity general 50.0 UOM Pour Density	unds □ 1 lbs/gal □ 2 sg	G. Waste minization code X	
SEC. Was any of this waste managed on site? 1. Yes (CONTINUE TO ON-SITE PROCE			SS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)		
On-site managem			nt method code	Total quantity treated, disposed, or recycled On-site in 2015			
SEC.		A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)					
		B. EPA ID No. of facility to which waste was shipped C. Off-site manager code shipped to			D. Total quantity shipped in 2015		
SITE 1	TXD055141378	3	H040			50.00	
Comments	\$:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK FOR IN	ICINERATION				
management soutchases not	B. EPA hazardous waste code D001 P022				C. State hazardous waste code	ē
D. Source code G11 Management method code for source code G25			E. Form code W004	F. Quantity general 200.0 UOM Pour Density	unds	G. Waste minization code
SEC.	Was any of this waste n		ESS SYSTEM 1	S SYSTEM 1		
On-site manage			ent method code Total quantity trea 2015		treated, disposed, or recycled C	n-site in
SEC.	A. Was any of this wast		ว15 for treatment, dispos		DRM IS COMPLETE)	
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		nent method D. Total quantity shipped in 2015	
SITE 1	TXD055141378	3	H040			200.00
Comments	s:					

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK FLAMN	A. Waste description LABPACK FLAMMABLES FOR INCINERATION							
SOURCE STATE OF THE PROPERTY O	ardous waste code 028 U037 U041 U056	U057 U079 U112 U2	213		C. State hazardous waste code				
D. Source code G11 Management method code for source code G25			E. Form code W001	F. Quantity general 200.0 UOM Pou Density	unds ☐ 1 lbs/gal ☐ 2 sg	G. Waste minization code X			
SEC.	Was any of this waste n ☐ 1. Yes (CONTINUE	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)					
On-site managem			nt method code	t method code Total quantity treated 2015		n-site in			
						_			
SEC.	A. Was any of this wast X 1 Yes (CONTINUE		15 for treatment, dispos		DRM IS COMPLETE)				
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipped	d in 2015			
SITE 1	TXD055141378	3	H040			200.00			
Comments	3:								

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK FLAMIV	A. Waste description LABPACK FLAMMABLES FOR INCINERATION						
STREET, STREET	cardous waste code 1002 U031 U154 U159				C. State hazardous waste code			
D. Source code G11 Management method code for source code G25			E. Form code W001	F. Quantity general 200.0 UOM Pou Density	ated in 2015 unds □ 1 lbs/gal □ 2 sg	G. Waste minization code		
SEC.	Was any of this waste m	managed on site? E TO ON-SITE PROCE	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)			
On-site managem			nt method code	method code Total quantity treated, disposed, or recycled On-site 2015		n-site in		
SEC.	A. Was any of this waste		15 for treatment, dispos		DRM IS COMPLETE)			
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015		
SITE 1	TXD055141378	3	H040			200.00		
Comments	\$:							

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK FLAMN	A. Waste description LABPACK FLAMMABLES FOR INCINERATION .						
D001 D	B. EPA hazardous waste code D001 D021 U002 U003 U009 U031 U055 U057 U070 U112 U140 U154 U161 U162 U171 U213 C. State hazardous waste code							
D. Source code G11 Management method code for source code G25			E. Form code W001	F. Quantity general 900.0 UOM Pou Density	unds	G. Waste minization code X		
SEC. Was any of this waste managed on site? 1. Yes (CONTINUE TO ON-SITE PRO			CESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)			
On-site manager			nent method code	nt method code Total quantity trea 2015		n-site in		
SEC.	A. Was any of this wast		2015 for treatment, dispos		DRM IS COMPLETE)			
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipped	d in 2015		
SITE 1	TXD055141378	3	H040			900.00		
Comments	s :							

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK FLAMN	. Waste description LABPACK FLAMMABLES FOR INCINERATION						
B. EPA hazardous waste code								
D. Source code G11 Management method code for source code G25			E. Form code	875.0	UOM Pounds X			
SEC.	Was any of this waste n	ESS SYSTEM 1	☑ 2. No (SI	KIP TO SEC.3)				
On-site manager			ent method code	nt method code Total quantity trea		n-site in		
SEC.	A. Was any of this wast		015 for treatment, dispos		DRM IS COMPLETE)			
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	ed in 2015		
SITE 1	TXD055141378	3	H040	H040		875.00		
Comments	3:							

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK		induidis did forms pooliter				
B. EPA haza U138	B. EPA hazardous waste code U138				C. State hazardous waste code		
D. Source code G11 Management method code for source code G25			E. Form code W001	12.0	UOM Pounds X		
SEC. Was any of this waste managed on site? 1. Yes (CONTINUE TO ON-SITE PRO			ESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)		
On-site manage			ent method code	nt method code Total quantity trea		n-site in	
SEC.	A. Was any of this waste		2015 for treatment, dispos		DRM IS COMPLETE)		
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015	
SITE 1	TXD055141378	3	H040	H040		12.00	
Comments	s:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK					
B. EPA haza	B. EPA hazardous waste code P003				C. State hazardous waste code	
D. Source code G11 Management method code for source code G25			E. Form code W004	F. Quantity general 15.0 UOM Pou Density	unds ☐ 1 lbs/gal ☐ 2 sg	G. Waste minization code X
SEC.	Was any of this waste m	nanaged on site? E TO ON-SITE PROCE	:SS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)	
On-site managen			nt method code	method code Total quantity treated, disposed, or recycled 2015		n-site in
SEC.	A. Was any of this waste		15 for treatment, dispos		DRM IS COMPLETE)	
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipped	d in 2015
SITE 1	TXD055141378	3	H040			15.00
Comments	3:					

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK OXIDIZ	7077	and the forms seemed				
B. EPA haza	ardous waste code				C. State hazardous waste code		
D. Source code G11 Management method code for source code G25			E. Form code W001	10.0	UOM Pounds X		
SEC.	Was any of this waste m		ESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)		
On-site manage			ent method code Total quantity trea 2015		treated, disposed, or recycled O	n-site in	
SEC.	A. Was any of this waste		2015 for treatment, dispos		DRM IS COMPLETE)		
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015	
SITE 1	TXD055141378	3	H040	H040		10.00	
Comments	s:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK AEROS	727				
B. EPA haza	B. EPA hazardous waste code D001				C. State hazardous waste cod	е
D. Source code G11 Management method code for source code G25			E. Form code W801	20.0	UOM Pounds X	
SEC. Was any of this waste managed on site? 1. Yes (CONTINUE TO ON-SITE PRO			ESS SYSTEM 1	☑ 2. No (SI	KIP TO SEC.3)	
On-site manage			nt method code Total quantity trea		treated, disposed, or recycled (On-site in
SEC.	A. Was any of this waste		ว15 for treatment, dispos		DRM IS COMPLETE)	
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipp	ed in 2015
SITE 1	ARD069748192	2	H040	H040		20.00
Comments	\$:					

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description LABPACK		addiction and forms section				
MODERNINES NO CONTROL SECTION	B. EPA hazardous waste code D001 D002				C. State hazardous waste	ode	
D. Source code G11 Management method code for source code G25			E. Form code W001	5.0	UOM Pounds X		
SEC.	Was any of this waste n		ESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)		
On-site manage			ent method code	nt method code Total quantity trea		d On-site in	
SEC.	A. Was any of this wast		2015 for treatment, dispos		DRM IS COMPLETE)		
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shi	pped in 2015	
SITE 1	TXD055141378	}	H040	H040		5.00	
Comments	3:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description COMPRESSED G.	700	inductions and forms section				
B. EPA haza	B. EPA hazardous waste code D001				C. State hazardous waste co	ode	
D. Source code G11 Management method code for source code G25			E. Form code W801	5.0	UOM Pounds X		
SEC.	Was any of this waste m		CESS SYSTEM 1	☑ 2. No (SI	KIP TO SEC.3)		
On-site manage			nent method code	ent method code Total quantity trea 2015		On-site in	
SEC.	A. Was any of this waste		2015 for treatment, dispos		DRM IS COMPLETE)		
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity ship	ped in 2015	
SITE 1	TXD982290140)	H141	H141		5.00	
Comments	3:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description FLAMMABLE CYL	A. Waste description FLAMMABLE CYLINDERS FOR DISPOSAL							
B. EPA haza D001 U	ardous waste code 1135				C. State hazardous waste code				
D. Source code G11 Management method code for source code G25			E. Form code W801	F. Quantity genera 6.0 UOM Pou Density	vated in 2015 unds 1 lbs/gal 2 sg	G. Waste minization code X			
SEC.	Was any of this waste m	managed on site? E TO ON-SITE PROCE	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)				
On-site manager			nt method code	nt method code Total quantity trea		n-site in			
SEC.	A. Was any of this waste		15 for treatment, dispos		ORM IS COMPLETE)				
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipped	d in 2015			
SITE 1	ARD069748192	2	H040			6.00			
Comments	3 :								

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description FLAMMABLE CYL	LINDERS FOR DISPO	OSAL						
B. EPA haza	ardous waste code				C. State hazardous waste code				
CD4404000 10000 0000	ment method source code G25	E	E. Form code W801	F. Quantity generated in 2015 43.0 UOM Pounds Density					
SEC.	Was any of this waste m	managed on site? E TO ON-SITE PROCE	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)				
		On-site managemer	nt method code	Total quantity 2015	treated, disposed, or recycled O	n-site in			
SEC.	A. Was any of this waste		15 for treatment, dispos	osal, or recycling? 2 No (FORM IS COMPLETE)					
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015			
SITE 1	TXD982290140)	H141			43.00			
Comments	3 :								

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description TOXIC OR CORROSIVE CYLINDER FOR DISPOSAL										
B. EPA haza	cardous waste code 2096				C. State hazardous waste code	ą					
D. Source code G11 Management method code for source code G25			E. Form code W801	F. Quantity generated in 2015 5.0 UOM Pounds Density							
SEC.	Was any of this waste m		CESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)						
On-site manage			nent method code	Total quantity 2015	treated, disposed, or recycled C	n-site in					
SEC.	A. Was any of this waste		2015 for treatment, dispos	osal, or recycling? □ 2 No (FORM IS COMPLETE)							
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	ed in 2015					
SITE 1	TXD982290140)	H141	5.00							
Comments	3:										

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description WASTE CHLORIN	1997 VE71	addiction and forms section							
B. EPA haza	tardous waste code				C. State hazardous waste code					
D. Source code G11 Management method code for source code G25			E. Form code W801	F. Quantity generated in 2015 50.0 UOM Pounds Density G. Waste minization X						
SEC.	Was any of this waste n		ESS SYSTEM 1	☑ 2. No (Sł	KIP TO SEC.3)	P TO SEC.3)				
On-site manage			ent method code	Total quantity 2015	treated, disposed, or recycled O	n-site in				
SEC.	A. Was any of this wast		2015 for treatment, dispos	osal, or recycling? □ 2 No (FORM IS COMPLETE)						
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015				
SITE 1	TXD055135388	3	H141		50.00					
Comments	s :									

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description WASTE COMPRESSED GAS FLUORINE, HELIUM										
B. EPA haza	cardous waste code 2056				C. State hazardous waste code						
D. Source code G11 Management method code for source code G25			E. Form code W801	F. Quantity generated in 2015 1.0 UOM Pounds Density							
SEC.	Was any of this waste m	managed on site? E TO ON-SITE PROCE	ESS SYSTEM 1	☑ 2. No (SI	KIP TO SEC.3)						
		On-site managemen	nt method code	Total quantity 2015	treated, disposed, or recycled O	n-site in					
SEC.	A. Was any of this waste		15 for treatment, dispos	osal, or recycling? □ 2 No (FORM IS COMPLETE)							
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shippe	d in 2015					
SITE 1	TXD055135388	3	H141			1.00					
Comments	3:										

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

SEC.	A. Waste description WASTE DEUTERI	IUM							
B. EPA haza	ardous waste code				C. State hazardous waste code				
D. Source code G11 Management method code for source code G25			E. Form code W801	F. Quantity generated in 2015 1.0 UOM Pounds Density					
SEC. 2	Was any of this waste m	managed on site? E TO ON-SITE PROCE	ESS SYSTEM 1	☑ 2. No (S	KIP TO SEC.3)				
		On-site managemer	nt method code	Total quantity 2015	treated, disposed, or recycled Or	n-site in			
SEC.	A. Was any of this waste		15 for treatment, dispos	osal, or recycling? □ 2 No (FORM IS COMPLETE)					
	B. EPA ID No. of fa waste was ship		C. Off-site manage code shipped to		D. Total quantity shipped	d in 2015			
SITE 1	TXD055135388	3	H141			1.00			
Comments	3:								

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 Hazardous Waste Report

OFF-SITE IDENTIFICATION

Instructions: Use the detailed instructions of the 2015 Hazardous Waste Annual Report Booklet for assistace completing this form.

SITE	A. EPA ID No. of off-site installation or tra	ansporter		B. Name of off-site installation or trans	sporter	
1	ARD069748192			CLEAN HARBORS EL DORAD	00, LLC	
C. Handler type Generat Transpo	Alternative State of the Control of	309	Diff-site installation AMERICAN CIRCLE DORADO Zip	71730		
SITE 2	ransporter		B. Name of off-site installation or trans	sporter		
C. Handler type Generat Transpo	2000 - 100 -	450	off-site installation O SUMAC RD, STE 101 HEELING Zip	60090-6350		
SITE 3	ansporter	B. Name of off-site installation or transporter CLEAN HARBORS ENVIRONMENTAL SERVICES INC				
C. Handler type Generat Transpo	orter	7.5-40.0 GEOGRAPHICA - 2.500.00	42	off-site installation LONGWATER DR ORWELL Zip	02061	
SITE 4	A. EPA ID No. of off-site installation or tra	ansporter	Xxxxx	B. Name of off-site installation or trans	sporter	
C. Handler type (CHECK ALL THAT APPLY) Generator Transporter Receiving facility			573	off-site installation 38 CHESWOOD ST DUSTON Zip	77087	
Comments:						

LABEL OR ENTER

SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

2015 Hazardous Waste Report

OFF-SITE IDENTIFICATION

Instructions: Use the detailed instructions of the 2015 Hazardous Waste Annual Report Booklet for assistace completing this form.

SITE A. EPA ID No. of off-site installation or transporter B. Name of				B. Name of off-site installation or trans	porter				
5	TXD055141378			CLEAN HARBORS DEER PAR	K				
C. Handler type	e (CHECK ALL THAT APPLY) or	Annex Street Street		off-site installation 77 INDEPENDENCE PKWY S					
☐ Transpo	rter	City	LA	PORTE					
☑ Receivir	ng facility	State	TX	Zip	77571-9808				
SITE 6	ansporter		B. Name of off-site installation or trans	porter					
C. Handler type Generat Transpo	X-40-5	500	off-site installation INDEPENDENCE PKWY S PORTE						
☑ Transpo	State	TX		77571-9768					
SITE 7	ansporter		B. Name of off-site installation or trans	sporter					
C. Handler type (CHECK ALL THAT APPLY) Generator		D. Address	D. Address of off-site installation Street						
☐ Transpo	rter	City	City						
Receivir	ng facility	State		Zip					
SITE 8	A. EPA ID No. of off-site installation or tr	ansporter		B. Name of off-site installation or trans	sporter				
C. Handler type	e (CHECK ALL THAT APPLY) or	D. Addres	s of c	off-site installation					
☐ Transpo	rter	City							
Receivir	ng facility	State		Zip					
Comments:									

LDEQ Acknowledgement of Receipt of HW-I



EPA ID	LAR000082370	Federal Generator Status Codes
STATE AI	38392	1- Large Quantity Generator
SITE NAME	ALBERTSONS 2709	2- Small Quantity Generator
ADDRESS	2950 COLLEGE DR	3- Conditionally Exempt Small Quantity Generator
CITY	BATON ROUGE, LA	Louisiana Generator Status Codes
PARISH, REGION	LA033, CA	Note: 1, 2, 3- same as Federal
MAIL ADDRESS	PO BOX 20	4- Lab/Testing Facility 5- Short Term Generator
MAIL CITY,STATE	BOISE, ID 83726	6- Not Generating, Still in Business
CONTACT	ERICA FRANSEN	7- Not Generating, Out of Business
CONTACT_PHONE	2083954793	8- Never Generated
FEDERAL STATUS:	3	N- No Seperately Defined Activity V- Cruise Ship
STATE STATUS:	3	W- Water Transporter
SHORT TERM:	N	
HAZ/RAD WASTE:	N	Other Activities Y- Yes
TRANSPORTER	N	N- No
		14-140
TRANSFER_FACILITY	N	
TSD_ACTIVITY	N	Malcolm Lee McNabb, ES III
RECYCLER_ACTIVITY	N	Permit Support Services Division
UNDERGROUND INJECTIO	N	malcolm.mcnabb@la.gov, (225) 219-3244
UW DESTINATION FAC:	N .	This is acknowledgement of receipt and processing of
USED_OIL_TRANSPORTER	N	your recently submitted Notification of Hazardous Waste Activity Form (HW-1).
USED_OIL_TRANSFER_FACI		
USED_OIL_PROCESSOR	N	If any of the information is not accurate, or the site activities have changed, a subsequent HW-1 should be
USED_OIL_REFINER	N	submitted to the LDEQ.
USED_OIL_BURNER	N	The HW-1 form and other reporting resources may
USED_OIL_MARKET_BURN	N .	be obtained via the DEQ public website at: www.ldeq.org
USED_OIL_SPEC_MARKETE	N	
LAST_CHANGE	4/2/2014 8:32:22 AM	
•		

MAIL COMPLETED FORM
TO: United States Environmental Protection Agency

STATE OF LOUISIANA



LDEQ/OES/ Environmental Assistance Division/CAS PO Box 4313 Baton Rouge, LA 70821-4313	DEPARTMENT OF ENVIRONM NOTIFICATION OF HAZARDOUS RCRA SUBTITLE C SITE IDEN	S WASTE	E ACTIVITY DEQ							
1. Reason for Submittal CHOOSE ONLY ONE REASON PER SUBMITTAL	☐ To provide subsequent notification (to update site or ☐ As a component of a First RCRA Hazardous Was	e identification ste Part A Perr Waste Part A								
<u>-</u>	B. Number of Employees: ~100									
2. Site EPA ID Number	ite EPA ID Number EPA ID Number: LAR 000082370 AI 38392									
3. Site Name	EPA ID Number: LAR 000082370 AI 38392 Legal Name: Albertsons #2709									
4. Site Location (Physical address, NOT PO Box or Route)	Street Address: 2950 College Drive City, Town, or Village: Baton Rouge	State: LA								
	County/Parish Name: East Baton Rouge		Zip Code: 70808							
5. Site Land Type	Site Land Type: ✓ Private □ County/Parish □ D	listrict 🗆 Fe	deral 🗆 Indian 🗆 Municipal 🗆 State 🗆 Other							
6. North American Industry Classification	а. 445110	в. 446	110							
System (NAICS) Code(s)	C.	D.								
7. Site Mailing Address	Street or P. O. Box: PO Box 20, Dept. #	72405								
	City, Town, or Village: Boise									
	State: ID									
	County/Parish Name: Ada		Zip Code: 83726							
8. Site Contact Person	First Name: Erica	MI:	Last Name: Fransen							
	Phone Number: 208-395-4793		Phone Number Extension:							
Legal Owner and Operator of the Site (see	A. Name of Site's Legal Owner: Albertson	ns LLC	Date Became Owner (mm/dd/yyyy): 06-02-2006							
instructions)	Owner Type: ✓ Private □ County/Parish □ Distr	rict 🗆 Feder	al 🗆 Indian 🗅 Municipal 🗅 State 🗅 Other							
	B. Name of Site's Operator: Albertsons	#2709	Date Became Operator (mm/dd/yyyy): 03-25-1992							
	Operator Type Private County/Parish D	istrict D Fed	deral Indian Municipal State Other							
	Regs & certs		RECEIVED.							

RCKAINTO 4/2/19 EM TEMPO 4/2

MAR 3 1 2014

Page 1 of 3

	ated Waste Activity (Mark 'X	11-41														
	essential territories in the control of the control	in the app	propriate box	xes)												
A. Hazardous Waste	e Activities															
1. Generator of	of Hazardous Waste				For Items 2 through 6, check all that apply:											
(Select one	of the following categories)				☐ 2. Transporter of Hazardous Waste											
☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or						☐ Transfer Facility Status (Transporter status must be indicated above)										
□ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or						3. Treater, Storer, or Disposer of HW (at your site) Note: A hazardous waste permit is required for this activity.										
c. CESQ	PG: Less than 100 kg/mo Non-acute hazardous was	ste			☐ Permitted ☐ Interim Status ☐ Proposed☐ 4. Recycler of Hazardous Waste (at your site)											
□ d. NON-GENERATOR							rdous					e requir			S	
In addition,	ipply)	5. Ex	emp	t Boi	iler a	nd/or	r Indi	ustria	Furna	ce						
☐ e. United☐ f. Mixed		 5. Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, Refining Furnace Exemption 														
	T-				□ 6. Ur	derç	grour	nd Inj	ectio	n Co	ntrol					
. Universal Waste	Activities (Indicate Activity T	Гуре)			C. Us	ed C	oil Ac	tiviti	es (Ir	ndica	ite Ac	tivity T	ype)			
☐ 1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated					☐ 1. Used Oil Transporter ☐ a. Transporter											
and/or accumulat	ted at your site. (check all b	boxes that a	apply):		b. Transfer Facility											
	Generat	ed	Accumulat	ted												
	П								esso	rand	l/or R	e-refine	er			
a. Batteries			_			a. F	roce	ssor								
b. Pesticides						b. F	Re-ref	iner								
c. Lamps					□ 3.	Off-	Spec	ifica	tion l	Jsed	Oil B	urner				
d. Antifreeze					4 .	Hee	4 0:1	Euol	Bitar	kotor						
e. Mercury-contair					J 4.	USE	u Oii	ruei	iviai	Ketei						
f. Electronics 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.					 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 the Specifications 5. Used Oil Fuel Burner (Indicate Combustion Device(s) 											
												r 🗆 Ind	ustri	al F	urna	
Description of	Hazardous Wastes Dam	naged/	Leakin	g retail pro	duct	s a	nd	en	npt	y v	var	farir	ı b	ot	tle	
. Waste Codes for in the order they a	Federally Regulated Hazard re presented in the regulations	lous Waste s (e.g., D00	s. Please list 1, D003, F00	t the waste codes of 07, U112). Use an ac	the Fede	ral h	azaro if mo	dous v	waste	es ha are r	ndled	at your d.	site.	List	the	
D001	D002	P001		P075												
								1								

		EPA ID	No.									T
B. Waste Codes for State-Regulated (i.e., at your site. List them in the order they are p	non-Federal) Hazardou presented in the regulation	s Wastes. Please list the	waste co	des o	f the Sta	ate-reg eeded	ulated for wa	ł haza ste co	ardou	s was	tes ha	ndled
									T			
									T			
							_	_	7			
								_	+			
									+			
				_					+		_	_
									-			
								_				
2. Comments												
							-					
									_			
									_			
				_				_	_			
13. Certification. I certify under penalty of leavestern designed to assure that qualified penant who manage the system, or those persons of the system.	rsonnel properly gather ar	nd evaluate the information	n submitt e informa	ed. B	ased on ubmitte	my ind	the b	of the est of	mv k	on or p	person dae ar	S
peliet, true, accurate, and complete. I am av mprisonment for knowing violations.												
mprisonment for knowing violations. Signature of owner, operator, or an		Name and Official Ti	tle (type	or pr	int)						nte Sig m-dd-y	
mprisonment for knowing violations. Signature of owner, operator, or an	Erica Fransen, E	Name and Official Ti		_	int)					(mi		ууу)
mprisonment for knowing violations. Signature of owner, operator, or an	Erica Fransen, E			_	int)					(mi	m-dd-y	ууу)

DEPARATE OF LOUISIANA
DEPARATE OF NATURAL RESOURCE
OF HOLDS

FOR DEPARTMENT USE

Notification Number

O-22-34

Date Received:

O-24-53

Date Checked:

Checked by:

اسينى	
33	Organizational Information
1.	Name of Organization: BURMAH-CASTROL, INC.
2.	Mailing Address: P. O. BOX 336, PORT ALLEN, LA Zip: 70767
3.	Location: 1981 S. WESTPORT DRIVE, PORT ALLEN, LA
4.	Contact: F. J. Boden, Plant Manager Telephone: 504/383-5683
5.	Description of Operation: Generator with no on-site disposal Generator with on-site disposal Transporter Disposer: Treat Store Dispose
**	は大きなない。 Wastes Information では、それには、これに対している。
6.	Description and Estimated Quantities of Waste Handled:
	GENERATORS: fill in form on reverse for each waste stream
	TRANSPORTERS: tons of oilfield brines and drilling mud hauled annually
	tons of wastes from petrochemical works hauled annually
	tons of other wastes hauled annually
	DISPOSERS: tons disposed annually by: thermal treatment
	chemical treatment physical treatment
	biological treatment injection into deep well
	burial landfarms
	other
<u> </u>	我被你们在特定的企业的保证的实现。Certification 的代码在特殊的企业的实现实现实现实现实
	I have personally examined and am familiar with the information submitted in this document, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.
7.	Signature:
	Name of Company
	by:F. J. Boden, Plant Manager John 22nd 1982
	Name and Title Date Signed



A. Waste Number	B. Haza	Confidential Yes No					
2234-01							
Waste Category	D. Hazard Class egory EPA Designation Physical State Degree of Care						
waste tategory III D	40	6	Degree of C	(tons) 1			
III D	40						
A. Waste Number 2234-02	B. Haza EPA Separator	Confidential Yes No					
	D. Ha:	zard Class			E Amount		
Waste Category	EPA Designation	Physical State	Degree of (are	(tons)		
III D	40	6	2		only in emerger		
A. Waste Number 2234-03	Oîl Water Em			c.	Confidential Yes No		
		zard Class			E Amount		
Waste Category	EPA Designation	Physical State	Degree of (Care			
III D	40	1	2		only in emerge		
A. Waste Number	B. Haza	ardous Waste Name		c.	Confidential Yes No		
	D. Ha	zard Class			E Amount		
Waste Category	EPA Designation	Physical State	Degree of (Care			
				_			
A. Waste Number	B. Haz	ardous Waste Name		c.	Confidential Yes No		
	D. Ha	zard Class			E Amount		
Waste Category	EPA Designation	Physical State	Degree of	Care	(tons)		
<u></u>							
				,			
A. Waste Number	B. Haz	ardous Waste, Name					
				c.	Confidential Yes□ No□		
	D. Ha	zard Class		c.			
Waste Category	D. Ha EPA Designation	zard Class Physical State	Degree of		Yes No		
Waste Category			Degree of		Yes No C		
Waste Category A. Waste Number	EPA Designation		Degree of		Yes No C		
	EPA Designation B. Haz	Physical State	Degree of	Care	Yes No No E Amount (tons)		
A. Waste Number	EPA Designation B. Haza	Physical State ardous Waste Name zard Class		Care	Yes No No Confidential Yes No Confidential Yes No Confidential		
	EPA Designation B. Haz	Physical State	Degree of	Care	Yes No No Confidential		
A. Waste Number	EPA Designation B. Haza	Physical State ardous Waste Name zard Class		Care	Yes No No Confidential Yes No Confidential Yes No Confidential		
A. Waste Number Waste Category	EPA Designation B. Haze D. Ha EPA Designation	Physical State ardous Waste Name zard Class Physical State		Care	Yes No No Confidential Yes No Confidential Yes No Confidential Yes No Confidential		
A. Waste Number	EPA Designation B. Haze D. Ha EPA Designation	Physical State ardous Waste Name zard Class		Care	Yes No No Confidential Yes No Confidential Yes No Confidential		
A. Waste Number Waste Category	EPA Designation B. Haza D. Ha EPA Designation B. Haza	Physical State ardous Waste Name zard Class Physical State	Degree of	Care	Yes No E Amount (tons) Confidential Yes No E Amount (tons)		
A. Waste Number Waste Category	EPA Designation B. Haza D. Ha EPA Designation B. Haza	Physical State ardous Waste Name zard Class Physical State ardous Waste Name		Care	Yes No E Amount (tons) Confidential Yes No E Amount (tons) Confidential Yes No		

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF SOLID & HAZARDOUS WASTE HAZARDOUS WASTE DIVISION GENERAL INSPECTION LOG #:

GENERAL INSPECTION FOLLOW-UP

	DATE: 8/25/88
*Burmah-	,
COMPANY: CASTROL, INC.	RPA # /dp an area 12 m
MAILING ADDRESS: 1981 5. WESTIORT	DANIE PAR AUEN A TOTA
MANAGER: WILMER PASTORIZA CONTACT:	(100 PORT HITON 24 10/67
	- 12
TYPE OF OPERATION:	PARISH: WEST BATON ROUGE
REASON FOR VISIT:	
Follow-Up Notice of Violation/Compliance Orde	adough 5,72,00
of the state of violation, compliance order	r dated 3 23 37
INVESTIGATORS: PERSON	76 Parrick 1977
	S INTERVIEWED:
ROBERT CHNNINGHAM	F. J. BODEN
NARRATIVE:	
A follow-up inspection was performed on $8/25$ compliance with the enforcement action referenced at	5/88 to determine the level of
The site conditions (reflect) (do not refle	
enforcement action.	
Items cited in the enforcement action which are recommendations for action as appropriate.	still outstanding are described below with
ALSO MOTE THAT THIS	FACILITY WAS
	E CHANGE.
Based on the review of all violations and I all	
Based on the review of all violations noted in the compliance is recommended. Yes No	enforcement action, a letter of
DEPORT BY DI + C O ' /	
REPORT BY: Robert & Cuminghan REV	/IEWED BY:
	-2V
	- Talcerum

THOMAS H. PATTERSON Enforcement Program Manager



State of Louisiana

DEPARTMENT OF ENVIRONMENTAL QUALITY

PAUL H. TEMPLET, Ph.D. SECRETARY

May 23, 1988

CERTIFIED RETURN RECEIPT REQUESTED P 673 113 838 P 673 113 837

Burmah-Castrol, Inc. 1981 S. Westport Drive Port Allen, Louisiana 70767 Attn: Wilmer Pastoriza

> RE: COMPLIANCE ORDER LAD028507127

Dear Mr. Pastoriza:

Attached, please find a Compliance Order issued to Burmah-Castrol, Inc. by the Louisiana Department of Environmental Quality, Hazardous Waste Division.

In addition to the violations mentioned in the attached letter, a possible deficiency in the area of waste classification, waste analysis, lack of certification, or treatment standard information, was noted during the inspection. The authorized State program does not include the Land Disposal Restriction which became effective November 8, 1986. Therefore, the U.S. Environmental Protection Agency (EPA) implements and enforces the regulations pertaining to the Land Disposal Restrictions (LDR). This notice is a courtesy, and does not preclude any future formal or informal enforcement action which EPA may determine to be appropriate regarding the apparent LDR violations/possible LDR deficiencies mentioned above. If you have any questions regarding the LDR regulations or possible deficiencies noted, please contact Christina Vail of EPA at 214/655-6775.

If you have any questions regarding this matter, please do not hesitate to contact this office at 504/342-1354.

TIMOTHY W. HARDY

Assistant Secretary

TWH:REC:wl

Attachment

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

IN THE MATTER OF:	*	
BURMAH-CASTROL, INC.		
1981 S. WESTPORT DRIVE		
PORT ALLEN, LOUISIANA 70767	*	
ATTN: WILMER PASTORIZA	*	COMPLIANCE ORDER
	*	
PROCEEDINGS UNDER THE LOUISIANA		
ENVIRONMENTAL QUALITY ACT		
LA. R.S. 30:1051 ET SEQ.	*	

This COMPLIANCE ORDER is issued to BURMAH-CASTROL, INC. (hereinafter referred to as "the Respondent") by the Louisiana Department of Environmental Quality (hereinafter referred to as "the Department"), under authority granted by the Louisiana Environmental Quality Act (La. R.S. 30:1051 et seq., hereinafter referred to as "the Act") and particularly by Section 1073 C of the Act.

FINDINGS OF FACT

L

The Respondent operates an oil packaging facility at Port Allen, West Baton Rouge Parish, Louisiana.

IL.

An inspection of that facility on or about March 31, 1988 by employees of the Department revealed that:

- A. Respondent was storing hazardous waste in an open container, in violation of LAC 33:V.2107.A. (formerly Section 12.4a) of the LHWR).
- B. Respondent was accumulating hazardous waste on-site in containers in excess of ninety (90) days without having a permit or interim status, in violation of LAC 33:V.1109.E.1. (formerly Section 7.5e)1) of the LHWR).

C. Respondent has failed to institute a personnel training program, in violation of LAC 33:V.1119. (formerly Section 7.10 of the LHWR).

D. Respondent has failed to prepare a contingency plan, in violation of LAC 33:V.1117. (formerly Section 7.9 of the LHWR).

All of the above are in violation of Section 1147 of the Act as well as regulations cited.

COMPLIANCE ORDER

Based on the foregoing FINDINGS OF FACT, Respondent is hereby ORDERED:

L

To immediately close all containers storing hazardous waste.

IL.

To immediately ship, for off-site disposal, any drums containing hazardous waste which have been on-site for greater than ninety (90) days.

ш.

To, within sixty (60) days after receipt of this ORDER, institute a personnel training program.

IV.

To, within sixty (60) days after receipt of this ORDER, prepare a contingency plan.

V.

To, within sixty (60) days after receipt of this ORDER, implement procedures to ensure that all preparedness and prevention provisions are followed.

VL.

To be hereby notified that issuance of the ORDER does not preclude subsequent imposition of civil penalties for each violation described herein.

VIL.

To be hereby notified that its refusal to comply with this ORDER and the provisions herein will subject Respondent to possible enforcement procedures under Section 1073 of the Act which could result in the assessment of a civil penalty in an amount not to exceed \$50,000 for each day of continued non-compliance.

Done at Baton Rouge, Louisiana, this <u>23rd</u> day of <u>May</u>, 1988.

This COMPLIANCE ORDER is effective on date of receipt.

ASSISTANT SECRETARY

Department of Environmental Quality

All correspondence should be addressed to:

Department of Environmental Quality Hazardous Waste Division Post Office Box 44307 Baton Rouge, Louisiana 70804-4307

cc:

Please serve the Respondent through its Registered Agent for Service of Process:

C.T. Corporation System 601 Poydras Street New Orleans, Louisiana 70130

RECEIVE

MAIL COMPLETED FORM TO:

LDEQ/OES/

Permit Support

United States Environmental Protection Agency

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

LDEO OES/PSSD



Services/NAS NOTIFICATION OF HAZARDOUS WASTE ACTIVITY PO Box 4313 Baton Rouge, LA RCRA SUBTITLE C SITE IDENTIFICATION FORM 70821-4313 1. Reason for Submittal A. Reason for Submittal: ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). CHOOSE ONLY ONE xTo provide subsequent notification (to update site identification information). REASON PER SUBMITTAL ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application. ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # ☐ As a component of the Hazardous Waste Report. ☐ Site met the definition of an LQG in 1 or more months of the reporting year B. Number of Employees: 115 2. Site ID Number EPA ID Number: LAD028507127 LA AI#: 1648 3. Site Name Legal Name: BP Lubricants USA, Inc. Street Address: 1981 S. Westport Drive 4. Site Location (Physical address, NOT PO Box or Route) City, Town, or Village: Port Allen State: LA Parish: West Baton Rouge Zip Code: 70767 5. Site Land Type Site Land Type: x Private ☐ County/Parish ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other 6. North American A. 324191 B. **Industry Classification** System (NAICS) Code(s) C. D. 7. Site Mailing Address Street or P. O. Box: 1981 S. Westport Drive City, Town, or Village: Port Allen State: LA Zip Code: 70767 Country: USA First Name: Holly MI: M Last Name: Coleman 8. Site Contact Person Phone Number: 225-382-8526 Title: HSSE Coordinator Mail Address: 1981 S. Westport Drive City, State, Zip: Port Allen, LA 70767 Email: holly.coleman@bp.com 9. Legal Owner and A.Name of Site's Legal Owner: BP Lubricants USA, Inc. Date Became Owner (mm/dd/yyyy): 12/1/2004 Operator of the Site (see instructions) Owner Type: x Private ☐ County/Parish ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other B. Name of Site's Operator: BP Lubricants USA, Inc. Date Became Operator (mm/dd/yyyy): 12/1/2004

☐ Federal

□ Indian

District

☐ Municipal

☐ State

Operator Type: x□ Private □ County/Parish

☐ Other

				EPA ID	No. L	A	D	0 2	8	Ţ	5	0	7	1	2	7
10.	Type of Regulated Waste Activ	rity for current acti	vities (as of the date of			L	L					1	<u> </u>	1-	1	
A. ł	Hazardous Waste Activities											+				
	Generator of Hazardous Wa	ste			For Item	ns 2 t	hrou	gh 6, cl	neck a	ıll t	hat a	app	ly:			
	(Select one of the following ca	ategories)			□ 2A. T								•			
	•										*****					
 □ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or 								Facility proval re			ior to	sta	rtup)		
X b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or				☐ 3. Tr Note: A	eater hazar	dous	rer, or l waste	Dispo: permit	ser is r	of I	ired	(at y for t	our s his ac	ite) tivity.		
□ c. CESQG: Less than 100 kg/mo Non-acute hazardous waste				a	Pem	itted	☐ Inte	rim St	atu	s 🗆	ı þn	opos	ed			
	Non-acute na	Laidous waste			☐ 4. Re										hio	
	In addition, indicate other go	enerator activities	(check all that apply)		Note: A	nazai tivity.		s waste (emit	ma	ау ое	e rec	luire	a for t	IIIS	
	d. Short Term Generation (not normally a gene	rator but generated thro	ugh a	5. Ex	kemp	t Boi	ler and	or inc	lus	trial	Fur	mac	е		
	One time, Emergency, o	or Short Term Event	. Give details in Comm	ents.				Quantity								
	☐ e. United States Importer of	of Hazardous Waste				b. S	melti	ing, Mell	ing, R	efir	ning	Fún 	naœ	Exen	nption	1
☐ f. Mixed Waste (hazardous and radioactive) Generator				□ 6. Us	nderg	roui	nd Injec	tion C	on	trol						
					□ 7. Re	eceiv	es ha	azardou	s was	te :	fron	n off	site	•		
B. (Jniversal Waste Activities (Indica	ite Activity Type)			C. Us	sed C	Dil Ac	tivities	(Indic	ate	Act	tivit	у Ту	pe)		
☐ 1. Large Quantity Handler of Universal Waste [refer to your State regulations to					Q 1 .	Use	d Oil	Transp	orter							
	determine what is regulated]. Indica accumulated at your site. (check al		I waste generated and/	or [porter								
	(•		Accumulated	- 1				fer Facili	ty							
		Generated	Accumulated			(Stat	e app	oroval re	quired	l pr	ior to	o sta	rtup)		
	a. Batteries	<u> </u>	<u> </u>		2 .	Used	liO t	Process	sor an	d/c	or Re	e-re	finer	•		
	o. Pesticides	0	0			a. P	roce	ssor								
	c. Lamps	<u> </u>	<u> </u>			b. R	e-ref	iner								
	Antifreeze Mercury-containing equipment	0	0		□ 3.	Off-	Spec	ification	ı Used	d O	il B	ume	er			
	Electronics	0	_			Hoo	4 O:I	Fuel M				İ				
•	· Liouromos	_	_		U 4.	USE	u On	ruei ivi	arkete							
					O.			ter Who							. I lea	d
u 2	Destination Facility for University Note: A hazardous waste permit		this activity.		Specification Used Oil to Off- Oil Burner				-Sp	eun	Callor	i Use	u			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						ter Who		Cla	ims	the	Used	Oil N	/leets	
					□ 5.			ecificati Fuel Bu				1				
								ate Cor		ion	Dev	vi¢e	(s)			
						Utility	/ Boil	er □In	dustria	i B	oiler	-	Indu	strial	Furna	ace
	D. Eligible academic Entities w wastes pursuant to 40 CFR							naging I	abora	tor	y ha	zan	dous	6		
	☐ 1. Opting into 40 CFR Part 26	62. Subpart K for the	management of hazard	lous waste ii	n laborato	ries.	chec	k all that	apolv	٠.						
	a. College or University	•														
b. Teaching Hospital owned by or has a formal written affiliation agreement with a college or university																
c. Non-Profit Institute owned by or has a formal written affiliation agreement with a college or university																
☐ 2. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous waste in laboratories.																

11. Description	of Hazardous Wastes	1				
A. Waste Codes for in the order they	or Federally Regulate are presented in the r	d Hazardous Wastes egulations (e.g., D001	s. Please list the waste 1, D002, F001, K001, P	codes of the Federal 001, U001, U002, etc	hazardous wastes ha	andled at your site. List them
D001	D039	F005				
D002	F001					
D003	F002					
D008	F003					
		vastes continued. U	Jse an additional page	if more spaces are ne	eeded for waste code	s. (Louisiana does not have
Dool	D008	F002				
D002	D039	F003				
D003	F001	F.005				
Y N Are you not materials ur	ifying in compliance winder 40 CFR 261.2(a)(ith 40 CFR 260,42 tha 2)(ii), or 40 CFR 261.	at you will begin manag 4(a)(23), (24), or (25) httification Form: Notifica	ing, are managing, or	will stop managing h	
	tional): However, if or changes at your s		Γransfer Facility" for I	Hazardous Waste or	Used Oil, please pr	ovide a brief description of
		- //				
				19-21		
system designed to who manage the sy	assure that qualified pastem, or those person e, and complete. I am	personnel properly ga s directly responsible	ther and evaluate the in	nformation submitted nation, the information	Based on my inquiry n submitted is, to the	ervision in accordance with a of the person or persons best of my knowledge and possibility of fine and
	ner, operator, or an representative		Name and C	official Title (type or	print)	Date Signed (mm-dd-yyyy)
That &	Wer	Mar	-K Shreve,	Plant M	anager	08.11.2015
ž.:		1.60				

JUL-31-1998 13:26

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY STATE OF LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY HAZARDOUS WASTE DIVISION P.O. BOX 82178 BATON ROUGE, LA 70884-2178 INSTALLATION'S EPA ID NUMBER NOTIFICATION TYPE: EIVED LARO 00 031633 <u>alic 9 & 1998</u> NAME OF INSTALLATION (Include company and specific alla name) LDEQ 55¢ 1 HWD/ARIM CINENTRION HOPIDING IIIIIIIIIIIII INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or hely number) 31912AL CIOILITEIGE ING 1 CITY OR TOWN BIAHIOIN IRIOLUGICI III LIA 7101810181-1 CODE SIC CODE PARISH NAME LATITUDE LONGITUDE Baist 1 Biation 1200 ulga INSTALLATION CONTACT (person to be contacted regarding wests activities at alta) LAST MANS PRIST NAME JOB TITLE PHONE MARGER MICIRIRII SI Kiaitihiyi Kidindalli lainiciel M. IAI (925 INSTALLATION MAILING ADDRESS STREET. P.O. BOX OR ROUTE NUMBER 41-101-1 1310141 161010141 1 1 1 1 CITY OR TOWN STATE ZP CODE k al<u>gi41518131°1</u> Staint Righten 1 1 11 INSTALLATION OWNER (logal corner of installation) PHONE NUMBER Chienician Picioldinicitis Kiol I I I I 8H 51-1918019 STREET, P.O. BOX OR ROUTE MUMBER PI. IDI. I BIDIXI BIODHII I I I I I I I I San Riamoin LLI C1A19145831-1 CHANGE OF OWNER INDICATOR: YES () NO (X)

Property Currer (if different from Installation currer):

INSTALLATION CLASSIFICATION (ALL THREE CATEGORIES MUST BE COMPLETED)

TYPES: F=Podetal, S=State Initidan P=Private C=Parish Meliturished O=Other

Owner Type

RORIS

~ PHH

Special Lines

Property Type

P

SEP 1 0 1998 SEP 2.9 1998

CHECK NUMBER: #0021551587

LDEQ-EDMS Document 733166, Page 2 of 2

JUL-31-1998 13:27

A. TYPE OF HAZARDOUS WASTE ACTIVITY	B. HAZARDOUS WASTE RUEL ACTIVITY
1. GENERATOR	1. GENERATOR MARKETING TO BURNER
a. greater than 1000 lighter (2,200 lbe)	2. OTHER MARKETER
D. 100 to 1000 harms (220 - 2.200 lbs)	2. BOILER ANDION INDUSTRIAL FURNACE -
C ices then 100 hatmo (220 the)	Os. emeller defentel
	b. steel quartity examplion
	indicate Type of Combuston Deutos(b)
on-site reuse/recycle aparetion for own waste only	URBy Beller industrial Boller industrial Furrage
On-elle reuselrecycle operation for commercial purposse	Charle agus Castoches agus Castoches Louise
1	C. USED GE RECYCLING ACTIVITIES
less than 90 day storage in tanks	1. MARKETER
	Merisler Directs Shipment of Used OS to Surner
()2. LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES	1 ¥ · · · · · · · · · · · · · · · · · ·
Town Insurement Glycass	Abrieler Who First Claims the Good Off Meets the Speeklostigns
8. TRANSPORTER (Indicate Mode Below)	O1 USED OL RUEL BURNER
a. For ours waste only	Indicate Type of Combustion Device(s)
• •	OUTBy Beller O Industrial Beller O Industrial Purpage
b. For commercial purposes	
MODE OF TRANSPORTATION (transporters only)	3. USED OIL TRANSPORTER -> Indicate Type of Activity
O Nighway O roll O air O welar	Oa. temportonly
TRANSFER FACE ITY STATUS (month, day, uner)	A. transport and transfer facility
TRANSFER FACILITY STATUS (march, day, year) (Transporter elatus must be inclosed above)	0. transfer facility only
Requested	TRANSFER FACILITY STATUS (morth, dw., year)
Received	(Transporter status must be indicated above)
	Requested
4. TREATER, STORER, DISPOSER	Accelred
Permitted Status Proposed	
Cremmes Campaignes Careboses	() 4. USED CE. PROCESSORIRE-REPINER indicate Type of Activity
0	C a. process only
Os. UNDERGROUND INJECTION CONTROL	O b. process and re-rating
	Os. re-ratins anty
	USED OIL BROKER (but not marketer)
DESCRIPTION OF REGULATED WASTES	
,	
A Characteristic Harzandous Wester (see 40 CFR Zer	.20-34 and LAC 38:Y.4869 B.C.D.(8)
Igrafiable (2001) Commente (2003)	√ ○ Procedus (D000)
(1001) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
B. Listed Hazardous Wastes. Sup 40 CFR 551,21-55	and LAC SEV.4801 B.C.E.P.
┃└┸┸┸┸┦╵┎┸┸┸┸┩	
<u> </u>	<u> </u>
CERTIFICATION	
I Cordly under penalty of him that this decement and all attentures we designed to assure that qualified personnel properly pather and orders.	
وراها والمراز والمرازاة والمرازاة المساور المساور المساور والمرازات والمساور	to the information expendent. Because on my inquity of the person or parameter
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who manage the system, or those parents distriby responsible for guild introducing and build, two, underto, and complete. I are every tag.	oring. The information, the information exhibited is, to the least of my from any electricant possibles for any might be information.
who manage the quaters, or shoot persons allowed responsible for guid free-fields and build, two, understo, and complete. I are every that	orby: the Information, the Information exhibited is, to the best of my fore are algorithmed partition for exhibiting helps information,
who manage the system, or those persons allevely responsible for guid free-fields and halfel, then, understa, and complete. I am every that	orby: the Information, the Information exhibited is, to the best of my fore are algorithmed partition for exhibiting helps information,
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who manage the system, or these persons allevely responsible for gold investigate and build, then, understa, and complete. I am every that investigate the precision of the and implementate for investigate the SIGNATURE NAME AND	oring. The information, the information exhibited is, to the least of my from any electricant possibles for any might be information.



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY Environmental Assistance Division-Compliance Assistance Section P.O. Box 4313, Baton Rouge, LA 70821-4313

CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY FORM

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 Regulations. 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: (Complete all items that apply)

[]	Facility has no hazardous waste present at site.	
[]	Facility is out of business. Date business closed:	
[]	Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous v Date service discontinued:	rastes.
()	Facility has moved to a new location. Date of move: Physical address of new location:	÷.
(X)	Other (please specify): Remedication Site CloseD 9/20/04	
	PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION (All items must be completed)	:
	Facility Name: Chevron# 709060	
	EPA Identification Number: LA C GOO O 3 1 6 3 3	
	Physical Address: 2929 College Dr. Baton Rouge	
	Name and Title: KATHY DOCKES WASte Tracking Two	
	Signature and Date: Kally W 9/23/04	
	FOR OFFICE USE ONLY	7
	GEN_CEG TRANSTSDBBOTHER_206(7
	Revised 9/24/2002	
	Regs & Certs Lm RCRA Info 9/29/9	RECEIVED
	TEMPO	SEP 2 7 2004
	Excel Other	LDEQ
	Omer	OES/EAD



State of Louisiana Division of administration OFFICE OF STATE PRINTING

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

FAX COVER SHEET

DATE:
TO:
FAX #: 765-0888
FROM: SACEN Cunning ham
NUMBER OF PAGES (INCLUDING COVER SHEET):
COMMENTS TO RECEIVING PARTY: Jou And add, town Links. Or have any add questions price Me a Call.
or hove any add mestions you
Me a Call
Me a Crll. 219-9588
Thanks
- Y NAMES

FEB-14-2002 09:34

OFSS 917/09

2253426606

P.04/05

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
Fermits Division - Registrations & Certifications Section
P.O. Box 82135, Baton Rouge, LA 70884-2135

1.0. Dox 02155, D4ton At	
INSTALLATION'S EPA ID NUMBER	NOTIFICATION TYPE:
-LIATER 10 to to to to 418 to 18 5	First Subsequent
NAME OF INSTALLATION (Include Company and Specific	Site Name)
	N. SHAHE PRINT
INSTALLATION LOCATION ADDRESS (Physical Address)	Not P.O. Box. Hyer or Polite Number)
Street	the state of the s
950 BRICKVARO CA	NE
City	tate Zip Code
BATON ROUGE	70802
Parish Name	
EAST BAHOW ROUGE	
Parish Code SIC Code Latitude	Longitude
033 9199	
INSTALLATION CONTACT (Person to be Contacted Regard	ling Waste Activities at the Site)
Last Name Job	Title Phone Number
PIOND KENNY MAN	ALC ER 425 219-9570
Installation mailing address	
Street, P.O. Box, or Route Number	
950 BRICK YORD LAK	METT
City	tate Zip Code
MAHON ROUCE	9 70802
INSTALLATION OWNER (Legal Owner of Installation)	
Last Name First Name	Phone Number
STATE UF LOUISIAM	a 1229 219-9570
Street, P.O. Box, or Route Number	
950 BRICKYARO LAN	VE
Ciry - &	ate Zip Code
BATON ROUZE	A 70803
CHANGE OF OWNER INDICATOR: YES NO O	DATE CHANGED:
Property Owner (If Different than Installation Owner):	Month Day Year
The state of white one was the state of the	
INSTALLATION CLASSIFICATION (ALL THREE CLASSIF	TICATIONS MUST BE COMPLETED
Types: 1=0 (O(f3) S=5(a(c In)adian f=Private C=)	arish MeMusicipal O=Other
Owner Type 5 Operator Type 5	Property Type 3

RCRAInfo MAR 19 2002

Regs & Certs
RCRA Info
TEMPO
Excel
Other

		1_4
OR	OFFICIAL	USF ONLY
H	CK NUMBE	727. I ⁴

03/18/2002 14:57 2259256523	ST PRINTING PAGE 03
B-14-2002 09:34 OFSS	2253428606 P.05/0
IN THE OF ENGLANCES WASTE WORLTHIT	IN HACAKUUUS WASIE FUEL ACIIVIIY
i. GENERATOR	O 1. GENERATOR MARKETING TO BURNIR
3. Greater than 1800 kg/mn (2200 lbs)	O 2. OTHER MARKETER
b- 100 to 1000 kg/mo (220-2200 lbs)	3. BOILER AND/OR INDUSTRIAL FURNACE
C. Less than 100 kg/mo (220 lbs)	a. Smelter déferrei MA pu
On-site reuse/recycle operation for own waste	b. Small quantity exemption
On-site reuse/recycle operation for	Indicate Combustion Device(s)
, commercial purposes	Outility Boiler Cladustrial Boiler Cladustrial Furnace
D Less than 90 day storage in tunks	C. USED OIL RECYCLING ACTIVITIES
	1. MARKETER
2. LABORATORY OR TESTING FACILITY	Marketer directs used oil shipment to burner
FOR TREATABILITY STUDIES	Marketer who first claims the used oil meets
	the specifications
3. TRANSPORTER (Include Mode Bolow)	
O. a. Yor own waste only	2. USED OIL FUEL BURNER
D. Far commercial purposes	1
	Indicate Combustion Device(s)
Mude of Transportation (Transporters only)	L ;
Per OHIghway Rail OAir OWater	Outlity Boiler O Industrial Boiler O Industrial Furnace
laver -	4 Manual and Assaultance
Transfer Facility Status (manth, day, year) On Michael Transporter status must be indicated above)	3. USED OIL TRANSPORTER
	a. Transport only
2-19-02 Requested 01-07-2001 Received 01-07-2001	b. Transport and transfer facility c. Transfer facility only
A TREATER STORER DISPOSER	E. Irimia facility only
Opermitted Interim Status OProposed	Transfer Kacility Status (month dov Pearly
	Tradefer Bacility Status (months dan eur)
O S. UNDERCROUND INJECTION CONTROL	Remissed
1. ner	
6 UNIVERSAL WASTE NO	. USED OIL PROCESSOR/RE-REFINER
Batterles (UBAT) Wash home	2. Process only
C resticides (UPST)	b. Process and re-retine
O Thermostati (UTHR)	c. Re-refine only
O Fluereycent Lamps (UFLO)	
Antifreeze (UANF)	5. USED OIL BROKER (but not marketer)
DESCRIPTION OF REGULATED WASTES A. Characteristic Hazardous Wastes (see 40 CFR261 20-24	
Legitable (D001) Corrosive (D002)	
C TC Toxic (D004-043)	WORKING (DAM)
	
B. Listed Hazardour Wastes (see 40 CFR261.31-33 and LA	C 33:V.4901.B.C.E.P)
NG39 TITITITIES	
CERTIFICATION	Kennish
I cartify under penalty of law that this document and all attachments w	the designation of supplier in the second
with a system designed to source that qualified personnel market and ev	and the information when they have as the recollection of the factors of the
person (a) who manage the system, or those persons directly responsible	le for exthering the information, the information authority of the
to the best of my knowledge and bolief, true, securate, and complete. I	Am aware that there are significant meanther for submiring
false information, including the possibility of time and imprironment to	r knowing wielskiens.
N 51 1 ~	
Benny Floyd Marager	Mesmeth 7 lbs/ 02-07-02
PRINT NAME PRINT TITT	SIGN NAME DATE

1

HW-1.8100-12 (Revised 07-01)

LDEQ Acknowledgement of Receipt of HW-I



EPA ID	LAR000048785	Federal Generator Status Codes
STATE AI	97769	I- Large Quantity Generator
SITE NAME	DIVISION OF ADMIN STATE PRINTIN	2- Small Quantity Generator 3- Conditionally Exempt Small Quantity Generator
ADDRESS	950 BRICKYARD LN	5 Conditionally Exempted shall gentley Constitute
CITY	BATON ROUGE, LA	Louisiana Generator Status Codes
PARISH, REGION	LA033, CA	4- Lab/Testing Facility
MAIL ADDRESS	PO BOX 94095	5- Short Term Generator
MAIL CITY, STATE	BATON ROUGE, LA 70804	6- Not Generating, Still in Business
CONTACT	KENNY FLOYD	7- Not Generating, Out of Business
CONTACT_PHONE	2252199570	8- Never Generated
		N- No Seperately Defined Activity, same as Federal V- Cruise Ship
FEDERAL STATUS:	3	W- Water Transporter
STATE STATUS:	7	VV- VVacci Transporter
SHORT TERM:	N	Other Activities
HAZ/RAD WASTE:	N	Y- Yes
TRANSPORTER	N	N- No
TRANSFER_FACILITY	N	
TSD_ACTIVITY	N	Malcolm Lee McNabb, ES III
RECYCLER_ACTIVITY	N	Permit Support Services Division
UNDERGROUND INJECTIO	N	malcolm.mcnabb@la.gov, (225) 219-3244
UW DESTINATION FAC:	·N	This is acknowledgement of receipt and processing of
USED_OIL_TRANSPORTER	N	your recently submitted Notification of Hazardous Waste Activity Form (HW-1).
USED_OIL_TRANSFER_FACI	N	
USED_OIL_PROCESSOR	N	If any of the information is not accurate, or the site activities have changed, a subsequent HW-1 should be
USED_OIL_REFINER	N	submitted to the LDEQ.
USED_OIL_BURNER	N	The HW-1 form and other reporting resources may
USED_OIL_MARKET_BURN	N	be obtained via the DEQ public website at: www.ldeq.org
USED_OIL_SPEC_MARKETE	N	
LAST_CHANGE	9/3/2015 2:43:51 PM	



SEP - 3 2015

LDEQ



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY Environmental Assistance Division, Compliance Assistance Section 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. x Facility is out of business. Date of Closure: April 2014 Facility no longer offers services which generate, store, treat, transport, or dispose of hazardous waste. Date service discontinued: Facility has moved to a new location. Date of move: New Physical address: Temporary ID being deactivated. Date of last manifest: Other, please describe: FOR THE FACILITY REQUESTING CERTIFICATION: Facility Name: DIVISION OF ADMIN STATE PRINTING EPA ID Number: LAR000048785 950 BRICKYARD LN; BATON ROUGE, LA 70802 Physical Address: Signature & Date: Print Name & Title: Steven A. Bice, Director FOR OFFICE USE ONLY DIST GEN FOR OFFICE USE ONLY TRANS TSD B/B AI 97769

Im 9/3/15

Revised 08/2006

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE DIVISION
P.O. BOX 44307 BATON ROUGE, LA 70804



	P.O.	BOX 44307 BAT	ON ROUGE, LA 70804	Sala wooders
	INSTALLATION'S EPA ID NU		NOTIFI	CATION:
İ	LAD98519979	(3.1	<u> </u>	HEY! WED
	NAME OF INSTALLATION	(Include demperly and spe	cifo sne neme)	2 July C 3 1665 K
58	EXYON GO USA	#5,10,5,Z	1	Dept. of Division Unality
86	INSTALLATION LOCATION	STREET	od eddruge, not p.e. bör ör röute hut	हा-< ••••••
1	3134 S. Acadi	jan: NIWY	<u> </u>	المسلمانية المستراك
344	Baton: Rouge	!!!!!!!!!	1111111	STATE ZP CODE
	LATITUDE	LONGITUDE	P	ARISH NAME
~ 2			BAton	Rouge
Lile	SIC CODE 5151	ŁL	PARISH	CODE 033
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13	INSTALLATION CONTACT	(paragn to be contacted in	idengilië Amma vitaviane es mae)	
1/4	. LAST NAME F	PAT NAME	JOH TITLE	PHONE NAMES
w/ /w	. LAST NAME F	PAT NAME	JOH TITLE	THORE NAMED 11:3/6:5/6 7:7:0:9
w/da	POOL INSTALLATION MAILING A	PRINCE (40) A:	STIA:F:FI IAS 61:ST	
ion w/ La	POOL INSTALLATION MAILING A	PRITNUE 1140:A:	STIA:F:FI IAS 61:ST	
tion w/ xa	INSTALLATION MAILING A	PRINCE (40) A:	STIA:F:FI IAS 61:ST	
Dution w/ 1 m	POBLETION MAILING A POBLET	PRINCE (40) A:	STIA:F:FI IAS 61:ST	71:36:5:67:7:0.9
Mostron w/ La	INSTALLATION MAILING A POBOXI 14141/151 CITY OR TOWN H: D'U'SITION	DORESS	JOSTITUS SITIA:F:F1 IAS 61:ST NUMBER	STATE 2P COOR 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
nervolation w/ *	POBLETION MAILING A POBLET	DORESS	STIA:F:FI IAS 61:ST	STATE ZP COOR TIV 7:7:2/10 Instructions.) THEATER, STORER, ORFORER
constration w/ * ne	INSTALLATION MAILING A PODE BOX 4441151 CITY OR TOWN HOUSTON TYPE OF HAZARDOUS WASTE A GENERATOR: Q. PRINT THEN 1800 INME.	DORESS HAMET, P.O. BOX ON HOUTE	STIA:F:FI IAS 61ST	STATE ZP COOR 1 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7
" concernation w/ * no	INSTALLATION MAILING A INSTALLATION MAILING A P:O:B:O:XI 441/151 CITY OR TOWN H:D:U:S:TIO:NI TYPE OF HAZARDOUS WASTE A GENERATOR: O ::rester then 1999 towns. O on-afte reuse/recycle operation	DORESS TREET, P.O. BOX ON ROLITE CTIVITY (Till in circle of the continuous of the c	I appropriete baxee. Refer to	STATE 2P CODE STATE 2P CODE TOTAL TOTAL STATE 2P CODE STATE 2P
Per concernation w/ * ne	INSTALLATION MAILING A POBOXI 441/151 CITY OR TOWN HIDILISITION TYPE OF HAZARDOUS WASTE A GENERATOR: OF 1000 legime.	DORESS TREET, P.O. BOX ON ROUTE THANSPORTER. Of the continuents of the	STIA:F:FI IAS 61:ST NAMES appropriate boxes. Refer to	STATE 2P CODE TOTAL STORES CONCORN (ALTERNATION STORES CONCORN (ALTERNA

TO

USED OIL FUEL ACTIVITIES Off-Specification Used Oil Fuel arketer (or Surmer) Who Free Claims the Oil Meets the Specification
OWNER (legal owner of installation; include property owner at bottom *, if different)
EXXX1011 CO USIA 1 1 1 1 713 656-7761
PIOI 18 101 X1 14 14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
INSTALLATION CLASSIFICATION (see instructions) PL Owner type Property type
DESCRIPTION OF REGULATED WASTES A Characteristic Herzerdous Window (need 40 CFR 261 20—24 and UAC 35:Y-4600 R.C.D.E) (5) Ignition (2001)
CERTIFICATION Certify that the information provided herein and appended harto is true and accurate to the best of my land-rindige, information and ballet
SIGNATURE NAME AND TITLE (PRINT OR TYPE) DATE SIGNED 1. HARRIS, SENIOR MKTNG, ENG. 1. 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
HW-1 ; 8700-12 (R 6/80)

MAN PLANE LAND AND MAN -	Lasvier, are-
LOUISIANA NOTIFICATION OF	HAZARDOUS WASTE ACTIVITY
STATE OF LO	IRONMENTAL QUALITY NOV 9 - 14411-4051
LIAZARDOUS WAS	RTE DIVISION
P.O. BOX 44307 BATO	N ROUGE, LA 70804 Dept. of Environmental
INSTALLATION'S EPA ID NUMBER	NOTIFICATION:
INSTALLATION S EPA ID NOMBER	PPRST SUBSEQUENT
/	8
NAME OF INSTALLATION (Include company and spec	ific alta nema)
Alexander and the same	ru [']
/ SIONIACIOI IGITIAINIAIMI ICIOIMIPIAIA	<u> </u>
INSTALLATION LOCATION ADDRESS physics	al address, not p.o. box or route number)
STREET /	
19:8:11 GLOWENT IMEISITIPIOITIN	DIEI TULE BULLING
CITY OR TOWN	STATE ZP CODE
PIDICITI IAILILIEINI IIIIIII	LIA 710171617
LATITUDE LONGITUDE	PARISH NAME
	WIESTI BIAITIOINI
اعديدا	KULGE -
SIC CODE 3 085	PARISH CODE LALL
	arding waste activities at site)
LAST NAME PRIST NAME	JOS TITLE PHONE NUMBER
FLOISITIEIL I I I BILLILI I I	111111150431414.481610
INSTALLATION MAILING ADDRESS	
STREET, P.O. BOX OR ROUTE A	UMBER
PLOBIT LOIFIFICIEN BOIXI 1716101	
CITY OR TOWN	, STATE ZP CODE
PIDITI PALISIFINI IIII	111111111111111111111111111111111111111
TYPE OF HAZARDOUS WASTE ACTIVITY (fill in circle of a	appropriate boxes. Refer to instructions.)
GENERATOR: TRANSPORTER:	O TREATER STORER DEPOSER
greater than 1000 lig/mp. Offer dwn waste of the commercial (
less than 100 lights. MODE OF TRANSPO On-site reuse/recycle operation	ORTATION (transporters entr) SEE INSTRUCTIONS
	ATUB (MONTH, DAY, YEAR)
HAZARDOUS WASTE FUEL	
O generator marketing to burner O burner	r-type of combustion device
	No boller C industrial boller C industrial furnacea

HNV-1 ; 8700-12 (F) 6/90)

ي المحمود مرافعة والعالم

ENCOFEC 3985 RESEARCH PARK DR. ANN ARBOR, MI 48108 (313) 761-1389





PROJECT: RES (LA) Waste Screens				PROJECT NO.:	85110	
SAMPLE TYPE: Liquid				REPORT DATE		990
ALL RESULTS ARE REPORTED ON DRY WET WEIGHT BASIS						
DOC # 92-0022-98						
SAMPLE DATE 6-13-90						
PARAMETER	UNITS	ENCOTEC SAMPLE I.D. NUMBER				
		53883				
<u>lb. caustic</u> Acid Scrub lb. waste	Na.OH	0.15				
Ash	76	<1				
ВТҮ	BTU	21000				
Flashpoint	°C	>80				
Reactive Cyanide	mg/kg	<250				
Reactive Sulfide	mg/kg	<500				
Specific Gravity	s.u.	0.89				
Sulfur	76	.15				
Viscosity	cps	170				

	1		000001	PAGE		OF

ENCOTEC 3985 RESEARCH PARK DR. ANN ARBOR, MI 48108 (313) 761-1389



PROJECT: RES (LA) Waste Screens			PROJECT NO.:85110				
SAMPLE TYPE: Liquid				REPORT DATE:June, 199			
	_		_			· g_ ·	
SAMPLE NAME		DOC # 92-0022-98					
SAMPLE DATE		6–13–90					
SAMPLE DATE	1	0-13-90					
PARAMETER	UNITS	53000	ENCOTE	SAMPLE I.D. NUI	MBER		
	 	53883		-			
Antimony	mg/kg	<10					
Arsenic	mg/kg	<10					
Barium	mg/kg	<10				•	
	-3,0						
Beryllium	mg/kg	<10					
Cadmium	mg/kg	<10		-	-		
Chromium	mg/kg	-10					
GII GIII IIII							
Copper	mg/kg	<10			_		
Lead	. mg/kg	<10					
		-			<u>.</u> .		
Manganese	mg/kg	<10					
		_					
Mercury	mg/kg	< 5		-			
Nickel	mg/kg	<10					
11 2 0110 2							
Potassium	mg/kg	<10					
		_					
Selenium	mg/kg	< 5	<u> </u>	 			
Silicon	mg/kg	<20	00000				
	 			PAGE	OF		

ENCOTEC

3985 RESEARCH PARK DR. ANN ARBOR, MI 48108 (313) 761-1389



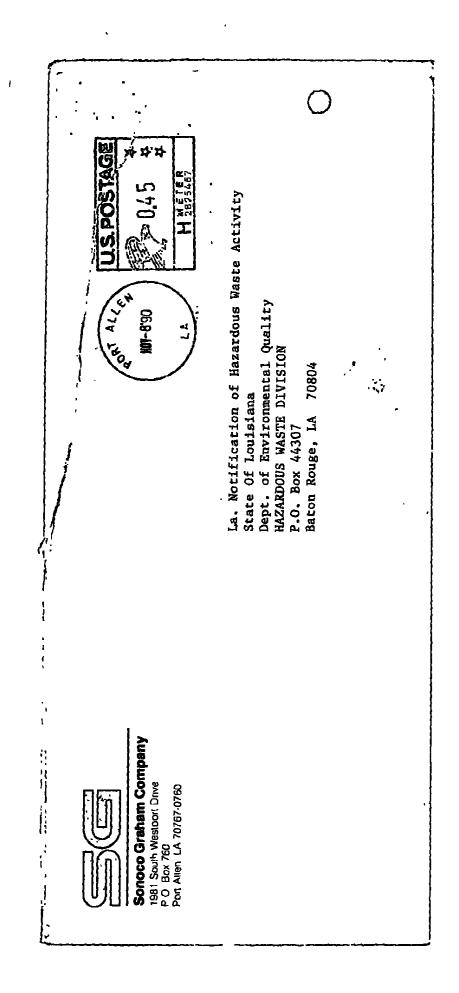
PROJECT: RES (LA) Waste Screens				PROJECT NO.: _	85110	
SAMPLE TYPE: Liquid				REPORT DATE:	June, 19	90
					-	
SAMPLE NAME		DOC# 92-0022-98				
SAMPLE DATE		6-13-90			_	
PARAMETER	UNITS	53883	ENCOTE	C SAMPLE I.D. NU	MBER	
Silver	mg/kg	<10				
Sodium	mg/kg	17				
Sulfur	mg/kg	500				<u> </u>
Thallium	mg/kg	<10				
Zi_nc	mg/kg	73				
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-			0000	3		-
				• •	0	F

· ENCOTEC

3985 RESEARCH PARK DR. ANN ARBOR, MI 48108 (313) 761-1389



PROJECT: RES (LA) Waste Screens			PROJECT NO.: _	85110		
SAMPLE TYPE: TCLP	<u>e</u>			June, 1990		
SAMPLE NAME SAMPLE DATE		DOC # 92-0022-98				
		6-13-90				
PARAMETER	UNITS		ENCOTEC SAMPLE I.D. NUMBER			
	O.VIII	53884				
Arsenic	mg/l	< 5	<u> </u>			
Barium	mg/l	<100				
Cadmium	mg/l	< 1				
Chromium	mg/l	< 5				
Lead	mg/l	< 5				•
Mercury	mg/l	<0.2				
Selenium	mg/l	< 5				
Silver	mg/1	< 5				
			0.000	0.4		
			0000		OF	





State of Louisiana



Department of Environmental Quality

M.J. "MIKE" FOSTER, JR. GOVERNOR J. DALE GIVENS
SECRETARY

CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY

I certify, under penalty of law, that our facility named below, does not presently generate, store, treat, transport, or dispose hazardous wastes, as defined in the Louisiana Hazardous Waste Regulations. I believe 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 fine and imprisonment.

TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:

[]	Facility is out of business. Date business closed:	RECEIVED
[]	Facility no longer offers services which generate, store, treat, transport, or dispose hazardous waste. Date service discontinued:	DEC 1 7 1997
[]	Facility has moved to a new location. Date of move:Address of new location:	HWD/PMSS
X	Facility has no hazardous waste present at site.	
X	Other (please specify): Discontinued use of Pur Solvent on 8/4/95	e Solve Cleaning
	EASE INDICATE FOR THE FACILITY REQUESTING CERTIFIC hity Name: GRAHAHH PACKIFGING CO	
EPA	Identification Number: LA DO 18507124 LA D 985	193580
Physi	ical Address: 1981 . S. Wast port Drive Port	Alley La 70767
	e, Official Title: CHRISTINA JOHNSON, OFFICE ature & Date: Lknis feng Johnson	EE HBR
FOI	R OFFICE USE ONLY N TRANS TSD B/B	OTHER
		SECEIVED
	10. Page 27	FEB 0 1998
_	TELEPHONE (504) 765-0261 FAX (504) 765-0617	Property of Environmental Quality azardous Walls (Necessary Assist
recycles	AN EQUAL OPPORTUNITY EMPLOYER	



1981 South Westport Drive P.O. Box 760 Port Allen, LA 70767-0760 (504) 344-6860 FAX (504) 387-0221

December 15, 1997

RECEIVED

DEC 1 7 1997

LDEQ HWD/PMSS

LA Department of Environmental Quality Hazardous Waste Division P. O. Box 82178 Baton Rouge, LA 70884-2178

Attn: Pat

As discussed I have completed the form which indicates that we are no longer a generator. We have not been a generator since 8/4/1995. To add to the confusion we are paying an annual invoice of \$50.00 under a different ID #.

When the plant was first opened in 1985/86 we were Sonoco Products Company. We then merged with Graham and our name was Sonoco Graham. In 1989 we became Graham Company.

The ID # for Sonoco Graham is LAD 985193580. The ID # for Graham Company is LAD028507127.

When I questioned the annual invoice some time ago, I was told that every plant in LA, generator or not is assessed an annual fee.

It would be greatly appreciated if you could help us sort this out.

Thank you for your cooperation.

Christina Johnson

12/18/97- Graham Co. + Castrol NA automotive are in
same bldg @1981 S. Westport Dr.

Braham Packing is # LAD 985193580@ 1981 B. westport

Castrol NA automotive is # LAD 028 507127@ 1981 S. westport

Castrol NA automotive is # LAD 028 507127@ 1981 S. westport

Biaham will submit new Hall, Then certify out to close generation

HIDER SOTISERSENTIES

Printed on Recycled Paper



1981 South Westport Drive P.O. Box 760 Port Allen, LA 70767-0760 (504) 344-6860 FAX (504) 387-0221

RECEIVED

JAN 28 1998

LDEQ HWD/ARIM

January 26, 1998

LA Department of Environmental Quality Hazardous Waste Division P. O. Box 82178 Baton Rouge, LA 70884-2178

Attn: Pat

Please refer to our letter dated December 15, 1997 in which we informed you that we have not been a generator since 8/4/1995.

You informed us that #LAD 985193580 is our ID number under Sonoco Graham Co. and that #LAD 028507127 is Castrol's number.

We have completed all necessary forms to change our name from Sonoco Graham Co. to Graham Packaging Co. (name change only) and we are enclosing our check #680 in the amount of \$9.46, the required fee for this change.

Please review all attached forms and let me know if you require additional information.

Thank you for your assistance in this matter.

GRAHAM PACKAGING COMPANY

knos teng Christina Johnson

Office Manager

attach.

cj



DEPARTMENT OF EN HAZARDOUS	NVIRONMENTAL QUALITY WASTE DIVISION ON ROUGE, LA 70884-2178	RESIL
INSTALLATION'S EPA ID NUMBER	NOTIFICATION TYPE: FIRST SUBSEQUENT O O	JAN 2 8 199
NAME OF INSTALLATION (Include company a Samuelo GRAHAM 201 PACK	ACING CO.	HWD/ARIM
INSTALLATION LOCATION ADDRESS (P. 198185, WEST PORT DRUMEST	physical address, not p.o. box, route number,	or hwy number)
CITY OR TOWN PORT FLACEN PARISH NAME O CODE	STATE 70 76 7	CODE 1-1-1-1-1 DNG/TUDE
INSTALLATION CONTACT (person to be contact)	13085	<u> </u>
INSTALLATION MAILING ADDRESS	Area Code	MBER 4,4,-,6,86,0
1981 S, WEST PORT OR ROUT	STATE 7076	CODE
INSTALLATION OWNER (legal owner of installation GRAIATH PACHAFIA PACHAFIA CIN 6 (CO PHONE NU.	MBER 49-8572
STREET, P.O. BOX OR ROUTE OTTY OR TOWN CHANGE OF OWNER INDICATOR: YES	87ATE 28	COOF 5-1/989
Property Owner (If different from Installation owner): INSTALLATION CLASSIFICATION (ALL THRE	Date Changed (Militar	Day, Year)
TYPES: F=Federal &=State l=Indian P=Pi	• • • • • • • • • • • • • • • • • • •	

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

JAN 2 8 1998

For Official Use Only CHECK NUMBER:

#0680

Operator Type

	,				
A. TYPE OF HAZARDOUS WASTE ACTIVITY	B. HAZARDOUS WASTE FUEL ACTIVITY				
1. GENERATOR	1. GENERATOR MARIETING TO BURNER				
e. greater than 1000 kg/mo (2,200 lbe)	2. OTHER MARKETER				
b. 100 to 1000 kg/mo (220 - 2,200 lbe)	8. BOILER AND/OR INDUSTRIAL FURNACE -				
(Y) e. less than 100 kg/mo (220 lbs)	Q a. emeller deferrel				
<u> </u>	(b. amel quantity exemption				
on-elta reuse/recycle operation for own weste only	Indicato Type of Combustion Device(s)				
on-elle reuseirscycle operation for commercial purposes	OUtility Baller O Industrial Baller O Industrial Furnace				
1 _	G. USED OIL RECYCLING ACTIVITIES				
less than 80 day storage in tents	1. MARIETER				
0. 440004707040070707070707070707070707070	Marketer Directs Shipment of Used Oil to Burner				
2. LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES	. .				
	Marketer Who First Claims the Used Oil Meats the Specifications				
8. TRANSPORTER (Indicate Mode Below)	2. USED OIL PUEL BURNER				
a. For own weath only	Indicato Type of Combustion Device(s)				
♠ For nommerolal purposes	Utility Boller Industrial Boller Industrial Furnace				
MODE OF TRANSPORTATION (transporture grity)	3. USED OIL TRANSPORTER -> Indicate Type of Aptivity				
O highway O mil O air O water	Os. transport only				
TRANSFER FACILITY STATUS (morth, day, year)	b. transport and transfer facility				
(Transporter statue must be indicated above)	C. transfer facility only				
Requested	TRANSFER FACILITY STATUS (month, day, year)				
Received	(Transporter status must be indicated above)				
Requested					
4. TREATER, STORER, DISPOSER Roselved					
Permitted Interim Status Proposed	4. USED OIL PROCESSOR/RE-REFINER				
	indicate Type of Activity a. process only				
Os. UNDERGROUND INJECTION CONTROL	b. process and re-refine				
,	C. re-refine only				
	^				
	5. USED OIL BROKER (but not marketer)				
DESCRIPTION OF REGULATED WASTES					
A. Cherecteristic Herzerdous Wester, thee 40 CFR 381.	20-34 and LAC 33-V-4903 B.C.D.E)				
A Characteristic Hazzardous Wester (see 40 CFR 281.20-24 and LAC 33.4/4903 8,C,D,E)					
(D003)					
O TC toute (D004-D045)					
B. Listed Hazardous Westes (see 40 CFR 281.31-33 and LAC 32.Y.4901 B.C.E.F.)					
CERTIFICATION					
I Confly under penalty of ion that this decument and of allockments we	o propered under my direction or expendaton in excentions with a system				
	the information submitted. Based on my inquiry of the person or parsons				
who manage the system, or those persons directly responsible for guth- imensings and belief, true, assumes, and complete. I am overe that it					
including the possibility of firm and imprisonment for impuly violations.					
SIGNATURE, // NAME AND	TITLE (PRINT OR TYPE) DATE SIGNED				
x Christing phoson OFF	ICE MGR 1/23/98. 11				
HN-1; 8700-12 (R 01/04/	// // // //				



Form Approved. OMB No 2050-0028. Expires 9-30-88

United States Environmental Protection Age Washington, DC 20480 SEPA Notification of Hazardous Was	ncy te	Acti	vit	y	this here 301	<i>lg Notit</i> form. T	<i>icatior</i> he infi quirec	he Instruction before compormation recommend in the law (pleting quested
For Official Use Only									
Comments C			1.	:	 -		,	: ; ;	
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Date Received									
C T/A C	Ť				Ī		ارج ا	かんし	رن <u>ن</u> ر
I. Name of Installation							1 -	<i>L:</i>	
INternational Pip		Nq		S	ч	s H	-	m s	
II. Installation Mailing Address					-1:	<u> </u>			<u> </u>
Street or P.O. Box									
31700 South West P	٥	RT		D	R.				ı T
- City or Town						State	•	ZIP Co	de
PORT AILEN						LA	1	07	6 7
III. Location of Installation									
Street or Route Number		<u> </u>	ı –		₋		Ţ	 	
5 DAME						<u> </u>			
City or Town	-	т	_			State	<u> </u>	ZIP Co	de
							工		- L
IV. installation Contact									
Name and Title (lest, first, and job title)	_	<u> </u>	1	Phor	ne Nu	ımber /	9788 CC	ode and nul	nber)
2 LOCKHART DAUID (R	54	<u>رد</u>	5	د	4	3 8	31	94	22
V. Ownership								.	
A. Name of Installation's Legal Owner	1	_	1		8.	. Type o	if Own	ership <i>(enti</i>	r code)
RTURNER INVESTMEN	<u> </u>	<u> </u>				<u> </u>		•	
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate A. Hazardous Waste Activity	<u>box</u>								
						il Activ	7006		
1a. Generator	1-Sp Ner	ecification 'X' and n	in Usi sert a	id Qil ooras	Fuel eriate	boxes	below	ı	
2. Transporter 3 Treater/Storer/Disposer 4. Underground Injection 5. Market or Burn Hazardous Wasta-Fyel 6. On-Spectrostion Used Oil Fuel (enter 'X' and mark appropriate boxes below) a. Generator Marketing to Burner b. Other Marketer b. Other Marketer c. Russer									
4. Underground Injection									
5. Market or Burn Hazardous Waste-Fyel									
(enter 'X' and mark appropriate backs below) 1 1400 G. Burner									
a. Generator Merketing to Burner		ication U inst Clain						site Burner,	,
D. Other Marketer C. Burner D. C. Burner D. C. Burner						, ii0 -p			
b. Other Marketer D c. Burner Combastion Since feature 2 in all appropriate horses to indicate the Specification									
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used air fuel is burned. See instructions for definitions of combustion devices.)									
A. Utility Boiler B. Industrial Boiler C. Industrial Furnace									
VIII. Mode of Transportation (transporters only — enter 'X' in the	app	ropriet	e bo	403					
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)									
X. First or Subsequent Notification									
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification, enter your installation's EPA ID Num	t not ber	ification in the sp	of ha	zardo rovida	od be	raste ad low.	ctivity	or a subsec	quent
A. First Notification			<u> </u>	C. Ins	talla	tion's E	PA ID	Number	

X. Description of Hazardous Wastes (continued from front) A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary. 9 9 10 11 12 8. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary. 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 C. Commençual Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. 31 32 33 34 35 36 33 34 35 36 34 35 36 37 38 39 40 41 42					<u> </u>			
X. Description of Hazardous Wastes (continued from front) A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each insted hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary. 3	•			ID — For Official Us	o Only			
X. Description of Hazardous Wastes (continued from front) A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary. 1					T/AI C			
A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hezardous waste from nonspecific sources your installation handles. Use additional sheets if necessary. 1	Y Description of Horardone Worter (-		1 ° ° 1 1 1		1			
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D. Listed Infertious Wastes Fotor the four dark auchar for 40 CCP Day 201 Day	43 44	45	46	47	48			
D. Listed Infectious Wester Enter the four desir number from 40 000 persons and								
notes at a state and the four-digit number from 40 CP/r Part 201.34 for each hazardous waste from hospitals, veterinary hospitals	D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories was installated bandles. It is additional and research laboratories was installated bandles.							
The state of the s	The state of the s	installation handles. U	se additional sheets i	f necessary.				
49 50 51 52 63 54	49 - 50 - 1	51	52	63	54			
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)								
(D001) (D002) (D003) (D000)	(0001)	(0002)						
KI. Certification								
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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 fine and imprisonment.								
Signature Name and Official Title (type or print)	ignature							
Daniel forblat. Radiation Safety Officer 3-8-88	'B''P'W'			, (1	reus Jaineu			

EPA Form 8700-12 (Rev/11-85) Reverse

STATE OF LOUISIANA HAZARDOUS WASTE DIVIS OFFICE OF SOLID AND HAZARDO DEPARTMENT OF ENVIRONMENTA P. O. BOX 44307 BATON ROUGE HAZARDOUS WASTE REUSE	FOR DEPARTMENT USE OUS WASTE AL QUALITY E, LA 70804 - Date Received: 4/18/87
1. NAME OF INSTALLATION:	STPORT DR
3. LOCATION: STREET ROUTE NO OR OTHER CITY OR TOWN	STATE ZIP CODE 121
4. CONTACT: LOCKLART DAUID 5. OWNERSHIP: TURNER INVESTME NAME OF CO	RSO 504 381 9422
6. OPERATOR: LOCKHART, DAVID 7. NOTIFICATION TYPE: (Mark applicable boxes, Give Installation's	
8. Type of Regulated Wasta Activity (Mark 'X' in the app	B Used Oil Fuel Activities
1a Generator 2. Transporter 3 Treater/Storer/Disposer 4 Underground injection 5 Market or Burn Hazardous Waste Fuel Venter 'X' and mark appropriate baxes below) a Generator Marketing to Burner b Other Marketer c Burner	6. Off-Specification Used Oil Fuel (emter 'X' and mark appropriate boxes below) a Generator Marketing to Burner b. Other Marketer c. Burner 7. Specification Used Oil Fuel Marketer Dix On site durner Quality Who First Claims the Oil Meets the Specification of Environmental Division
9 Waste Fuel Burning: Type of Combustion Device tente which nazardous waste fuel or off-specification used oil fuel is burned. So A Utility Boiler B. Industrial B. Industrial B. Industrial B. A Air B. Rail C. C. Highway D. Water E. Oth 11. CESCRIPTION OF HAZARDOUS WASTES A HAZARDOUS WASTES FHOM NON-SPECIFIC SOURCES (Cate	See instructions for definitions of combustion devices; in See instructions for definitions of combustion devices; in all Boiler
WASTE DISPOSED PEUSED RECYCLE	WASTE DISPOSED REUSED NUMBER ON-SITE OFF-SITE RECYCLE
	

W-1 12/85

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COMME	RCIAL CH	enical i	PRODUCT	B HAZAROOUS WASTES (Co	dagary I-C)				
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2. List El MASTE M	P Toxic Was ON SITE	osto	Arcan code Arcan	teriorius of pen-fished hazardina S Corresive (D002)	WASTE NUMBER OF THE PROPERTY O	tate entrine Orsi On Si7E	in the ease	(D000-E) ARUSED AECYCLE	oxic P Toxic) d. didocuments, and ton is true, accurate

	NOTIFICATI	ON SCREEN 1	·	
FACILITY ID: LAD				
ACTION	Approved	DATE RECEIVE	ED PACILI	TY STATUS
NAME OF INSTALLATION CONGRESS:	on: chrteinal	tional Pipe	ng Supter	ne Ne
INSTALLATION > STR MAILING ADDR > C	1700 p	allen W	-	DV 70167
LOCATION OF > STR INSTALLATION > C	TY:	ne.	STATE:	21P: -
INSTAL. CONTACT:OWNER NAME:	Paul Smits	<i></i>	TYP	one: <u>38/-942</u> e of owner:
COUNTY CODE:	COUNTY RCRA I	NAME: NDICATOR: _	HWCTDB:	
FACILITY ID: TYPE OF WASTE ACTI		n - Screen 2 NS TSD U		
HWF ACT:	_	er other	R KARKET _	BURNER _
BURNER TYPE:	UTILITY BOILER	_ INDU	BOILER _	FURNACE _
HODE OF TRANSPORTA	PION: AIR _	rail _ Highm	AY _ WATER _	other _
HAZARDOUS WASTES:	SPECIFIC/NON-SPE	CIFIC/COMMERC:	ial/cherical/	THYECTIOUS
PRESS F4 KEY TO	EXIT GROUP PROC	essing, p9 4	F10 TO REVI	EN DATA
CHARACTERISTICS OF 1. IGNITABLE _ 2			4. TOXIC	-



State of Louisiana

Department of Environmental Quality



BUDDY ROEMER

Governor

September 19,1989.

PAUL TEMPLET
Secretary

International Piping Systems 1700 South Westport Drive Port Allen, La. 70767

RE: Small Quantity Generator Number

Dear Mr. Smith,

This letter acknowleges receipt of your notification form applying for Louisiana Small Quantity Generator status.

The location identification number, LAD 065066300 , is assigned to:

1700 South Westport Drive

The above location with its assigned number is now designated as a Small Quantity Generator in our files. It is suggested that you secure and become familiar with Louisiana's Hazardous Waste Regulations, especially the chapter dealing with Small Quantity Generators. You may order Volume 13 of the Louisiana Administrative Code by contacting the Louisiana Register at (504) 342-5016. Your identification number must be used when manifesting any hazardous waste.

It is important that this office be notified in writing within seven (7) days of $\frac{ANY}{ANY}$ changes of the information submitted on your notification form. Should you have any questions please contact this office at (504) 342-4677.

Very truly yours.

Administrator

GAM/VS/gd

cc: Betty Thibodeaux

.

LAD 065066300

STATE OF LOUISIANA
HAZARDOUS WASTE DIVISION
OFFICE OF SOLID AND HAZARDOUS WASTE
DEPARTMENT OF ENVIRONMENTAL QUALITY
P. O. BOX 44307 BATON ROUGE, LA 70804

us waste L QUALITY LA 70804

PAUL TEMPLET
Secretary

SMALL QUANTITY GENERATOR HAZARDOUS WASTE NOTIFICATION FORM

I. NAME OF INSTALLATION: International Piping Systems

2 MAILING ADDRESS P.O. Box 868 Port Allen, La. 7076

3 LOCATION: 1700 South Westport Drive

4. CONTACT: Paul Smith (504) 381-9422

5. OWNERSHIP: Turner Investments, Ltd.

7. NOTIFICATION TYPE:

(Mark applicable boxes Give installation's Louisiana I.D Number if known)

Notification is: I the first for this installation I a subsequent notification

DESCRIPTION OF HAZARDOUS WASTE GENERATED

Waste Number	Dispo On Site	osed Off-Site	Reused Recycle	Ges Desc	neric ription
LAD		х	Х	Fixer	
	D			20	7
l certify u familiar wi and that be	ω	at	6	<i>[* .</i>	and am uments, suble for

I certify u familiar wi and that be obtaining t accurate at submitting imprisonme I further that

Signature

and am uments, sible for is true, Ities for ne and

Okg) of

Westport Drive

designated as a Small secure and become familiar the chapter dealing with the Louisiana Administrative 016. Your identification uste.

form applying for Louisiana .

, is assigned to:

g within seven (7) days of ication form. Should you have 7.

yours,

nber

00

WILLE

GAM/VS/gd

cc: Betty Thibodeaux



State of Louisiana

Department of Environmental Quality



BUDDY ROEMER Governor

September 19,1989.

PAUL TEMPLET
Secretary

International Piping Systems 1700 South Westport Drive Port Allen, La. 70767

RE: Small Quantity Generator Number

Dear Mr. Smith,

This letter acknowleges receipt of your notification form applying for Louisiana Small Quantity Generator status.

The location identification number, LAD: 065066300

, is assigned to:

1700 South Westport Drive

The above location with its assigned number is now designated as a Small Quantity Generator in our files. It is suggested that you secure and become familiar with Louisiana's Hazardous Waste Regulations, especially the chapter dealing with Small Quantity Generators. You may order Volume 13 of the Louisiana Administrative Code by contacting the Louisiana Register at (504) 342-5016. Your identification number must be used when manifesting any hazardous waste.

It is important that this office be notified in writing within seven (7) days of \underline{ANY} changes of the information submitted on your notification form. Should you have any questions please contact this office at (504) 342-4677.

Very truly yours.

Administrator

GAM/VS/gd

cc: Betty Thibodeaux

0 . .

LAD 065066300

STATE OF LOUISIANA
HAZARDOUS WASTE DIVISION
OFFICE OF SOLID AND HAZARDOUS WASTE
DEPARTMENT OF ENVIRONMENTAL QUALITY
P. O. BOX 44307 BATON ROUGE, LA 70804

SMALL QUANTITY GENERATOR HAZARDOUS WASTE NOTIFICATION FORM

111.31.14.14
1. NAME OF INSTALLATION: <u>International Piping Systems</u>
2. MAILING ADDRESS: P.O. Box 868 Port Allen, La. 70767
3. LOCATION: 1700 South Westport Drive
4. CONTACT: Paul Smith (504) 381-9422 phone (area code & number)
5 OWNERSHIP Turner Investments, Ltd.
7. NOTIFICATION TYPE: (Mark applicable boxes. Give installation's Louisiana I.D. Number. if known)
Notification is: ☐ the first for this installation ☐ a subsequent notification

DESCRIPTION OF HAZARDOUS WASTE GENERATED

Waste Number	Disp On Site	osed Off-Site	Reused Recycle	Generic Description	
LAD		<u>x</u>	х	Fixer	

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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 fine and imprisonment.

I further certify that no more than one hundred kilograms (100kg) of hazardous waste par month is produced at this facility

Signature

Name and Official Title (type or print)

Date Signed



INSPECTOR: JPM MONTH/YEAR: 4,90

DATE: 4-26-90	EPA ID: / / / / / / / / / / /
RCRA	INSPECTION GT D R
International Pung Syche	
	rive, Port Aller, La. 70767
(Same)	Wost Buton Rouge PARISH
HAZARDOUS WASTE FACILITIES (Type as	nd Number)
STORAGE:	CHECKLISTS REQUIRED:
Container Storage Areas	RCRA CEI TSD
Tanks	GROUNDWATER
Waste Piles	CLOSURE/POST CLOSURE
Surface Impoundments	LAND TREATMENT (FARM)
TREATMENT:	LAND BAN
Tanks	Generator
Surface Impoundments	~ CUNDBAN
Incinerators.	ł
Other (Chem., Phys., Bio., or Thermal	U
DISPOSAL:	
Injection Wells	
Landfills	
Land Treatment	
Surface Impoundments	
Ocean Disposal	
Does this information agree with permit app	lication? Yes No
INSPECTOR(S):	PARTICIPANT(S):
R. P. Johnson	Glenn E. Webb
R. P. Johnson	
	

INSPECTION DUE TO EPA 6-20-90
REPORT TO EPA SENT TO EPA

April 27,1990

NARRATIVE SHEET

International Piping Systems, Port Allen, LAD 66.506630
is a facility which following the specialty sinile it
is a facility which tabricates specialty piping for industry, Part of the quality control in manufacturi,
this is the guarry control in manufacturi,
thas piping is the X-ray testing of critical
weilds. Wastes produces from the developement ox
the X-rays is classified as a DOIL-R waste. At
the time of this inspection it was discovered that
this facility had encrestfully petitioned to la
reclassified as a small quantity generator (SDB)
on 9-19-89. (see attached correspondence). The
generator CEI was still performed and no
July of the state
violations of regulations found. See attached Small quarty generator checklist.
see a dached small quarty generator checklist.
U
•
M4T.

RCRA COMPLIANCE INSPECTION REPORT GENERATORS CHECKLIST

Note: On multiple part questions, circle those not in compliance.

Sex	ction A - EPA Identification NO.
1.	Does Generator have EPA I.D. NO.7 (262.12 - EPA I.D. No.) Yes }
	a. 17 yes, EPA 1.D. No. LAD 0 6 5 0 6 6 3 0 0 CLASS :
<u>ر</u>	tion 8 - Hazardous Waste Determination
1.	Does generator generate hazardous waste(s) listed in Subpart D (261.30 - 261.33 - List of Hazardous Waste) 7.2 33:V.1103.
	a. If yes, list wastes and quantities on attachment (Include EPA Hazardous Waste No.)
	(Provide waste name and description.)
2.	Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP 33:V.1103.B.1. toxicity) (261.20 - 261.24 - Characteristics of Hazardous waste.)7.2b)1)-
	a. If yes, list wastes and quantities on attachment. (Include EPA Hazardous Maste No.) (Provide waste name and description)
	b. Does generator determine characteristics by testing or by applying knowledge of processes? Knowledge
	1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? YesYes
3.	2. If equivalent test methods used, attach copy of equivalent methods used. C. Has generator determined nature of all waste? (7.2)1103. Yes No Are there any other solid wastes deemed non-hazardous generated Class I by generators? (1.e. process waste streams, collected matter from air pollution control equipment, water treatment sludge, etc.)7.2 Yes No No No No No No No No No No No No No
	a. If yes, did generator determine non-hazardous characteristics by testing or knowledge of process?
	1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? Yes NA No
	If equivalent test methods used, attach copy of equivalent methods used.
٠.	b. List wastes and quantities deemed non-hazardous or processes from which non-hazardous wastes were produced. (Use narrative explanations sheet.)
١.	Are any wastes recycled, reused or reclaimed on-site?
	If yes, use narrative to describe the type and quantity of the waste and the method used for reclamation.

2

Site Hame: 1.0. Number:____

					/	
. 5	. Are	any	mestes shipped off-site for reclamat	tion?		
-	if;	yes, desi	ise narretive to describe the type a metion. Also give a description of	and quantity of storage prior	the waste and to shipment.	
<u>s</u>	ection	<u>c -</u>	lani fest			
. 1			erator ship hazardous waste off-site B - The Manifest)	17	<u></u>	_ No
	4.	If n	, do not fill out Section C and D.			
	b.	if y	s, identify primary off-site facil(tive explanations sheet.)	ty(s). (Use		
2			ator shipped hazardous waste off-si 19, 1980?	ite since	✓ Yes	_ Na
3	. Is g	jener	tor exempted from regulation becaus	se of:		
	Smail	1 qu	ntity generator (261.5 - Special re	qui rements)	Yes	_ Na
	OR		•		•	-
			non-hazardous waste at this time Exclusions)		Yes	. No
4.	. If n (262	ot e:	empted does generator use manifest? General requirements) 7.4a)1)1107.	A.1.	Yes	. Na
		Info	s, does manifest include the follow metion (262,21 - Required informati k up items or circle ones not on ma	on)		
		1. 1	anifest Document No. 6.2a)1) 8.7.4b)	.В.	Yes	Ма
			enerators Name. Mailing Address. To	le. No.	Yes	Na
		3. (903.A.2. & 1107.B. 6.see enerator EPA I.D. No.6.2a)2), 6.6c)	. 8 7.45)	Yes	Na
		4. 1	rensporter(s) Name and EPA 1.D. No. 903.A.2.	6.2.2)3) 8 6.60 03.4.3. & 911.0	:) Yes	No.
			. facility Name, Address and EPA		Yes	
	(6. (903.A.4., 911.C., & 1107. Of description of the waste 6.2a)5)	· D	Yes	No
		_	. Quantity (weight or volume)		Yes .	. No
		,t	. Containers (type and number) 6.2	a)6) _{903.} A _{.6} .	Yes	No
	1	8. (mergency Information (MOCCADCEX) 7.4 special handling instructions, Phon	a)4) _{1107.} A.4. • No.)	Yes	. No
Effe 9/1/		9. Y	este minimization certification	\	Yes	Na.
77 67				-	> N/A	

A)

LOUISUGED CONTURNITION OF CHEARDOOS COSTE OSTUVINO SINTE OF LOUISINHA NAZARDOUS VASTE DIVISION OFFICE OF SOLID AND HAZARDOUS WASTE DEPARTMENT OF FRUIRONMENTAL QUALITY P.O. BOX 44387 78881 DOTON ROUGE, LA Motification: Date Received INSTALLATION'S EPA ID NUMBER first subsequent Mo. Day LAD 065066300 Name of Installation (include company and specific site name) INTERNATIONAL PIPING SYSTEMS LITD Installation location address (physical address , not P. O Box) STREET 700 STATE ZIP CODE CITY OF TOWN LAI 7161 PORT 71 n l LONGITUDE LATITUDE SIC CODE PANISH CUDE PARISH NAME 3.443 BATON Installation contact (person to be contacted regarding waste activities at site) Phone Number First Name Last Name Job Tille J SAFETY COOR 5043811-9422 BOURGEOUS PERRY Installation mailing address Street, P.O. Dox or Noute Number BOK 1816181 State Zip Code City or Town O PORT ALLIL TYPE OF HAZARDOUS WASTE ACTIVITY (mark 'X' in the appropriate boxes. Refer to instructions.) GENERATUR: O greater than 1000 kg/mg on-site reuse / recycle operation П 100 to 1000 kg/ma less than 90 day storage in lanks less than 100 kg/mo INEATED STORER DISPOSED (at installation) ΔSΩlj-II urdy FFA_Look * NUTE: a permit is required for this activity; see instructions. Mode of Transportation (Transporters only) TRANSPORTER: n water fier [] highway du awn waste only for commercial purposes Transfer Facility Status: (month, day, year) requested received HAZARDOUS WASTE FUEL O burner-type of combustion device generator marketing to burner. O utility botter O industrial boiler O industrial lurance marketer

USED DIL FUEL ACTIVITIES
to UII—Specification Used Bit Fuel
🖰 generator marketing to burner — 🔘 burner — type of combustion device — otility boiler — industrial boiler
g Used Dil Collector / Transporter 💢 industrial furnance
U Sed Dil Dioker (but not marketer) Specification Used Dil Tuel Marketer (or burner) Who First Claims the Oil Meets the Specification
UWNED (legal owner of installation; include properly owner at bottom ", if different) NAME NAME P(P) P(P) Θ FILLINE
11 NT ER NA TI ONAL 504381-4922
PO BOX 868
CITY UN TOWN STATE ZIP CODE
PORT ALLEN LA 70767
INSTALLATION CLASSIFICATION (see instructions)
Owner type P Operator type P Property type P
DESCRIPTION OF REGULATED WASTES
A. Characteristic Hazardous Wastes see 10 CFP 261.20-24 and IAC 33:V. 4903 B.C.D.E)
ignitable (D001) 🗆 compsive (D002) 🗀 reactive (D003)
□ EP tuxic [D004-D017]
8. Listed Hazardous Wastes [see 40 CFN 261.30-33 and UAC 33 V 4901 B.C.E.F)
Master See and Charles See
CENTIFICATION
I could that the information provided berein and appended hereto is three and accurate to
the best of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment.
Signature Name and Little (priot or type) Data Signed
X II Bourgesio Lofete Coccinatore CF STESSO
" HIN - 1 1990

11W-1 (N 12/09)



State of Louisiana

Department of Environmental Quality



BUDDY ROEMER Governor

August 7, 1990

PAUL TEMPLET Secretary

International Proping Sustems

LAD065066300-Post Office Box 868

Port Allen, Louisiana 70767 Attn: Mr. Glenn E. Webb

Subject: Site Inspection

H-E-90-403

Dear Mr. Webb:

On or about April 26, 1990, Mr. Jeff Meyers and Mr. Rich Johnson, of our office conducted an inspection of your facility. No violation of the Louisiana Hazardous Waste Regulations was noted during this visit.

Our inspection report, copy attached, is self explanatory and forwarded for your files.

Thank you for your cooperation in this matter and in protecting our environment.

Sincerely,

Glenn A/ Miller Administrator

GAM: JPM:wl

INSPECTOR: Randy Lionbert T DATE:
EPA I.D.: LAD _0 / 6/ 5/ 0/ 6/ 6/ 3/ 0/ 0/
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY HAZARDOUS WASTE DIVISION RCRA COMPLIANCE EVALUATION INSPECTION
INTERNATIONAL PIPING SYSTEMS, LTD. SITE NAME
P.O. BOX 868, PORT ALLEN, LOUISISNA 70767 MAILING ADDRESS
1700 S. WESTPORT DR. PORT ALLEN, LOUISIANA, WEST BATON ROUGE PARISH LOCATION
HAZARDOUS WASTE FACILITIES (Type and number)
STORAGE: CHECKLISTS REQUIRED:
X Container Storage Areas RCRA CEI TSD Land Ban
X Container Storage Areas RCRA CEI TSD Land Ban Croundwater CENGLATOR
Waste Piles Closure/post-closure
Surface Impoundments Land Treatment (farm)
TREATMENT:
Tanks Surface Impoundments
Other (Chem, Phys, Bio. or Thermal)
DISPOSAL:
Injection Wells Landfills
Land Treatment Surface Impoundments
Ocean Disposal
Does the information described above agree with the permit application? X Yes No
INSPECTOR(S): PARTICIPANT(S):
Randy Lionberger George A. Banta Jn.
Lynn Brou A.T. Cureton
REPORT DUE TO EPA//

INTERNATIONAL PIPING SYSTEMS, LTD. LAD 065 066 300 RCRA COMPLIANCE EVALUATION INSPECTION

REPORT NARRATIVE

INTRODUCTION

A RCRA CEI was conducted on March 2, 1994 at the International Piping Systems, LTD. facility as the result of a citizen complaint. The facility is located at 1700 S. Westport Drive in Port Allen, and the mailing address is P.O. Box 868, Port Allen, Louisiana 70767. Randy Lionberger, lead inspector, and Lynn Brou, assistant inspector, represented the Louisiana Department of Environmental Quality- Hazardous Division Enforcement (LDEQ-HW-En). Mr. George A. Banta, Jr., Safety and Environmental Manager, represented International Piping Systems, LTD. (IPS). We arrived on location at 10:30 a.m. under an overcast sky. There was a light rain and water standing on the ground from heavy rain on March 1, 1994. The temperature was in the low 50's and the wind was gusty.

PREINSPECTION RECORDS REVIEW

A search of the facility records in the Hazardous Waste Division File Room was conducted prior to the inspection. A hazardous waste notification form (HW-1) for 1990 was reviewed. D001 was the only characteristic waste reported and F003 was the only listed waste reported. The facility notified as a generator producing 100 to 1000 kg/mo. There were no previous violations revealed by the review and no other records were available. There was no evidence that the facility had ever been inspected by the Hazardous Waste Division.

FACILITY DESCRIPTION

The facility, International Piping Systems, is a pipe fabricating plant producing pipe systems from new pipe customized to customer order. Painting is a part of the production process and paint waste is generated. The pipe is painted in an area near the south property line which is bounded by the Intracoastal Waterway which is approximately ten meters distance from the property line.

FACILITY INSPECTION

PAINTING AREA CONTAINMENT

The pipe painting area was inspected. There were approximately 45 to 50 empty paint containers piled in the area. Many were open and the residue dried. The amount of rust on some of the containers indicated that they had been exposed to the weather for some time. The soil in the area was covered with sand from the sand blasting operation. There was no vegetative cover and, with

International Piping Systems, LTD LAD 065 066 300 Page 2

the exception of a paint storage shed, a sand hopper, and racks to hold the pipe during the sand blasting and painting process, no other structures existed in the pipe painting area. three 55-gallon drums of paint waste sitting directly on the ground. All three were rusty but had no dents or apparent leaks. Mr. Banta said that the drums contained paint waste solids. The Material Safety Data Sheets for the paint products used by the facility showed that the paint waste in these three drums contained Xylene (F003/D001) and Methyl Ethyl Ketone (F005/D001). A TCLP Analysis of the paint waste showed the level of lead to be 5.65 ppm and the regulatory level is 5.00 ppm. The three drums were not marked "Hazardous Waste" or dated with the beginning accumulation Two of the drums were date in violation of LAC 33:V.1109.E.1.d. uncovered in violation of LAC: V.2107.A. Mr. Banta also stated that a fourth drum contained liquid waste solvent which includes Xylene (F003/D001) and PM Acetone (F003/D001) among its constituents. This container was securely covered, and had no apparent leaks; however, it was beginning to rust and had a large dent in the lower onethird of the drum. The respondent failed to transfer the hazardous material to another container in violation of LAC 33:V.2103. drum had been placed on a wooden pallet and was not in direct contact with the ground. The respondent failed to establish a container storage area with a secondary containment system designed and operated in accordance with LAC 33:V.2111.B, in violation of LAC 33:V.2111.A. All paint waste combustible liquids, [Xylene and Acetone (F003/D001), MEK (F005/D001)], and parts cleaning solvent, tetrachloroethylene contains Petroleum Naphtha, [which (D039/D001/D008)] and the waste flammable solids are sent to Safety-Kleen for fuel substitution or incineration.

PHOTOGRAPHIC QUALITY CONTROL SHOP

Welded joints on the pipe are inspected by radiography. The negatives are rinsed and are disposed by Industrial Radiography Maintenance Supply. The rinse water is sampled and released into a ditch. The silver is recovered by the Industrial Radiography Maintenance Supply Company using an approved silver recovery system. The recovered material meets the definition of a characteristic sludge from a waste water pre-treatment system; therefore, is not a solid waste by LAC 33:V.109.

FACILITY RECORDS REVIEW

The Hazardous Waste Notification Form (HW-1) omitted from the Description of Regulated Waste, F005, D039, and D008, in violation of LAC 33:V.1105.B.

The annual report prepared for 1993 omitted D001, and F005 from the waste identification section in violation of LAC 33:V.1111.B.1.e.

International Piping Systems, LTD LAD 065 066 300 Page 3

33:V.1111.B.1.e.

- Mr. Banta said that there was no personnel training program as specified in LAC 33:V.1515 in violation of LAC 33:V.1119.
- Mr. Banta said that there was no contingency plan in place in violation of LAC 33:V.1117.
- Mr. Banta said that although he regularly inspected the container storage area, he did not keep written records in violation of LAC 33:V.2109.C.

OUT BRIEFING

- On March 2, 1994 at approximately 12:30 p.m. an out briefing was conducted with A.T. Cureton, Shop Superintendent; George Banta, Safety and Environmental Manager; Randy Lionberger, and Lynn Brou in attendance. The following areas of regulatory concern were identified:
- 1. The facility failed to notify the Administrative Authority, within seven (7) days, of changes in the information submitted in the application for the identification number in violation of LAC 33:V.1105.B.
- .2. The facility failed to have a containment system for storage of liquid waste that is designed and operated in accordance with LAC 33:V.2111.B, in violation of LAC 33:V.2111.A.
- 13. The facility failed to maintain inspection records of hazardous waste storage areas according to the record keeping requirements of LAC 33:V.2109.C.
- .4. The facility failed to label or clearly mark containers storing hazardous waste with the words "Hazardous Waste" and the date upon which each period of accumulation began, in violation of LAC 33:V.1109.E.1.d.
- .5. The facility failed to transfer hazardous waste from a leaking or deteriorated container to a container in good condition, in violation of LAC 33:V.2103.
- 6. The facility failed to keep containers holding hazardous waste closed during storage except when necessary to add or remove waste, in violation of LAC 33:V.2107.A.
- 7. The facility failed to include a description, by EPA identification numbers, of hazardous wastes (D001,D008, F005) in the Annual Report for 1993 in violation of LAC 33:V.1111.B.1.e.

International Piping Systems, LTD LAD 065 066 300 Page 4

- 8. The facility failed to institute a personnel training program as specified in LAC 33:V.1515, in violation of LAC 33:V.1119.
- 9. The facility failed to prepare a contingency plan which included the information as specified in LAC 33:V.1513.A,B,C,D.2, and F, in violation of LAC 33:V.1117.

LDEQ-EDMS Document 786407, Page 6 of 120

International Piping Systems, LTD LAD 065 066 300 Page 5

EXECUTIVE SUMMARY

On March 2, 1994, Randy Lionberger, lead inspector and Lynn Brou conducted a CEI at International Piping Systems, LTD. 1700 S. Westport Dr., Port Allen, Louisiana. The inspection was the result of a citizen complaint that paint waste was being emptied into a ditch. There was no evidence of this activity; however, a total of nine violations were identified and a Compliance Order is being processed.









June 28, 1994

Glenn A. Miller Assistant Secretary for State of Louisiana Department of Environmental Quality P.O. Box 82178 Baton Rouge, Louisiana 70884-2178

RECEIVED

JUN 1 5 1994

Dept. . Environmental Quality Hazardous Waste Division

Subject:

Compliance Order ~ Enforcement Tracking No. HE-C-94-0091

In response to the Compliance Order issued to International Piping Systems, LTD, by the Louisiana Department of Environmental Quality, Hazardous Waste Division, "Findings of Fact Section II":

- A. Containers are marked. Per LAC 33:V.1109.E.1.d.
- B. Containers are staying closed, except when necessary to add or remove waste. Per LAC 33:V.2107.A.
- C. This waste has been transferred to a container in good condition. Per LAC 33:V.2103.
- A secondary containment has been purchased to store waste until shipped out.
 This container will store any waste that has leaked out.
 Per LAC 33:V.2111.A.
- E. The new Waste Codes have been sent to the Administrative Authority. **Per LAC 33:V.1105.B.**
- F. These Codes have been reported. All Waste Codes will be reported in the Annual Hazardous Waste Report. Per LAC 33:V.1111.B.l.e.
- G. A date is being set to have all employees trained who are currently handling waste, and who may handle waste in the future. Per LAC 33:V.1119.
- H. A contingency plan is being prepared per LAC 33: V.1513.A,B,C,D.2, and F.
- I. An inspection log book has been prepared and all containers are being inspected weekly. Per LAC 33:V.2109.C.

Respectfully,

George Banta, Jr. Safety Coordinator

A Turner Industries Company



State of Louisiana

Department of Environmental Quality



Edwin W. Edwards Governor

May 24, 1994

William A. Kucharski Secretary

CERTIFIED RETURN RECEIPT REQUESTED

P 138 788 428 P 138 788 429

Chalernational Biping Systems LTD.

(1AD 065 066 300) 1700 Westport Drive

Port Allen, Louisiana 70767

ATTN: Mr. George Banta, Jr.

Subject: COMPLIANCE ORDER

ENFORCEMENT TRACKING NO. HE-C-94-0091

Dear Mr. Banta:

Attached please find a Compliance Order issued to International Piping Systems by the Louisiana Department of Environmental Quality, Hazardous Waste Division.

In order to reduce document handling time, please refer to the enforcement tracking number on the top right of the attached document on all correspondence in response to this action.

If you have any questions regarding this matter, please do not hesitate to contact this office at 504/765-0355.

sincerely.

Assistant Secretary

GAM:ORL:eml

Attachments

OFFICE OF SOLID AND HAZARDOUS WASTE HAZARDOUS WASTE DIVISION

P.O. BOX 22178

BATON ROUGE, LOUISIANA 70884-2178



AN EQUAL OPPORTUNITY EMPLOYER



STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

OFFICE OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE DIVISION

IN THE MATTER OF:

*

INTERNATIONAL PIPING SYSTEMS LTD (LAD 065 066 300)
1700 WESTPORT DRIVE
WEST BATON ROUGE PARISH
PORT ALLEN, LOUISIANA 70767

ENFORCEMENT TRACKING NO.

HE-C-94-0091

PROCEEDINGS UNDER THE LOUISIANA ENVIRONMENTAL QUALITY ACT LA. R.S. 30:2001 ET SEQ.

COMPLIANCE ORDER

The following COMPLIANCE ORDER is issued to International Piping Systems LTD (Respondent) by the Louisiana Department of Environmental Quality (the Department), under the authority granted by the Louisiana Environmental Quality Act (the Act), La. R.S. 30:2001 et seg., and particularly by La. R.S. 30:2025 (C).

FINDINGS OF FACT

I.

Respondent operates a customized pipe systems fabrication facility located at 1700 Westport Drive in Port Allen, West Baton Rouge, Louisiana.

II.

On or about March 2, 1994, representatives of the Department performed an inspection of the facility and noted the following:

A. Respondent failed to label or clearly mark

three 55-gallon drums storing F003/F005(D001/D008) hazardous waste with the words "Hazardous Waste" and the date upon which each period of accumulation began, in violation of LAC 33:V.1109.E.1.d.

- B. Respondent failed to keep two 55-gallon drums storing F003/F005 (D001/D008) hazardous waste closed except when necessary to add or remove waste, in violation of LAC 33:V.2107.A.
- C. Respondent failed to transfer a drum of F003/F005(D001) hazardous waste that was rusted and had a large dent into a drum in good condition, in violation of LAC 33:V.2103.
- D. Respondent failed to have a containment system for stored liquid hazardous waste that is designed and operated in accordance with LAC 33:V.2111.B, in violation of LAC 33:V.2111.A.
- E. Respondent failed to notify the Administrative Authority, within seven (7) days, of changes in the information submitted in the application for the identification number (waste codes F005, D039, D008), in violation of LAC 33:V.1105.B.
- F. Respondent failed to include waste codes D001 and F005 in the Annual Hazardous Waste Report submitted for 1993, in violation of LAC 33:V.1111.B.1.e.

- G. Respondent failed to institute a personnel training program as specified in LAC 33:V.1515, in violation of LAC 33:V.1119.
- H. Respondent failed to prepare a contingency plan which included the information as specified in LAC 33:V.1513.A, B, C, D.2, and F, in violation of LAC 33:V.1117.
- I. Respondent failed to maintain records of weekly inspections of hazardous waste storage areas according to the recordkeeping requirements of LAC 33:V.1529, in violation of LAC 33:V.2109.C.

COMPLIANCE ORDER

Based on the foregoing, Respondent is hereby ordered:

I.

To immediately institute procedures which ensure that containers storing hazardous waste are labeled or marked with the words "Hazardous Waste" and the date upon which accumulation began.

To immediately institute procedures which ensure that containers holding hazardous waste are closed during storage except when necessary to add or remove waste.

III.

To immediately institute procedures which ensure that hazardous waste in a leaking or deteriorated container (e.g. severe rusting, apparent structural defects) is transferred to a container in good condition.

IV.

To operate, within forty-five (45) days after receipt of this Compliance Order, a containment system for the container storage area in accordance with LAC 33:V.2111.B and to institute procedures to ensure that it is continuously operated in that manner.

v.

To immediately institute procedures which ensure that the Administrative Authority is notified of changes in the information submitted in the application for identification number (HW-1 Form) as specified in LAC 33:V.1105.B.

VI.

To submit to the Department, within thirty (30) days after receipt of this Compliance Order, a correction of the inaccurate information included in the 1993 Annual Hazardous Waste Report.

VII.

To institute, within forty-five days after receipt of this Compliance Order, a personnel training program as specified in LAC 33:V.1515.

VIII.

To prepare and submit to the Department, within forty-five days after receipt of this Compliance Order, a contingency plan in compliance with LAC 33:V.1513.A, B, C, D.2, and F, and to institute procedures to ensure that the plan is updated with the Department as required.

IX.

To immediately institute procedures to ensure the maintenance of inspection records in accordance with the recordkeeping

requirements of LAC 33:V.1529.

X.

To prepare and submit to the Department, within sixty (60) days after receipt of this Compliance Order, a detailed report describing actions taken and to be taken to correct and prevent future occurrence of those violations described in paragraph II of the Findings of Fact of this Compliance Order.

Respondent shall further be on notice that:

XI.

This COMPLIANCE ORDER shall become final and not subject to further administrative review unless, no later than thirty (30) days after receipt of this document, Respondent files a written request for a hearing. This request should reference the number which is located in the upper right hand corner of the first page of this document and should be directed to the following:

Administrative Hearing Clerk
Administrative Hearings Division
Office of the Secretary
Louisiana Department of Environmental Quality
Post Office Box 82263
Baton Rouge, Louisiana 70884-2263

XII.

Upon Respondent's timely filing a request for a hearing, a hearing on this COMPLIANCE ORDER may be scheduled by the Secretary of the Department. The hearing shall be governed by the Act, the Administrative Procedure Act (La. R.S. 49:950, et seq.), and the Department's Rules of Procedure. The Department may amend or supplement this COMPLIANCE ORDER prior to the hearing, after providing sufficient notice and an opportunity for the preparation of a defense for the hearing.

XIII.

The failure to timely request a hearing constitutes a waiver of Respondent's opportunity for a hearing under Section 2024 (A) of the Act for the violations described herein and for the provisions of this COMPLIANCE ORDER.

XIV.

Respondent's failure to request a hearing or to file an appeal or Respondent's withdrawal of a request for hearing on this COMPLIANCE ORDER shall not preclude Respondent from contesting the findings of fact in any subsequent penalty action addressing the same violations, although Respondent is estopped from objecting to this COMPLIANCE ORDER becoming a permanent part of its compliance history.

XV.

Respondent's failure or refusal to comply with this COMPLIANCE ORDER and the provisions herein will subject Respondent to possible enforcement procedures under La. R.S. 30:2025, which could result in the assessment of a civil penalty in an amount not to exceed fifty thousand dollars (\$50,000) for each day of continued noncompliance.

XVI.

For each violation described herein, the Department reserves the right to seek civil penalties in any manner allowed by law, and nothing herein shall be construed to preclude the right to seek such penalties.

XVII.

This COMPLIANCE ORDER is effective upon receipt.

Baton Rouge, Louisiana, this 24th day of May , 1994.

Glenn A. Willer Assistant Secretary

Hazardous Waste Division

Please serve Respondent through its agent for service of process:

B.S. Turner 8687 United Plaza Blvd. Suite 500 Baton Rouge, Louisiana 70809

Copies of a request for hearing and/or related correspondence should be sent to:

Mr. Monroe Penrod, Program Manager Department of Environmental Quality Hazardous Waste Division/Enforcement Section Post Office Box 82178 Baton Rouge, Louisiana 70884-2178

and

Randy Lionberger, Capitol Regional Office 11720 Airline Highway Baton Rouge, Louisiana 70809

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ompleted on the reverse side?	SENDER: MW-ENF Section - 5th Floor Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back it do not permit. Beturn Receipt Requested" on the mailpiece below the article was delivered addivered. Article Addressed to: The Marion of the mailpiece below the article was delivered addivered. Article Addressed to: The Marion of the mailpiece below the article was delivered and delivered. Article Addressed to:	f space cle number. nd the date	following fee): 1. 2. Consult picle Number		seipt Service.
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Beton Rouge, Ly. 70809	Consult postmaster for fee. 3a. Article Number 138 788 U29 4b. Service Type Registered Insured Certified COD Express Meil Return Receipt for Merchandise 7. Date of Delivery 3-94
6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1893—352	8. Addresse's Address (Only if requested and fee is paid) -714 DOMESTIC RETURN RECEIPT

LOUISIANA NOTIFICATIO	N OF HAZARDOUS WASTE ACTIVITY
STA7	E OF LOUISIANA
DEPARTMENT (OF ENVIRONMENTAL QUALITY
PO ROY 82178	OUS WASTE DIVISION BATON ROUGE, LA 70884-2178
1.0. 00% 82178	
INSTALLATION'S EPA ID NUMBER	NOTIFICATION: FIRST SUBSECULARISM Maste Division Hazardaus Maste Division
14.4.504504	FIRST SOBSECULARISONMENTAL Quality Head down Wester Division
LIAIDIO1615101616131010	
NAME OF INSTALLATION (Include co	mpany and specific site name)
	-
Intermational Pile	ning System 1470
INSTALLATION LOCATION ADDRES	S (physical address, not p.o. box, route number, or hwy number)
s s	TREET
17001 ISWILLTHI WEISITIPIO	
CITY OR TOWN	STATE ZIP CODE
Port Allen	
	1111111111 KR 7017617
LATITUDE LONGITU	1 4
	WIEISITI BIRI
SIC CODE 3141914 (see	1,.0.21
SIC CODE 3494 (see	instructions) PARISH CODE / 12 3
INSTALLATION CONTACT (person to	he contacted reperding weeks potablished at all all
LAST NAME FIRST NAME	JOB TITLE PHONE NUMBER
BIQINITIA I GLEIOICIQUE I I	15121F1e1+141Manualg1e+51014/31811-9141212
	•
INSTALLATION MAILING ADDRESS	
STREET, P.O. BOX 6	DR ROUTÉ NUMBER
	!
CITY OR TOWN	STATE ZIP CODE
<u></u>	
TYPE OF HAZARDOUS WASTE ACTIVITY (SEE INST	URCTIONS)
GENERATOR:	TRANSPORTER: (Indicate Mode below) O TREATER, STORER, DISPOSER
O greater than 1000 kg/mo (2,200 lbs) .O_100 to 1000 kg/mo (220 - 2,200 lbs)	O for own wester only (at installation)
kees then 100 kg/mo (220 ibs)	O for commercial purposes MODE OF TRANSPORTATION (transporters only) **NOTE: A permit le required for this activity **SET INSTRUMENTATION
O LABORATORY OR TESTING FACILITY	O highway O rail O air O water
FOR TREATABILITY STUDIES	TRANSFER FACILITY STATUS: (MONTH, DAY, YEAR) (Transporter status must be indicated above) CONTROL
on-aite reuse/recycle operation for own waste only on-aite reuse/recycle operation for commercial purposes	requested
RCBio	recieved
O less than 90 day storage in tanks	
Alig 10 m	For Official Use Only MV

AUG 1 8 1994

For Official Use Only NOW 4941 5441 7980

HAZARDOUS WASTE FUEL ACTIVITY Generator Marketing to Burner Other Marketer Boller and/or Industrial Furnace Indicate Type of Combustion Device(s) Utility boller Industrial Boller	USED OIL FUEL ACTIVITY Off-Specification Used Oil Fuel Generator Marketing to Burner Other Marketer Burner Indicate Type of Combustion Device(s) Utility boiler Industrial Boiler
Industrial Furnace	Industrial Furnace
	Used Oil Collector/Transporter
Smelter Deferral	Used Oil Broker (but not marketer) Specification Used Oil Fuel Marketer (or on-site Burner)
Small Quantity Exemption	Who First Claims the Oil Meets the Specification
OWNER (legal owner of installation; include pro	perty owner at bottom *, if different)
NAME	PHONE
Turner IIndustir	18151 51014 91212-5101510
181618171 14 Novi 1+ end 1 191/10	uzal Blowlleward 1
CITY OR TOWN	STATE ZIP CODE
Baltioin Plougie 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CHANGE OF OWNER INDICATOR: Yes	No 🖄 Late Changed (Month, Day, Year)
INSTALLATION CLASSIFICATION (All three categori	les must be completed - SEE INSTRUCTIONS)
ρ_{i}	i Pi
Operator type	Property type
DESCRIPTION OF REGULATED WASTES	
A Characteristic Harzardous Wastes (see 40 CFR 251.2	20–24 and LAC 33:V.4903 B,C,D,E)
ignitable (D001) oorroshe (D002)	reactive (D003)
© TC 20xic (D004-D043) [D 0 3 9]	0008
B. Listed Hazerdous Wastes (see 40 CFR 261.31-33 and	nd LAC 33:V.4901 B,C,E,F)
F005	
	للللا للللا
<u> </u>	1
CERTIFICATION I Certify under penelty of law that this document and all attechments were proceed to assure that qualified personnel properly gether and evaluate it who manage the system, or those persons directly responsible for gethering is including and belief, true, ecourate, and complete. I am evere that there including the possibility of time and imprisonment for knowing violations.	he information automitted. Based on my inquiry of the person or persons g the information, the information automitted is, to the bast of my
SIGNATUŖE NAME AND TITE	LE (PRINT OR TYPE) DATE SIGNED
X George A. Banta Jr. Safet	ly Coordinator 3-23-94
HN-1; 8700-12 (R. 7/82)	

[•] Must have original signature

AI 20321

MAIL COMPLETED FORM TO: LDEQ/OES/ Environmental Assistance Division/CAS PO Box 4313 Baton Rouge, LA	Doited States Environmental Proto and STATE OF LOUIS DEPARTMENT OF ENVIRONM NOTIFICATION OF HAZARDOUS RCRA SUBTITLE C SITE IDENT	IANA IENTAL (S WASTE	QUALITY E ACTIVITY	DEQ LOUISIANA	
70821-4313 1. Reason for Submittal CHOOSE ONLY ONE REASON PER SUBMITTAL	A. Reason for Submittal: ☐ To provide initial notification (to obtain an EPA ID To provide subsequent notification (to update site or ☐ As a component of a First RCRA Hazardous Was ☐ As a component of a Revised RCRA Hazardous V or As a component of the Hazardous Waste Report. B. Number of Employees:1175	Number for had identification steepers A Perrowaste Part A Perrowaste Part A I	azardous waste, universainformation).		
2. Site EPA ID Number	EPA ID Number: LAD 985198308				
3. Site Name	Legal Name: Jacobs	***		· ·	
4. Site Location (Physical address,	Street Address: 4949 Essen Lane				
NOT PO Box or Route)	City, Town, or Village: Baton Rouge		State: LA		
	County/Parish Name: East Baton Rouge		Zip Code: 70739	<u> </u>	
5. Site Land Type	Site Land Type: * Private	strict 🛭 Fed	leral 🖸 Indian 🗅 Mu	unicipal State Other	
6. North American Industry Classification System (NAICS) Code(s)	A-8747 54133	В.			
	С.	D.			
7. Site Mailing Address	Street or P. O. Box: P.O Box 98033				
	City, Town, or Village: Baton Rouge				
	State: Louisiana				
	County/Parish Name: East Baton Rouge Parish		Zip Code: 70898		
8. Site Contact Person	First Name: Phil	MI:	Last Name: Dunlap		
	Phone Number: (225) 768-5204		Phone Number Exten	sion: NA	
9. Legal Owner and Operator of the Site (see	A. Name of Site's Legal Owner: Jacobs	•	Date Became Owner	(mm/dd/yyyy): 01/01/1989	
instructions)	Owner Type: ★ Private ☐ County/Parish ☐ Distric	ct 🗆 Federa	al 🗓 Indian 🗀 Munic	cipal 🗆 State 🗀 Other	
	B. Name of Site's Operator: Jacobs		Date Became Operate	or (mm/dd/yyyy): 01/01/1993	
	Operator Type: ★ Private ☐ County/Parish ☐ Dis	strict 🚨 Fed	eral 🗆 Indian 🗆 Mu	nicipal 🗆 State 🕮 Other	
	Regs & Certs			سا،	

Lm RCRAInfo 6/19/9
Lm TEMPO 6/19/9

JUN 1 8,2009

Page 1 of __

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JUN 1 8 2009

LDEQ OES/PSSD

LDEQ-EDMS Document 6461797, Page 2 of 3

13. 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 talse information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
Shil Dunlas	Asset Manager	06-18-2009
·		

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LDEQ OES/PSSD

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RCRA INSPECTION

HAZARDOUS WASTE FACILITIES, Type and Number STORAGE: Container Storage Areas C Tanks Waste Piles Surface Impoundments TREATMENT: Surface Impoundments Incinerators Other (Chem., Phys., Sig. or Thermal) DISPOSAL: Injection Wells Landfills Surface Impoundments Ocean Disposal Does this information agree with permit application?

PARTICIPANT(S):

CC: U.S. EPA

ENFORCEMENT

INSPECTOR(S):

11/05/87 La. State Archives LAD982288946

The facility generates silver bearing photographic wastes. The photographic developer has a silver recovery unit on line.

The unit at the new facility has not been harvested.

The facility has not developed and implemented a personnel training and contingency plan.

Notice of Violation is recommended.

RCRA COMPLIANCE INSPECTION REPORT GENERATORS CHECKLIST

No	te: On multiple part questions, circle those not in compliance.
<u>Se</u>	ction A - EPA Identification NO.
1.	Does Generator have EPA I.D. NO.? (262.12 - EPA I.D. No.) Yes
	a. If yes, EPA I.D. No. LAD982288946
<u>Sec</u>	ction B - Hazardous Waste Determination
1.	Does generator generate hazardous waste(s) listed in Subpart D (261.30 - 261.33 - List of Hazardous Waste) 7.2 Chapterad
	a. If yes, list wastes and quantities on attachment (Include EPA Hazardous Waste No.) is Notification from
	(Provide waste name and description.)
2. Dunder	Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity) (261.20 - 261.24 - Characteristics of Hazardous waste) 7.2b)1) a. If yes, list wastes and quantities on attachment. (Include EPA Hazardous Waste No.) (Provide waste name and description)
	b. Does generator determine characteristics by testing or by pharycolic applying knowledge of processes?
	1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)?
	 If equivalent test methods used, attach copy of equivalent methods used.
3.	Are there any other solid wastes deemed non-hazardous generated by generators? (i.e. process waste streams, collected matter from air pollution control equipment, water treatment sludge, etc.)7.2
	a. If yes, did generator determine non-hazardous charcteristics by testing or knowledge of process?
	1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? No
	If equivalent test methods used, attach copy of equivalent methods used.
	b. List wastes and quantities deemed non-hazardous or processes from which non-hazardous wastes were produced. (Use narrative explanations sheet.)
4.	Are any wastes recycled, reused or reclaimed on-site?
	If yes, use marrative to describe the type and quantity of the waste and the
	method used for reclamation.
	•

Site Name:
I.D. Number:

Was No

5. Are any wastes shipped off-site for reclamation?

If yes, use narrative to describe the type and quantity of the waste and its destination. Also give a description of storage prior to shipment.

2

Sect	ion C -	Manifest PANE KANNE LAND		
		nerator ship hazardous waste off-site? t B - The Manifest)	Yes	_ No
	a. If	no, do not fill out Section C and D.		
		yes, identify primary off-site facility(s). (Use rative explanations sheet.)	\/	
		erator shipped hazardous waste off-site since r 19, 1980?.	Yes	_ No
3.	Is gene	rator exempted from fegulation because of:	\/	,
	Small q	uantity generator (261.5 - Special requirements)	Yes	_ No
,	<u>OR</u>		7.	,
		s non-hazardous waste at this time - Exclusions)	Yes _X	<u>√</u> No
		exempted does generator use manifest? - General requirements) 7.4a)1)		_ No
	inf	yes, does manifest include the following ormation (262.21 - Required information) eak up items or circle ones not on manifest)		
	1.	Manifest Document No.6.2a)1) & 7.4b)	Yes ·	_ No
	2.	Generators Name, Mailing Address, Tele. No. 6.2a)2) & 7.4b)	<u>X</u> Yes	_ No
	3.	Generator EPA I.D. No.6.2a)2), 6.6c), § 7.4b)	Yes	_ No
	4.	Transporter(s) Name and EPA I.D. No. 6.2.2)3) & 6.60	:) <u>/X</u> Yes	_ No
	5.	a. Facility Name, Address and EPA I.D. No. 6.2a)4), 6.6c), § 7.4b)	Yes	_ No
	6.	DOT description of the waste 6.2a)5)	<u> </u>	_ No
	7.	a. Quantity (weight or volume) b. Containers (type and number) 6.2a)6)	Yes	No No
	8.	Emergency Information (XEXXADOX) 7.4a)4) (special handling instructions, Phone No.)	Yes	_ No
ffect /1/85		Waste minimization certification .	Yes	_ No
			,	

Site Name: 3 9. Is the following certification on each manifest form? 6.2b) § 7.4b)2) This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Does generator retain copies of manifests? 7.6a)1) (Check completed manifests at random. Indicate how many manifests were inspected, how many violations were noted and the type of violation.) If yes, complete a through e. If questions contain more than one item, circle those not in compliance. (263.23 Use of the Manifest) a. (1) Did generator sign and date all manifests inspected? 7.4d(1)(2) Who signed for generator? Name b. (1) Did generator obtain handwritten signature and 7.4d)1) 🖊 date of acceptance from initial transporter? (2) Who signed for transporter? Name Chilon c. Does generator retain one copy of manifest signed by generator and transporter? 7.4d)1)d. Do returned copies of manifest include facility owner/operator signature and date of acceptance? 6.3b)1)e. If copy of manifest from facility was not returned within 45 days, did generator file an exception report? (262.42 - Exception reporting) 7.60) (1) If yes, did it contain the following information: Legible copy of manifest. Cover letter explaining generators efforts to locate waste. f. Does (will) generator retain copies for 3 years? 7.6a)1)

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▲			SE FO	TIVE.	1
STITE OF LOUISIANA	~ (Dig Ond	REG	OR DEPARTUS	ン ENT USE
HAZARDOUS WASTE DIVISI OFFICE OF SOLID AND HAZARDO		رم \ الأو TF			
DEPARTMENT OF ENVIRONMENTA	L QUAL		<u>اللا.] ﴿</u>	2:9:1987	, , , , , ,
P. O. BOX 44307 BATON ROUCE,	LA 708	104 ()	Date	Received:	iku
	_	•	Dept. of E	nvironinelitat Quel Gnatater <u>:Divisio</u> n	Ψ)
Hazardous Waste Notific			J		
☐ HAZARDOUS WASTE ☐ REUSE	RECYCL	<u>.E</u>	Chec	ked by:	
SECRETARY O	F STA	1 T T T T	1 1 1 1 1 1		
1. NAME OF INSTALLATION: D. D. C. C. D. D. C. C. D. C.	ET OR PO SO		R.C.H.I.V.E	8	<u> </u>
	7777	11111		\neg	
2. MAILING ADDRESS: P.U. B.O.X. 94125	WN		- HATE	ZP CODE	•
Baton Rouge			L A 7	0 8 0 4	
STREET ROUTE NO OR OTHER	SPECIFIC IDEN	TIFIER			FIPS PARISH COD
3. LOCATION: 3.8.5.1 Essen Lane					0 3 3
CITY OR TOWN		<u> </u>	TATE DIP CODE		
Baton Rouge			A 7.0.8.0	 1	
	er, first & litter		, , , , , , , , , , , , , , , , , , ,	HOKE (area code & no)	7 7 1
4. CONTACT Brister John Buil	ding	Manag	er pu4	9233	0 2 4
 	N.	AME			
J. UMNERGRIF. C. L.	n a	TRACTOR IF APPLICA			
TAME OF C	T T T	THACTOM IF APPLICA	*	, , , , , , , , , , , , , , , , , , , 	177
6. OPERATOR:					1
7 NOTIFICATION TYPE. (Mark applicable boxes. Give installation)	5 La. I.Q. No	o. and EPA I.D. No	. if known)		
<u>.</u>			. if known)		
Notification is: the first for this installation a subsequ	vent notifica	ation	• •	·	
Notification is: the first for this installation a subsequal to the first for this installation Type of Regulated Waste Activity (Mark 'X' in the approximation)	vent notifica	ation boxes. Refer to	instructions.)		
Notification is: the first for this installation a subsequal to the first for this installation Type of Regulated Waste Activity (Mark 'X' in the apparatus Activity)	propriete (ation boxes. Refer to 8 Use	<i>instructions.)</i> d Oli Fuel Activiti		
Notification is: the first for this installation a subseque. Type of Regulated Waste Activity (Mark 'X' in the apparatus Waste Activity A Hezerdous Waste Activity	propriete L	ation boxes. Refer to	<i>instructions.)</i> d Oil Fuel Activiti		
Notification is: the first for this installation a subsequal to the first for this installation Type of Regulated Waste Activity (Mark 'X' in the apparatus Activity)	propriete L	boxes. Refer to S Use	instructions.) d Oli Fuel Activiti i Oli Fuel propriete bailes be		'
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Notification is: the first for this installation is a subsequent to the subsequent	propriete L	boxes. Refer to B Use Specification Used for 'X' and mark ap a Generator Mai	instructions.) d Oil Fuel Activiti I Oil Fuel propriete baxes be rketing to Burner		
Notification is: the first for this installation a subsequent Type of Regulated Waste Activity (Mark 'X' in the apparatus) A. Hazardous Waste Activity 1a Generator 2 Transporter 3 Trester/Storer/Disposer 4 Underground Injection	ent notifica	Specification User B Uper Specification User C Specification User B Generator Mai C Burner C Burner	instructions.) d Oil Fuel Activiti l Oil Fuel propriete boxes be rketing to Burner f	On site durners	-
Notification is: the first for this installation is a subsequent to the subsequent	ent notifica	boxes. Refer to B Use Specification Uses for 'X' and mark ap a Generator Markete b Other Markete	instructions.) d Oil Fuel Activiti l Oil Fuel propriete boxes be rketing to Burner f	On site durners	-
Notification is: the first for this installation A subsequence of Regulated Waste Activity (Mark 'X' in the apparatus A. Hazardous Waste Activity 1 a Generator 2 Transporter 3 Treater/Storer/Disposer 4 Underground Injection 5 Market or Burn Hazardous Waste Fuel (anter 'X' and mark appropriate boxes below) a Generator Marketing to Burner b Other Marketer c Burner	sent notifica	Specification Used Oil of First Claims the C.	Instructions.) d Oil Fuel Activiti f Oil Fuel propriete baxes be riceting to Burner of Fuel Marketer (pr Oil Meets the Spec	On site durner;	
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X. Description of Hazardous Wastes (cor	tinued from front		-1-1-1-1			
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specific sources your installation handles. Use ac	iditionat sheets if nece	MOIN ACCEST LESS VOIT ?!	Carrence lister us	zardouž waste trom		
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C. Commercial Chemical Product Hezardous West	es. Enter the four-digit	number from 40 CFR Pa	rt 261 33 for each	chemical substance		
your ma flation handles which may be a hazardo	us waste. Use addition	al sheets if necessary.				
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prials, or medical and research laboratorise your i	netalistion handles. Us	e additional sheets if ne	cessary.	pitale, retermary noa-		
49 50	51	52	63	54		
	1 1 1					
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E. Characteristics of Nonlisted Hazardous Wastes.	Mark 'X' in the boxes	corresponding to the cha	racteristics of nonli	sted hazardous wastes		
your installation handles. (See 40 CFR Parts 265.2	;7 — 261.24)					
🗋 1. ignitable 🔯 2	. Corroeive	3. Reactive	1	X 4 Toxic		
(5001)	(D002)	(0003)		(D000)		
XI. Certification						
i certify under penalty of law that I have	personaliy exami	ined and am familiai	with the inform	nation submitted in		
this and all attached documents, and ti	h et besed on my ir	equiry of those indiv	iduals immedia	tely responsible for		
obtaining the information, i believe that	the submitted info	rmation is trua, accu	rate, and compl	lete. I am aware that		
there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
						
Signature		iel Title (type or print)	10	late Signed		
	Name and Office John Br		C	7-23-87		

EPA Form 8700-12 (Rev. 11-85) Reverse



Eighd

MARTHA A. MADDEN SECRETARY

OFFICE OF SOLID AND HAZARDOUS WASTE January 4, 1988

JOHN KOURY
ASSISTANT SECRETARY

CERTIFIED RETURN RECEIPT REQUESTED (P 125 281 219)

Louisiana State Archives Attn: Mr. John Brister P. O. Box 94125 Baton Rouge, La. 70804

Dear Mr. Brister:

Re: NOTICE OF VIOLATION LAD982288946

On or about November 5, 1987, an inspection of your facility was performed to determine the degree of compliance with the Louisiana Hazardous Waste Regulations.

During the course of the inspection, the following violations were noted:

- Contrary to Section 7.9 of the Louisiana Hazardous Waste Regulations, the facility has failed to prepare and implement a contingency plan.
- Contrary to Section 7.10 of the Louisiana Hazardous Waste Regulations, the facility has failed to institute a personnel training plan.

These violations were brought to your attention at the time of the inspection.

HAZARDOUS WASTE DIVISION • P.O. BOX 44307 • BATON ROUGE, LOUISIANA 70804 • PHONE (504) 342-1354

Mr. John Brister Louisiana State Archives Page Two

This letter serves to notify you that you are in violation of the Louisiana Hazardous Waste Regulations as mandated by L.R.S. 30:1051 et seq. Written response to this notice of violation shall be submitted to the Hazardous Waste Division within thirty (30) days of receipt of this letter. Such response shall include corrections which have been or are to be made with a time schedule therefor. Please also include steps taken to prevent any recurrence of these violations.

You are hereby notified that the violations described herein, as well as failure or refusal to comply with this Notice of Violation and the provisions herein will subject you to possible enforcement procedures under Section 1073 of the Act.

This action is effective upon your receipt of this letter.

Thank you for the cooperation and courtesy extended Karen D. Fisher-Brasher during the inspection.

Very truly yours,

John Koury

Assistant Secretary

JK:KFB:ed

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



STATE OF LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY HAZARDOUS WASTE DIVISION



P.O. BOX 82178 BA	ON ROUGE, LA 70884-2178
INSTALLATION'S EPA ID NUMBER L 1 A 1 D 1 9 1 8 1 2 1 2 1 8 1 8 1 9 1 4 16	NOTIFICATION: FIRST SUBSEQUENT
NAME OF INSTALLATION (include company	and specific site name)
INSTALLATION LOCATION ADDRESS (STREET) 3 8 5 1 E s s e n L a n e	STATE ZIP CODE LIA 7 0 8 0 9 PARISH NAME E B R
INSTALLATION CONTACT (person to be contact name prest name Diennic of lat Domininic INSTALLATION MAILING ADDRESS STREET, P.O. BOX OR ROW PI O B Q xq 9 4 1 2 5 CITY OR TOWN Bi at to ni R o	ЈОВ ТПТ.Е РНОМЕ МИМВЕЯ В 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
O greater than 1000 kg/mo (2,200 lbe) O 100 to 1000 kg/mo (220 - 2,200 lbe) O 100 to 1000 kg/mo (220 - 2,200 lbe) MODE LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES TRANS (Trans O on-site reuse/recycle operation for own waste only O on-site reuse/recycle operation for commercial purposes	SPORTER: (Indicate Mode below) or own waste only or commercial purposes of TRANSPORTATION (transporters only) highway O rell O air O water of PER FACELTY STATUS: (MONTH, DAY, YEAR) sporter status must be indicated above) equested
NLOC!	For Official Use Only

MAR 3 0 1993

Dept. of Ellynomicates quality Hazardous Waste Division

HAZARDOUS WASTE FUEL ACTIVITY Generator Marketing to Burner Other Marketer Bolier and/or Industrial Furnace Indicate Type of Combustion Device(s) Utility bolier Industrial Bolier Industrial Furnace Small Quantity Exemption	USED Oil FUEL ACTIVITY Off-Specification Used Oil Fuel Generator Marketing to Burner Other Marketer Burner Indicate Type of Combustion Device(s) Utility bolier Industrial Bolier Industrial Furnace Used Oil Collector/Transporter Used Oil Broker (but not marketer) Specification Used Oil Fuel Marketer (or on-site Burner) Who First Claims the Oil Meets the Specification				
OWNER (legal owner of installation; include pro	perty owner at bottom *, if different)				
NAME	PHONE				
Sielcirle t a r v o f S t a t e					
P O B O x 9 4 1 2 5					
CITY OR TOWN	STATE ZIP CODE				
Blaitioin Roungiel	LA70804				
CHANGE OF OWNER INDICATOR: Yes	No 🗞 Late Changed (Month, Day, Year)				
INSTALLATION CLASSIFICATION (All three categorie	les must be completed - SEE INSTRUCTIONS)				
S Owner type S Operator typ	101				
DESCRIPTION OF REGULATED WASTES					
A Characteristic Harzardous Wastes (see 40 CFR 261.2	70–24 and LAC 33.V.4903 B.C.D.E)				
(D002)	(D003)				
⊗ 7C toxic (D004-D043)					
B. Lieted Hazerdoue Westee (see 40 CFR 261.31-33 an	d LAC 33:V.4801 B,C,E,F)				
CERTIFICATION	concernd under my direction or supervision in accordance with a system				
I Certify under penalty of law that this document and all attachments were processing to essure that qualified personnel properly gather and evaluate the who manage the system, or those persons directly responsible for gathering knowledge and belief, true, accurate, and complete. I am aware that there including the possibility of fine and imprisonment for knowing violations.	to information submitted. Based on my inquity of the person or persons the information, the information submitted is, to the bast of my				
designed to essure that qualified personnel properly gather and evaluate—the who manage the system, or those persons directly responsible for gathering knowledge and belief, true, accurate, and complete. I am ewere that there including the possibility of time and imprisonment for knowing violations. SIGNATURE — , , , , , NAME AND TITL	to information authoritied. Based on my inquiry of the person or persons the information, the information submitted is, to the best of my are significent permittes for authoriting false information, LE (PRINT OR TYPE) DATE SIGNED				
designed to essure that qualified personnel properly gather and evaluate the who manage the system, or those persons directly responsible for gathering knowledge and belief, true, accurate, and complete. I am ewere that there including the possibility of time and imprisonment for knowing violations. SIGNATURE NAME AND TITL Barbar	he information automitted. Based on my inquiry of the person or persons of the information, the information submitted is, to the bast of my are significant penalties for automitting false information,				

^{*} Must have original signature

Except for leaks or spills, will the discharge described in this form be in If yes, briefly describe the frequency of flow and duretion.

The wash-rack is used to wash lime off of our trucks. We wash 3-5 trucks each day. It takes about one hour to wash a rig (tractor and trailer). Water is disharged into the intraconstal canal about 3-5 hours each day.

I. Treatment System (Describe briefly any treatment system(s) used or to be used)

The wish-nuck has two settling basins. Oil, grease, and solids are trapped in the first basin. The second basins allows more of the Solids to sottle. In order to keep the ph between 6 and 9, Muriatic acid is applied to the water to neutralize the line. The phis tested daily with a Nester Ph pen. Kemron Environmental Services tests for TSS, Oil and Grease, and TDS & Once is month.

7il. Other Information (Optional) . Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel

should be considered in establishing permit limitations. Attach additional sheets, if necessary.

grading under penalty of law that this document and all attachments were prepared under any d a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Bat person or persons who manage the system, or those persons directly responsible for gethering the belemention, a reservits to the bast of my knowledge and belief, true, accurate, and complete. I got accurate that that probability Information, including the possibility of fine and imprisonment for knowing violetions.

Terminal Mar.

504-397-3; si

D. Date Signed

4-10-8

C. Signature

STATE OF LO	IRONMENTAL QUALITY E C E VISITE DIVISION ROUGE, LA 70804 FFB 2 6 199
INSTALLATION'S EPA ID NUMBER LAD 981584576 LAD 98154576	NOTIFICATION: Quality Opinion Division Hazardous
NAME OF INSTALLATION (Include company and space	offic site name)
FALCO LIME INC.	<u>i (</u>
. STREET	ni address, not p.o. box or route number)
1785 SOUTH WESTPORT	<u> </u>
CITY OR TOWN	STATE ZIP CODE
PORT ALLEN :: !!!!!	LA70767
LATITUDE LONGITUDE	PARISH NAME
3026:15 9:11 13 05	
STATE OF THE STATE	WE WITH ON KOUGE
SIC CODE 5033	PARISH CODE LAL
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USED OIL FUEL ACTIVITIES Off-Specification Used Oil Fuel generator marketing to burner marketer used Oil Collector/Transporter Used Oil Broker (but not marketer) Specification Used Oil Fuel Marketer (or Surner) Who First Claims the Oil Meets the Specification
OWNER (legal owner of installation; include property owner at bottom *, if different)
Fallicio Li me IInc. 1 601636-0932
Hialribioir Pirolitekt STATE ZPOODE Viicksburg Missign
VII C.K.S.b.u.r.g.
INSTALLATION CLASSIFICATION (see instructions) Property type Property type
DESCRIPTION OF REGULATED WASTES
A Characteristic Herzerdous Wheres (see 40 CFR 261.20-24 and LAC 35.V.4803 B,C,D,E) O ignitable (D001) Corrosive (D002) (Recrive (D003)
O TC 12mlc (2004-2004)
B. United Hazardous Wastes (see 40 CFR 261.50-35 and LAC 55.V.4801 B.C.E.F)
CERTIFICATION
Certify that the information provided herein and appended here is true and accurate to the best of my information and belief.
I am swere that there are significant penalties for submitting false information, including the possibility of fins and impreorment. SIGNATURE NAME AND TITLE (PRINT OR TYPE) DATE SIGNED
X Stom Mc Coffee Atton Mc Caffrey, Terminal Mar. 2-22-91
w v
HW-1 ; 8700-12 (A 6/80)

LOUISIANA HAZARDOUS WASTE DIVISION
OFFICE OF SOLID AND HAZARDOUS WASTE DEPARTMENT OF ENVIRONMENTAL QUALITY P. O. BOX 44307 BATON ROUGE, LA 70804

Form	POR DEPARTMENT USE LAD 981584576 G R Date Received: 9/29/86 Date Checked: 12/186
	Checked by:
ER STATE	STATE SIP COOK LA 70767 FIPS PARISM CODE APP CODE

Hazardous Waste Notification Form	Date Checked: 12/1/86
☐ HAZARDOUS WASTE A REUSE/RECYCLE	Checked by:
1. NAME OF INSTALLATION: FAICO Line INC.	, , , , , , , , , , , , , , , , , , ,
2. MAILING ADDRESS: P.D. BOX 182	
Of Allin 1722 CITY OR TOWN	STATE SIP CODE
STREET ROUTE NO OR OTHER SPECIFIC IDENTIFIER	FIPS PA
3. LOCATION:	ET DA
PORT Allen	70767
Smith Billy	940NE (area cooe à no.)
CALA CONTRACTOR OF THE CONTRAC	
NAME OF COMPANY (CONTRACTOR) - IF APPLICABLE	
OPERATOR: Smith Billy	
NOTIFICATION TYPE: (Mark applicable boxes, Give Installation's La. I.D. No. and EPA I.D. No. if kn	OWA)
Notification is: It the first for this installation Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instru	uctions.)
1. 6	uel
• • • • • • • • • • • • • • • • • • •	·
4 Underground Injection 5 Market or Burn Hazardous waste Fuel 5 Environmental John D. Other Marketer	
enter X' and merk appropriate boxes below: 01 Extra Vissis 10 c. Burner	
3 Treater/Storer/Disposer 4 Underground Injection 5 Market or Burn Hazardous Wasie Fuel (enter 'X' and mark appropriate Doxes below): 01 Environmental (ente	Marketer for On site durners
c Burner	and the abacture fitting.
Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate in natural waste fuel or off-specification used oil fuel is burned. See instructions for definitions of com-	te type of combustion devices; in bustion devices, in
A Utility Bailer B Industrial Boiler C C. Indu	istrial Furnace
Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)	
A. A.r	_
CESCRIPTION OF HAZARDOUS WASTES	
A. HAZARDOUS WASTES FHOM NON-SPECIFIC SOURCES (Category I-A)	
WASTE DISPOSED PEUSED 19	anesn news

WASTE NUMBER	DISPOSED ON SITE OFF SITE	PEUSED RECYCLE	
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WASTE NUMBER	DISP ON-SITE	OSED OFF-SITE	RECYCLE RECYCLE	
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Please print or type with ELITE type /12 characters per inch! in the unshaded areas only

United States Environmental Protection Age Washington, DC 20460	ency	Please refer to the Instructions for Filing Notification before completing
3EPA Notification of Hazardous Was	te Activity	this form. The information requested here is required by law (Section 3010 of the Resource Conservation
For Official Use Only	•	and Recovery Act).
Comments	· 	714 8122
<u>C</u> .		
Installation's EPA ID Number Approv	Date Recei	ved days 121 W. Beton Row
98-158-4576 T/A C		121 70.10
I. Name of Installation		
FA/co Lime Inc		
II. Installation Mailing Address		
Street or P.O. Box	- 	
3 P 0 B0 x 182		710 C- 4-
City or Town		State ZIP Code
III. Location of Installation		
Street or Route Numb		
5/785 SOUTLWEST P	5 RT D	Rive
City or Town		State ZIP Code
6 PORT HIPW		CA 10761
Name and Title (last, first, and job title)	Pho	ne Number (area code and number)
25m14h B1114	50	43873051
V. Ownership A Name of Installation's Legal Owner		B. Type of Ownership (enter code)
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VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate	boxes. Refer to ins	Annahana I
A Mayardaya Masta Activity	B Head C	MI Fred Activities
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☐ 3. Freater/Storer/Disposer ☐ 4. Underground Injection ☐ 5. Market or Burn Hazardous Waste Fuel [enter 'X' and merk appropriate boxes below]; of [angle of the content of	□ b. Other Marketer □ c. Burner	PROGRAMS BRANCH
a. Generator Marketing to Burner	pecification Used Oil Fu	el Marketer (or Nr. elie-Rurner)
□ b. Other Marketer □ c. Burner	ho First Claims the Oil	Meets the Specification / 1211
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all	appropriate boxes to inc	licate type of combustion device(s) in
which hazardous waste fuel or off-specification used oil fuel is burned. See instruct		
A Utility Boller B Industrial Boiler		Industrial Furnace
VIII. Mode of Transportation (transporters only — enter 'X' in the		
IX. First or Subsequent Notification		···-
Mark 'X' in the appropriate box to indicate whether this is your installation's firs notification. If this is not your first notification, enter your installation's EPA ID Num	t notification of hazard nber in the space provid	ous waste activity or a subsequent led below.
	C. In	stallation's EPA ID Number
☐ A. First Notification ☐ B. Subsequent Notification (complete item C)		

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EPA Form 8700-12 (Rev. 11-85) Reverse

DEPARTMENT OF ENVIRONMENTAL QUALITY OFFICE OF SOLID AND HAZARDOUS WASTE HAZARDOUS WASTE DIVISION POST OFFICE BOX 44307 BATON ROUGE, LOUISIANA 70804.

RECEIVEL

SEP 29 1986

Dept. of Environmental Quality
Hazardous Waste Division



State of Louisiana



Department of Environmental Quality

M. J. "MIKE" FOSTER, JR. GOVERNOR

Southeast Regional Office Investigation Report

HALL BOHLINGER SECRETARY

Inspection Date:	10/15/02	Incident No.:	55989	•
AI No.: 6264	Alt	ID/Permit No: N/A		
Company Name:	Falco Trucking Inc.			
	1785 Southwest Port			
Physical Location:		Port Allen	LA	70767
	(Address)	(City)	(Sta Parish:	ate) (Zip)
Mailing Address:	Same			
	(Address)	(City)	(S	tate)_
Facility Representa	tive/Title: Alton MaCa	pton/Environmental		
Facility Representa	tive Telephone No.:	1800-247-9996x6		
LDEQ Lead Inspec	tor: Carol Petranek			
Other Inspectors:	N/A			
	1-A.			
Report By:	arol Petranek/ESIII			10/28/02
Reviewed By:	mb	randin)		10/30/12
101	WiBaandin, Environmenta	Scientist Supervisor		(Date)







State of Louisiana



Department of Environmental Quality

M.J. "MIKE" FOSTER, JR. GOVERNOR

Southeast Regional Office Investigation Report

J. DALE GIVENS SECRETARY

Inspection Date:	10/15/02	Incident No.:	55989	
AI No.: 6264	Al	t. ID/Permit No: N/A	_	
Company Name:	Falco Trucking Inc.			
	1785 Southwest Port			
Physical Location	: Dr.	Port Allen	LA	70767
	(Address)	(City)	(State) Parish:	(Zip)
Mailing Address:	Same			
	(Address)	(City)	(State)	
Facility Represen	tative/Title: Alton MaC	Capton/Environmental		
Facility Represen	tative Telephone No.:	1800-247-9996x6		
LDEQ Lead Inspe	ector: Carol Petranek			·
Other Inspectors:	N/A			
-		·		
Report By:	Carol Letian	h		0/28/02
Reviewed By:	Carol Petranek/ESIII	andin		(Date) (Date)
•	Don Brandin, Environmen	ntal Scientist Supervisor	•	(Date)



LDEQ-EDMS Document 2314673, Page 3 of 40

AI No.: 6264

Alt. ID No.: T55989

AI Name: Falco Lime Trucks AKA Chemical Lime Co.

Date of Inspection: 10/16/02

LIST OF ATTACHMENTS

ATTACHMENT 1 Field Interview Form

ATTACHMENT 2 Tempo Report

ATTACHMENT 3. Notifications

ATTACHMENT 4. Photographs

ATTACHMENT 5. MSDS

`AI No.: 6264

AI Name: Falco Lime Trucks AKA Chemical Lime Co. Alt. ID No.: T55989

Date of Inspection: 10/16/02

ATTACHMENT 1

Field Interview Form (1 Page)

ATTACHMENT 1

OFFICE OF ENVIRONMENTAL COMPLIANCE SURVEILLANCE DIVISION

TO:	Peggy Hatch, Acting Enforcement Division Administrator
FROM:	Mike Algero, Regional Manager
SUBJECT:	Surveillance Division Referral to Enforcement Division
Agency Interes	est Number: 4264
Alternate ID	Number: <u>4244</u> Number: <u>55989</u>
Incident Num	ber:
Media: Check	all that apply
Air (inc. asbes Solid Waste (i	tos/lead) Water Haz. Waste Risk MPs Radiation Stage 1 & 2
Complaint rel	ated? Yes No Follow up? Yes No Enforcement Action Number
Has this AI be	en referred to Enforcement recently?
Facility (Inclu	Date and media of previous referral de company name, mailing address, and responsible official): Sty fort De A 70767
	ISPECTION DATE: 10/15/18
Investigator: Reviewed (ES Reviewed (ES	Supervisor / Daté): (TMLP) and w 1/2/62 : :

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
FIELD INTERVIEW FORM
AGENCY INTEREST#: 1264 INSPECTION DATE: 10/15/02 TIME OF ARRIVAL: 7:200000000000000000000000000000000000
FACILITY NAME: FALCO LIME THE AKA Chemical Lime Co PH #: 13507479796 X 6
LOCATION: Southwest Port DR. Port Allen LA 70767
RECEIVING STREAM (BASIN/SUBSEGMENT): N/A
MAILING ADDRESS:
(Street/P.O. Box) (City) (State) (ZIP) FACILITY REPRESENTATIVE: Armos Everson TITLE: Truck Prover FACILITY REPRESENTATIVE PHONE NUMBER: 335 - 355 6799. NAME, TITLE, ADDRESS and TELEPHONE of RESPONSIBLE OFFICIAL (if different from above): 3-159 Hollywood St. BRUH 70806
J-15-1 ATDITYCOURS SI TOPEN 1 10000
INSPECTION TYPE: PROGRAM INVOLVED: AIR WASTE WATER OTHER
INSPECTOR'S OBSERVATIONS: (e.g. AREAS AND EQUIPMENT INSPECTED, PROBLEMS, DEFICIENCIES, REMARKS, VERBAL COMMITMENTS FROM FACILITY REPRESENTATIVES)
Responded to a High Palerum Hydrale Lime spill located @ Railroad crossing between
Horans Mem. Bridge to LA3213 torn around to LA 18 to LA 640, Edgard LA St John Parish
over was coming from Chemical Line Port Allen to Dow Chemical 17000 River P.I. Tuft
Ir. Everson statul he related the release after bring right from LAIR ports 640. 1t
oppod, closed the pressure relief and bleeding values, and proceeded to Dim Mr. Ewison
I not notify appropriate purhis for the spill. A persphere proport on in 18 saw the truck
eleing and called 911. The bruck + driver was held @ Dow with Importer + LSP Melvir
in arrived. Volunteer Fire Dept for Edgard will ublize mater to reduce PH levels Abo
buels cannot be reduced this way, batto him call line will contract a change company
remove the nonhazordous malestals. Areas of concern were found dearing this
ncident. YES NO
YES NO
PHOTOS TAKEN: SAMPLES TAKEN: (Attach Chain-of-custody) YES NO YES NO
RECEIVED BY: SIGNATURE: W. C. C. C. C. C. C. C. C. C. C. C. C. C.
(NOTE: SIGNATURE DOES NOT NECESSARILY INDICATE AGREEMENT WITH INSPECTOR'S NOTES)
INSPECTOR(S): CAROL PETRANEIS CROSS REFERENCE
SOA - 7-36-777 29 (OFF) ATTACHMENTS:

NOTE: The Information contained on this form reflects only the preliminary observations of the inspector(s). It should not be interpreted as a final determination by the Department of Environmental Quality or any of its officers or personnel as to any matter, including, but not limited to, a determination of compliance or lack thereof by the facility operator with any requirements of statutes regulations or permits. Each day of non-compliance constitutes a separate violation of the regulations and/or the Louisiana Environmental Quality Act.

REVISED: 05/01/2000

REVIEWER:

LDEQ-EDMS Document 2314673, Page 7 of 40

AI No.: 6264 AI Name: Falco Lime Trucks AKA Chemical Lime Co.
Alt. ID No.: T55989 Date of Inspection: 10/16/02

ATTACHMENT 2

Tempo Report (1 Page)

LDEQ-EDMS Document 2314673, Page 8 of 40

10/21/2002

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY INCIDENT REPORT Incident ID: 55989

Page 1 of 2

Incident Reporter

Received By: Lea Anne Schroeder Received Date: OCT-15-02 11:03:31

Dispatch #: s02-3834

Reported By: Deputy Chauvin, Other Governmental Agency

Phone Desc: 985-652-6338

Reporter Title:

Org Desc: St. John SO

Address:

Municipality:
State Code: LA
Zip Code:
Comments:

Incident Description

Incident Type: Release/Spill, Highway Transport

Incident Date: OCT-15-02 07:46:00 Parish: St. John the Baptist

Municipality: Edgard

Location: LA 640/LA 18

Lat/Lon:

Basin/Segment:

Substance: Media Impacted: Soil Incident Desc: s02-3834

A witness saw an unknown liquid leaking from a tank truck. The truck was a white cab tractor pulling a silver tank. Unknown RP. St. John is blocking the roadway on that part of LA 640. Material is drying white on the roadway. They described it as a milk colored liquid. las.

Incident Source

Source Name: Chemical Lime Company of Missouri Inc

Address: 1785 S Westport Dr

Municipality: Port Allen

State: LA

Phone:

Parish: West Baton Rouge

Al#: 6264

Related Permits: 0

Investigation Inspector responded to an unauthorized discharge of High Calcium Hydrate Lime (pollutant), which was spilled (an

Findings unauthorized discharge) during transportation from the open pressure relief and bleeding valves. The truck is owned by Chemical Lime Company and was operated by Truck Driver Amos Everson: According to Mr. Everson, he left the valves open to relieve pressure buildup while the tank was being filled with the lime at the Chemical Lime Co. in Port Allen. He stated that he inspected his truck and tank prior to leaving the company grounds, but failed to close these valves. Mr. Everson proceeded to leave Port Allen and traveled from I-10 to the Gramercy/Veterans Memorial Bridge, south on LA18 and turned west on LA640, Edgard, LA. It was at this intersection that Mr. Everson stated he noticed the unauthorized discharge of the lime. He pulled over and closed the valves, left the scene and proceeded to off load at Dow Chemical located at 17000 River Road, Taft. Mr. Everson stated the he did not contact Chemical Lime Co or the DPS 24-Hour LA Emergency Hazardous Materials Hotline of the emergency condition.

This is an area of concern according to LAC 33.I. 3915.A.

Upon Inspector's arrival (9:15AM), the St. John Westside Volunteer Fire Department and the St. John Sheriff Department were on-scene. A transportation roadblock was in effect to control the spread of the unauthorized discharge. At this time, Inspector neither was aware of the origination of the discharge, nor was the material makeup of the product discharged. Telephone calls were made to the local chemical plants to describe the material discharged and if they had accepted any materials fitting the description. Dow Chemical responded and Inspector requested that truck and driver be held.

At approximately 10:45AM, Inspector arrived at Dow. Inspector met with Mr. Everson, who admitted to the unauthorized discharge, and inspected the truck and valves.

LDEQ-EDMS Document 2314673, Page 9 of 40

10/21/2002

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY **INCIDENT REPORT** Incident ID: 55989

Source Name: Addrėss:

Municipality:

State:

Phone:

Parish:

Al#:

Related Permits:

Investigation Chemical Lime Company was contacted and Inspector requested immediate cleanup of the unauthorized discharge.

Findings

LA State Police Trooper Melvin Rein arrived at approximately 11:40AM.

After being notified that the material was a High Calcium Hydrate Lime a cleanup procedure was arranged for treatment. With the assistance of the St. John Westside Volunteer Fire Department, St. John Sheriff Department, and employees of Chemical Lime Company, the plan for cleanup was initiated. Since the pH for High Calcium Hydrate Lime is 12.4, distilled vinegar was utilized to neutralize the lime and then hosed down with water. This treatment brought the pH down to a neutral level and rendered it to a nonemergency condition. Inspector took numerous pH samples to conclude treatment.

In conclusion, the following areas of concern were noted:

Chemical Lime Company failed to notify the hotline by telephone within one hour after learning of the unauthorized discharge, according to LAC 33.3915.A.1,

Incident Status

Lead Investigator: Carol Petranek (# 10 | 10 | 10 |

Region: Southeast

Incident Status: Closed As Of: 10/16/2002

10/30/02

LDEQ-EDMS Document 2314673, Page 10 of 40

10/21/2002

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

HENTAL QUALITY Page

INCIDENT REPORT Incident ID: 56037

Incident Reporter

Received By: Jamie Roques
Received Date: OCT-16-02 10:22:47

Dispatch #: s02-3866

Reported By: Alton McCaffrey, Agency Interest

Phone Desc: 225-387-3051 ext 12

Reporter Title:
Org Desc:
Address:

Municipality:
State Code: LA
Zip Code:
Comments:

Incident Description

Incident Type: Release/Spill, Facility Discharge/Release

Incident Date: OCT-16-02 10:15:00 Parish: St. Charles

Municipality: Edgard

Location: Falco Lime

cation: Faico Lime

LA 3213 off Veterans Memorial Bridge

Lat/Lon:
Basin/Segment:
Substance:
Media Impacted: Soil

Media Impacted: Soil Incident Desc: s02-3866

fire department and terminal men scooped up lime then put down vinegar - jmr

Incident Source

Source Name: Chemical Lime Company of Missouri Inc

Address: 1785 S Westport Dr

Municipality: Port Allen State: LA

Phone:

Parish: West Baton Rouge

Al#: 6264 Related Permits: 0

Investigation Refer to the same incident report under incident ID 55989

Findings

Incident Status

Lead investigator: Carol Petranek $\sqrt{\rho}$ ($\rho/
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u)$

AB

Compliance Evaluation Report

Activity: INS20020001 Compliance Evaluation Inspections (CEI)

Lead Investigator: Petranek, Carol

6264 Chemical Lime Company of Missouri Inc, Port Allen (32 Stone, Clay, Glas)

AI 6264

Requirement	Status	Results or Comments
In the event of an unauthorized discharge that does cause an emergency condition, notify the DPS hotline by telephone at (225) 925-6595 (collect calls accepted 24 hours a day) immediately (a reasonable period of time after taking prompt measures to determine the nature, quantity, and potential off-site impact of a release, considering the exigency of the circumstances), but in no case later than one hour after learning of the discharge. (An emergency condition is any condition which could reasonably be expected to endanger the health and safety of the public, cause significant adverse impact to the land, water, or air environment, or cause severe damage to property.) Make the notification required by LAC 33:I.3915.A regardless of the amount of the discharge. Notify the hotline immediately of any		Falco, Inc. (AKA Chemical Lime Co.) failed to notify the hotline within one hour after learning of the unauthorize discharge. The driver left the scene.

C - Compliant

E - Not evaluated

P - Potential Violation

R - Corrected

N - Non-Compliant (subject to enforcement action)

Page 1 of 2

Start Date: 10/15/2002

V - Correction verified -- violation corrected

S - Self-Disclosed Violation

Z - Referred to Enforcement

LDEQ-EDMS Document 2314673, Page 12 of 40

Compliance Evaluation Report

Activity: INS20020001 Compliance Evaluation Inspections (CEI)

Lead Investigator: Petranek, Carol

6264 Chemical Lime Company of Missouri Inc, Port Allen (32 Stone, Clay, Glas)

AI 6264

adverse change in the nature or rate of the discharge. Make notifications for multiple discharges when they originate from different causes or sources or they are substantially different in nature. One notification to the hotline for any unauthorized discharge will suffice for unauthorized discharges that continue for more than one day if the initial notification clearly states that the discharge is expected to continue for more than one day. Dischargers are not relieved from any requisite written notification procedures in LAC 33:1.3925 or of any permit or license terms and conditions issued

under the Louisiana Environmental Quality Act. [LAC 33:1.3915.A]

C - Compliant

E - Not evaluated

P - Potential Violation

R - Corrected

N - Non-Compliant (subject to enforcement action)

Page 2 of 2

Start Date: 10/15/2002

V - Correction verified -- violation corrected

S - Self-Disclosed Violation

Z - Referred to Enforcement

LDEQ-EDMS Document 2314673, Page 13 of 40

AI No.: 6264

· Alt. ID No.: T55989

Al Name: Falco Lime Trucks AKA Chemical Lime Co.

Date of Inspection: 10/16/02

ATTACHMENT 3

Notifications

Oct 18 02 09:43a

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2253369849

p. 1

To: Carol Petranek, Louisiana Department Of Environmental Quality

From: Alton McCaffrey, Falco Lime, Inc.

Subject: Unauthorized Discharge Notification Report

Date: 10-17-02

On the morning of 10-15-02 Amos Everson of Falco Lime, Inc. was delivering a truck load of lime slurry to Dow Chemical in Taft, Louisiana. Amos was delivering the load in tractor #51 and trailer #60. Upon turning onto highway 640 in Edgard, Louisiana some of the lime slurry splashed out through an open pressure relief valve. Amos Everson noticed the leak, stopped and closed the pressure relief valve. He then continued on to Dow Chemical. A resident of Edgard notified the proper authorities.

The lime spill on highway 640 was cleaned up by the St. John Westside Volunteer Fire Department with assistance from three Falco Lime employees. Vinegar and water were used to lower the pH of the lime. The roadway was then washed down:

The common name of the spilled product is hydrated lime. The chemical name is calcium hydroxide. The CAS number is 1305620. The hydrated lime was in a slurried form.

The open pressure relief valve should have been found when the driver inspected the tractor, and trailer before the delivery was made. In addition to the driver inspecting the rig, we now require the truck loading personnel to check all valves before releasing the rig to the driver.

Falco Lime, Inc. delivers the lime products for Chemical Lime Company. Chemical Lime's terminal is located at 1785 South Westport Dr. in Port Allen, Louisiana. Falco Lime also operates the terminal for Chemical Lime.

The discharge was preventable. We feel the additional inspection of trailer valves by our truck loaders will stop the discharge of time slurry onto the roadways.

Carol, based on pictures of the spill and the observations of the Falco personnel at the site, I think your estimate of sixty pounds of time sturry spilled is a good one.

If you have any questions, please call me at 800-247-9996, extension 12.

MAIL **COMPLETED FORM** TO:

LDEQ/OES/ Permit Support

United States Environmental Protection Agency and STATE OF LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY MAY 1 7 2016



PO Box 4313 Baton Rouge, LA 70821-4313	RCRA SUBTITLE C SITE IDENTIFICATION	OES/PSST
1. Reason for Submittal CHOOSE ONLY ONE REASON PER SUBMITTAL	A. Reason for Submittal: o provide initial notification (to obtain an EPA ID Number for haze to provide subsequent notification (to update site identification information or to the second part of a First RCRA Hazardous Waste Part A Permit As a component of a Revised RCRA Hazardous Waste Part A Permit Or the second part of the Hazardous Waste Report. Site met the definition of an LQG in 1 or more months of the results.	Application. rmit Application (Amendment #). Regs & Certs RCRA Info 5 76 16
	B. Number of Employees: 40	
2. Site ID Number	EPA ID Number: LAR000096688	8 LA AI#: 313841
3. Site Name	Legal Name: Love's Travel Stop #24	0
4. Site Location (Physical address,	Street Address: 751 Lobdell Extension	South
NOT PO Box or Route)	City, Town, or Village: Port Allen	State: LA
adella d	Parish: W. Baton Rouge	Zip Code: 70767
5. Site Land Type	Site Land Type: Private County/Parish District Feder	ral Indian Municipal State Other
6. North American Industry Classification System (NAICS) Code(s)	A. 441110 B.	
7. Site Mailing Address	Street or P. O. Box: PO Box 26210	
	City, Town, or Village: Oklahama City	
	State: 0K Zip Code: 7312	6 Country: USA
8. Site Contact Person	First Name: Chrls MI:	Last Name: Weldon
	Phone Number:405-302-6673	Title: Environmental Manager
	Mail Address: Po Rux 26210	State, Zip: Oklahone City of Ala
17.3	Email: Chris Weldon & loves. con	1
9. Legal Owner and Operator of the Site (see	A.Name of Site's Legal Owner: Lave's Travel Stops	Date Became Owner (mm/dd/yyyy): 9-1-1999
instructions)	Owner Type: Private	□ Indian □ Municipal □ State □ Other
	B. Name of Site's Operator:	Date Became Operator (mm/dd/yyyy):
	Operator Type: A Private □ County/Parish □ District □ Federa	al □ Indian □ Municipal □ State □ Other

				EPA ID No.												T
10.	Type of Regulated Waste Activ	ity for current act	vities (as of the date of	this form). (Ma	ırk '>	(' in	the a	ppr	opriat	e box	xes)					
A. Ha	azardous Waste Activities															
	1. Generator of Hazardous Was	ste		For	For Items 2 through 6, check all that apply:											
	(Select one of the following ca		A. T	rans	porte	er o	f Haza	rdou	s Wa	ste						
	☐ a. LQG: Greater than 1,00 Non-acute hazard		☐ 2B. Transfer Facility Status (State approval required prior to startup)													
	b. SQG: 100 to 1,000 kg/i Non-acute hazar	mo (220 - 2,200 lbs rdous waste; or)										V (at yed for t			y.
	c. CESQG: Less than 100) kg/mo				Perm	itted		Interin	n Sta	tus [□ P	ropos	ed		
	In addition, indicate other ge	zardous waste	(check all that apply)		e: A h		dous						your s equire		this	
	d. Short Term Generation (r			nha 5		- 5		ler:	and/or	r Indi	ustria	ıl Fı	urnac	е		
	/ 1). Give details in Comme													
	☐ e. United States Importer of												r Exem			n
	☐ f. Mixed Waste (hazardous	s and radioactive) G	Generator	- 6	. Un	derg	roun	nd II	njectio	n Co	ontrol	ĺ				
□ 1. de	Large Quantity Handler of Univ termine what is regulated]. Indica cumulated at your site. (check all	rersal Waste [refer to the types of universal	to your State regulations t I waste generated and/or	0	1.	Use		Tra	nspor		ite Ac	tivi	ity Ty	pe)		
		Generated	Accumulated			b. T	ransf	er F	acility							
а	Batteries												tartup			
	Pesticides				2.	Used	l Oil I	Pro	cesso	r and	l/or R	e-re	efiner	3		
	Lamps					a. P	roces	ssor								
d.	Antifreeze					b. R	e-refi	iner								
e.	Mercury-containing equipment				3.	Off-S	Speci	ifica	ation (Jsed	Oil B	lurn	ner			
f.	Electronics				1 4.	Use	liO b	Fue	l Mark	keter						
2.	Destination Facility for University Note: A hazardous waste permit r		this activity.			S O b. M th Used	pecifi il Bur arket e Spo l Oil F	icati rner ter V ecifi Fue	on Use Who Fi ication I Burn	ed Oi irst Ci s ier	il to Of	off-S the	nt of C Specific Used	cation		
						and the second			Comb				e(s) ⊒Indu:	otrial	Cura	
	D. Eligible academic Entities wi wastes pursuant to 40 CFR I 1. Opting into 40 CFR Part 26 a. College or University	Part 262, Subpart F 2, Subpart K for the	(THIS DOES NOT YET	APPLY IN LO	ring f	from	man	agi	ng lab	orato				CETYCT MENAN	· uiii	
	□ b. Teaching Hospital ow	ned by or has a for	mal written affiliation agre	ement with a co	llege	or u	nivers	sity								
			mal written affiliation agre		-											

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

11. Description of Hazardous Wastes		
in the order they are presented in the regul	azardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at yo lations (e.g., D001, D002, F001, K001, P001, U001, U002, etc).	ur site. List them
DODI		
nnoch		
2004		
7040		
Wasta Codes for Endoral Hazardous West	to continued. He an additional page if more analysis and additional and a distriction	
separate State Waste codes.)	tes continued. Use an additional page if more spaces are needed for waste codes. (Louisian	a does not have
12. Notification of Hazardous Secondary M	laterial (HSM) Activity (THIS DOES NOT YET APPLY IN LOUISIANA)	
Y N Are you notifying in compliance with 4	0 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous see, or 40 CFR 261.4(a)(23), (24), or (25)	econdary
	m to the Site Identification Form: Notification for Managing Hazardous Secondary Material.	
ii 165 , you must iii out the Audendu	in to the Site Identification Form. Notification for Managing Hazardous Secondary Material.	
13. Comments (optional): However, if you	have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brie	of description of
the activities and/or changes at your site.		
(o)ater comme	ed from gasoline Tanks.	
	De 11 0111 9 0001110 1001	
14 Cortification Locatify under namely of law		
system designed to assure that qualified person	v that this document and all attachments were prepared under my direction or supervision in ac onnel properly gather and evaluate the information submitted. Based on my inquiry of the perso	cordance with a
who manage the system, or those persons dire	ectly responsible for gathering the information, the information submitted is, to the best of my k	nowledge and
imprisonment for knowing violations.	re that there are significant penalties for submitting false information, including the possibility of	f fine and
Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed
010111		(mm-dd-yyyy)
(MbW))	Chris Welden Environmental Manager	5-9-16
		-
	1	

RECEIVEL

MAIL COMPLETED FORM TO:

> LDEQ/OES/ Permit Support Services/NAS

United States Environmental Protection Agency

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



Baton Rouge, LA 70821-4313	RCRA SUBTITLE C SITE IDENTIFICATION FORM								
1. Reason for Submittal	A. Reason for Submittal:								
CHOOSE ONLY ONE REASON PER SUBMITTAL	□ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). □ To provide subsequent notification (to update site identification information). or □ As a component of a First RCRA Hazardous Waste Part A Permit Application. □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #).								
	or As a component of the Hazardous Waste Report. Site met the definition of an LQG in 1 or more months of the reporting year Regs & Certs LNRCRA Info 3 / 18 / 16 LNTEMPO 3 / 18								
	B. Number of Employees: 4								
2. Site ID Number		0003	2318	LA AI#:	40130				
3. Site Name	Legal Name: MALLINGCKRODT	T MANUE	ACTUREN	, LLC					
4. Site Location (Physical address,	Street Address: 1060 Allendal								
NOT PO Box or Route)	City, Town, or Village: Port Allen	57/4	11/6	State: LA					
	Parish: West Baton Rouge	e	Zip Code: 707	٠٦					
5. Site Land Type	Site Land Type: □ Private □ County/Par		☐ Federa		unicipal				
6. North American Industry Classification System (NAICS) Code(s)	A. 325412	E	3.						
oystem (NAIOO) Code(s)	C.).						
7. Site Mailing Address	Street or P. O. Box: 1060 Allendale Drive								
	City, Town, or Village: Port Allen, LA								
	State: LA	Zip Code: 70	767		ountry: US				
8. Site Contact Person	First Name: Andreana		AI:	Last Name: Pru	#				
	Phone Number: 225-376-441	4		Title: EHS Manager					
	Mail Address: 1060 Allendale	400 - 018		State, Zip: LA	70767				
	Email: andreana pruitt@ma	Allinckrod-	t. com						
9. Legal Owner and Operator of the Site (see	A.Name of Site's Legal Owner: Malline			Date Became Own	er (mm/dd/yyyy): 01/19/2016				
instructions)	Owner Type: Private County/Parish	District 0	Federal	☐ Indian ☐ Munic	ipal State Other				
	B. Name of Site's Operator: Mallinc Knod	+ Manufacturi	مع, سد	Date Became Oper	ator (mm/dd/yyyy):				
	Operator Type: 🗹 Private 🗆 County/Pari	rish District	☐ Federal	I □ Indian □ Mu	nicipal State Other				
LDEO Form HW-1 (Revis	and 05/10)		J. HUDEL		Page 1 of 3				

			EF	PA ID No.	LAR00055467
10.	Type of Regulated Waste Activ	ity for current act	ivities (as of the date of this	form). (M	ark 'X' in the appropriate boxes)
A.	Hazardous Waste Activities				
	1. Generator of Hazardous Was	ste		Fo	r Items 2 through 6, check all that apply:
	(Select one of the following ca	tegories)			2A. Transporter of Hazardous Waste
	a. LQG: Greater than 1,00 Non-acute hazar	•)	0	2B. Transfer Facility Status (State approval required prior to startup)
	☐ b. SQG: 100 to 1,000 kg/ Non-acute hazar		.)		3. Treater, Storer, or Disposer of HW (at your site) te: A hazardous waste permit is required for this activity.
	C. CESQG: Less than 100				☐ Permitted ☐ Interim Status ☐ Proposed
	Non-acute na	zardous waste	(check all that apply)		Recycler of Hazardous Waste (at your site) A hazardous waste permit may be required for this activity.
	☐ d. Short Term Generation (not normally a gene	rator but generated through a		5. Exempt Boiler and/or Industrial Furnace
). Give details in Comments.		☐ a. Small Quantity On-site Burner Exemption
	☐ e. United States Importer of				b. Smelting, Melting, Refining Furnace Exemption
	☐ f. Mixed Waste (hazardou	s and radioactive) (Generator		6. Underground Injection Control
_	Universal Waste Activities (Indicated) 1. Large Quantity Handler of University (Indicated) 1. Large Quantity Handler of University (Indicated)	ersal Waste [refer			Used Oil Activities (Indicate Activity Type) 1. Used Oil Transporter
	accumulated at your site. (check al				☐ a. Transporter
		Generated	Accumulated		□ b. Transfer Facility
6	a. Batteries				(State approval required prior to startup)
	b. Pesticides		_	1	☐ 2. Used Oil Processor and/or Re-refiner
ě	c. Lamps				a. Processor
	d. Antifreeze			1 _	□ b. Re-refiner
į	e. Mercury-containing equipment				3. Off-Specification Used Oil Burner
3	f. Electronics			1	☐ 4. Used Oil Fuel Marketer
0	Destination Facility for Univers Note: A hazardous waste permit r		this activity.		 □ 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 the Specifications 5. Used Oil Fuel Burner (Indicate Combustion Device(s) □ Utility Boiler □ Industrial Boiler □ Industrial Furnace
	D. Eligible academic Entities w wastes pursuant to 40 CFR	ith Laboratories – Part 262, Subpart	Notification for opting into o	or withdraw	wing from managing laboratory hazardous UISIANA)
	☐ 1. Opting into 40 CFR Part 26 ☐ a. College or University	2, Subpart K for the	management of hazardous w	aste in lab	oratories, check all that apply.
	The second secon		mal written affiliation agreeme		
			rmal written affiliation agreeme		TS - 주위

11. Description of F	lazardous Wastes					
A. Waste Codes for F in the order they are	ederally Regulated presented in the reg	Hazardous Wastes. P gulations (e.g., D001, D	lease list the waste co	des of the Federal hazard, U001, U002, etc).	dous wastes handled at y	our site. List them
Door	Doog	D003	T			I
					1	
B. Waste Codes for Phave separate State W		Nastes continued. U	se an additional page i	f more spaces are neede	ed for waste codes. (Lou	isiana does not
	45 - 21					1 No. 1001 No.
					1	
Y N Are you notifyir materials under	ng in compliance with r 40 CFR 261.2(a)(2)	40 CFR 260.42 that yo (ii), or 40 CFR 261.4(a)	ou will begin managing (23), (24), or (25)	TET APPLY IN LOUISIA are managing, or will st a for Managing Hazardou	op managing hazardous	secondary
13. Comments (option the activities and/or of			nsfer Facility" for Haz	ardous Waste or Used	Oil, please provide a br	ief description of
				75 Vi		
13 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)			· 5 %	÷ ===		
						n swi _{te}
	329		VIII 100 01111	2 311		
					A. 100	
7.				200		
system designed to ass who manage the system	sure that qualified pe m, or those persons nd complete. I am av	rsonnel properly gather directly responsible for	r and evaluate the infor gathering the informati	mation submitted. Based on, the information subm	rection or supervision in a d on my inquiry of the pen litted is, to the best of my a, including the possibility	son or persons knowledge and
Signature of owner authorized rep		ř	Name and Office	ial Title (type or print)		Date Signed (mm-dd-yyyy)
a Shuit		ANDREANA	PRUZT			03-03-2016
		EHS MA				
					21	
		1				



State of Louisiana

Department of Environmental Quality



BUDDY ROEMER Governor PAUL TEMPLET Secretary

March 16, 1989

Michael H. Martin

Mary Bird Perkins Cancer Center

5-Medical-Center-Drive

Hammond, Louisiana 70403

Dear Michael H. Martin:

This letter acknowledges receipt of your notification form applying for Louisiana Small Quantity Generator status.

The location identification number <u>LAD982555252</u> is assigned to: 5 Medical Center Drive, Hammond, Louisiana, 70403.

The above location with its assigned number is now designated as a Small Quantity Generator in our files. It is suggested that you secure and become familiar with Louisiana's Hazardous Waste Regulations, especially the chapter dealing with Small Quantity Generators. You may order Volume 13 of the Louisiana Administrative Code by contacting the Louisiana Register at (504) 342-5016. Your identification number must be used when manifesting any hazardous waste.

It is <u>important</u> that this office be timely notified in writing of <u>ANY</u> changes of the information submitted on your notification form. Should you have any questions please contact David M. Hughes at (504) 342-1354.

Sincerely,

Glenn A. Mill Administrator

GAM: DMH: kg

Enclosures: SQG Information

cc: Betty Thibodeaux

Peggy Moak

AAD 982555252 Applied for

Ma

OKKD 10/20/88

STATE OF LOUISIANA HAZARDOUS WASTE DIVISION OFFICE OF SOLID AND HAZARDOUS WASTE DEPARTMENT OF ENVIRONMENTAL QUALITY P. O. BOX 44307 BATON ROUGE, LA 70804

SMALL QUANTITY GENERATOR HAZARDOUS WASTE NOTIFICATION FORM

1. NAN	ME OF	INSTAL	LATION	_	Mary Bi	rd Perkin	s Cance	r Center	
2. MAI	LING	ADDRE	SS: street o	εp.	5 Medica	al Center	Drive	Hammond,	La. 70403
3. LOC	ATIO	V: street, ro		Ì	same	•			
4. CON	TACT					•	ctor (zip code 504) 767-08	347
5. OWN	VERSI		er, Rad:		ion and I	Research	Foundat	ion	
(1)		TION TY		łiv	e installat	ion's Louis	iana 1.E). Number. i	if
Notifica	tion is	: 🛭 the f	irst for tl	1is	installatio	on □asub	sequent	notificatio	n
	DÉS	CRIPTIC	N OF H	AZ.	ARDOUS	WASTE G	ENERA	TED	
Waste Numb	er		osed Off-Site		Reused Recycle		Gener Descrip		7
DO	11		xx	•		Silver			7
		٠. ,							7
			′						7

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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 fine and imprisonment.

I further certify that no more than one hundred kilograms (100kg) of hazardous waste per month is produced at this facility.

Signature Name and Official Title (type or print) Date Signed



State of Louisiana



Department of Environmental Quality

Edwin W. Edwards Governor

Kal David Midboe Secretary

CERTIFICATION OF NO HAZARDOUS WASTE ACTIV

I certify, under penalty of law, that our facility named below, does not presently generate, store, treat, transport, or dispose hazardous wastes, as MAR 0.3 1994 defined in the Louisiana Hazardous Waste Regulations. I believe that the submitted information is true, accurate, and complete. I am aware thateghers Environmental Quality Hazardous Waste Division are significant penalties for submitting false information, including the possibility of fine and imprisonment.

TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:

0	Facility is out of Business. Date business closed:
Ø	Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued:
0	Facility has moved to a new location. Date of move
0	Other (please specify):
PLEA	ASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:
Fac	ility Name: Mary Brid Resbus Coneu Co
	Identification Number: LABOL2649249
Phy	rsical Address: 4950 Emma - Batan Rouge
Nar	me, Official Title: MURRY R. HARMON - DIR. PLANT OPERATIONS & SAFET
Sig	nature & Date: Mymy James 3-1-94
FOR	R OFFICE USE ONLY
GEN	N_2_ TRANS TSD B/B OTHER
OF SOLID	AND HAZARDOUS WASTE HAZARDOUS WASTE DIVISION P.O. BOX 82178 BATON ROLIGE LOUISIANA 70884-2178



RCRIS 03-08-94 G.Z.

TELEPHONE (504) 765-0355

AN EQUAL OPPORTUNITY EMPLOYER

FAX (504) 765-0617

RCRIS 02-23-94

G-3.





State of Louisiana



TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY.



Edwin W. Edwards Governor

Kai David Midboe Secretary

CERTIFICATION OF NO HAZARDOUS WASTER CILYFIN

i certify, under penalty of law, that our facility named below, does not $\frac{1}{100}$ presently generate, store, treat, transport, or dispose hazardous wastes, as defined in the Louisiana Hazardous Waste Regulations. I believe that the transfer quality submitted information is true, accurate, and complete. I am aware that there it is the complete with the complete of the compl are significant penalties for submitting false information, including the possibility of fine and imprisonment.

0	Facility is out of Business. Date business closed:
Ø	Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued:
0	Facility has moved to a new location. Date of move. Address of new location:
0	Other (please specify):
EPA Phy Nar	Illity Name: Many Brid Response Consume Consumer Consumers LAROLIZE 49249 resical Address: 4950 Essent Lane - Batan Range me, Official Title: MURRY R. HARMON - Dir. PLANT OPERATIONS & SAFE mature & Date: MANN - James Z-1-94
	. ' ') .
	R OFFICE USE ONLY
GEN	TRANS TSD B/B OTHER

recycled paser

OFFICE OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE DIVISION

PO BOX 82178

BATON ROUGE LOUISIANA 70864-2178

TELEPHONE (504) 765-0355

FAX (504) 765-0617

RCRIS 02-23-94







State of Louisiana Department of Environmental Quality



Edwin W. Edwards
Governor

Kal David Midboe Secretary

CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY

I certify, under penalty of law, that our facility named below, does not presently generate, store, treat, transport, or dispose hazardous wastes, as defined in the Louisiana Hazardous Waste Regulations. I believe 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 fine and imprisonment.

TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:

	Facility is out of Business. Date business closed:
0	Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued:
0	Facility has moved to a new location. Date of move:
0	Other (please specify):
PLEA	ASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:
EPA	A Identification Number: LADOL2649249 Assical Address: 4950 Essent Language - Batas Rouse
EP#	
EPA Phy No:	A Identification Number: LADOL2649249 visical Address: 4950 Essent Lange - Batan Range
Phy Nat Sig	resical Address: 4950 Em dane - Batan Range me, Official Title:

OFFICE OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE DIVISION

P O BOX 82178

BATON ROUGE LOUISIANA 70884-2178



TELEPHONE (504) 765-0355 FAX (504) 765-0617





DATE:	2/23/94	•	
PACILITY NAME:	Mary Red Perkins Career	Center	
ADDRESS:	4950 Essen Jane		
CITY/STATE/ZIP	B.R., LA 70	809	
ATTN:	Muring Harmon	~	
	767-0847		
ACTION NEEDED:	•		
NOTIFICATION W	ITH INSTRUCTIONS .		**_
CERTIFICATION 1	PORM - EPA ID#: LADOLAL 4925	19	
NOTIFICATION W	ITH INSTRUCTIONS & CERTIFICATION	N FORM	
CALL FACILITY	•		
PULL FILES:			
EPA ID#:	LAD		
FACILITY P	VAME:		
OTHER:			
Comments:			
このは はいたけい こう			

٤.

PR PROBOX 44307 BATON RO	DIVISION ARDOUS WASTE ENTAL QUALITY DUGE, LA 70804 FOR DEPARTMENT USE LA D 9 8.1 9 1 3 1 4 8 G Date Received: 4/25/87							
Dept. Cours C HAZARDOUS WASTE C R	ALITICATION FORM Checked by							
1. NAME OF INSTALLATION: MED ALD WI	ALK IN Medical Center.							
Baton Rouge	LA-NE TY OR TOWN STATE ZIP CODE LA-70 X 09							
3. LOCATION: 5475 ESSEN LAN	OTHER SPECIFIC IDENTIFIER							
BATON ROUGE								
	TITLE (real first & little) PHONE (area code & no.) 504							
5. OWNERSHIP: Charles Tessie	R MD							
6. OPERATOR: Me.D. ALD WOLLK I.R	WE OF COMPANY IGONTRACTOR IF APPLICABLE							
7. NOTIFICATION TYPE: (Mark applicable boxes. Give Install	lation's La. I.D. No. and EPA I.D. No. of known)							
Notification is: E the first for this installation	ubsequent notification							
8. Type of Reguleted Waste Activity (Mark 'X' in th								
A. Hazardous Waste Activity Ta Generator	8 Used Oil Fuel Activities 6 Off-Specification Used Oil Fuel							
2 Transporter	(enter 'X' and mark appropriate boxes below)							
□ 3 Treater/Storer/Disposer □ 4 Underground Injection	☐ a Generator Marketing to Burner							
5 Market or Burn Hazardous Wasta Files	☐ b Other Marketer							
(enter 'X' and mark appropriate boxes below) a Generator Marketing 'G Burner	C. Burner							
D Other Marketer	7 Specification Used Oil Fuel Marketer for On site Burner; Who First Claims the Oil Meets the Specification							
9 Waste Fuel Burning: Type of Combusting Device	B lenter 'X' in all appropriate boxes to indicate type of combustion devicers) in							
	ned See instructions for definitions of combustion devices)							
10. Mode of Transportation (transporters only — en	dustrial Boiler C Industrial Furnace							
	E Other (specify)							
11 CESCRIPTION OF HAZARDOUS WASTES	E Other (specify)							
A. HAZAROOUS WASTES FHOM NON-SPECIFIC SOURCES	S (Category I-A)							
WASTE DISPOSED REUSED	WASTE DISPOSED RELIGED							
NUMBER ON SITE OFF SITE RECYCLE	WASTE DISPOSED REUSED RECYCLE							
	MAR 3 1987.							
	vept. of Environmental Quality							
 	Hezardeus Waste Division							
<u> </u>								

W-1 12/85

WANT

10 CEPTIFICATION

B. HAZAROOUS WASTER FROM SPECIFIC SOURCES (CHRISTY HE)

COPURED BY STEEL

CHOCK	Obe Bull								
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I certify under panelty of law that I have paraonally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true accurate and

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complete. I am ewere that there are significant penalties for submitting false information, including the possibility of fine and impresonment.

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Approved OM8 No 2050-0028 Expires 9 30-88 Please print or type with ELITE type (12 characters per inch GSA No 0246-EPA OT United States Environmental Protection Agency Washington, DC 20460 Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law [Section 3010 of the Resource Conservation and Recovery Act). **Notification of Hazardous Waste Activity** For Official Use Only Comments Сİ **Date Received** day) Installation's EPA ID Number. Approved (yr. mo C 98-191-3148 i.-Name of Installation Installation Mailing Address Street or P.O. Box City or Town State Location of Installation Street or Route Number City or Town State **ZIP Code** V. Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) **Ownership** A. Name of Installation's Legal Owner B. Type of Ownership (enter code) 9 S Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions B. Used Oil Fuel Ac A. Hazardous Waste Activity # Specification Uses Inter X' and mark appropriate purpose as Generator Marketing to Burning P. S. Sankarketer Propriate Propr 6. Off-Specification Used Oil Fiel (enter 'X' and mark appropriate poxes b 🗷 1a. Generator ☐ 1b. Less than 1,000 kg/mo. 2. Transporter ☐ 3 Treater/Storer/Disposer 4 Underground Injection 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel View Who First Claims the Oil Media a Generator Marketing to Burner ☐ b Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) B. Industrial Boiler C. Industrial Furnace A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(as) 🖫 B. Rail C. Highway D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. "C. Installation's EPA ID Number 14 Acril 102 1:Col.: ☐ A First Notification B. Subsequent Notification (complete item C)\\(\frac{2}{3}\)\\ , il il a

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		-		C ID	— For Official Use Only	
						<u> T/A</u>
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. Ha	zardous Wastes from m nonspecific source	m Nonspecific Sources. Ent es your installation handles	er the four-digit n Use additional she	umber from 40 <i>CFR</i> Part 2 sets if necessary.	61 31 for each listed hazar	dous waste
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rou	r inspiretion nangle:	Product Hazardous Wastes, s which may be a hazardous	waste. Use addıtio	onal sheets if necessary.	an 201.33 for each chemic	ai substance
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st	ed Infectious Waste	s. Enter the four-digit numb	ar from 40 CFR Pa	ert 261.34 for each hazard	Cus waste from nospitals, v	eterinary hos-
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ne:	racteristics of Nonlis unstallation handles.	sted Hezerdous Westes. Ma . <i>(See 40</i> CFR <i>Perts 261.21</i> -	rk 'X' in the boxe: — <i>261.24)</i>	s corresponding to the cha	racteristics of nonlisted ha	zardous waste:
	1. Ignitable	□ 2. ¢a	orrosive	☐ 3. Reactive)	4. Toxic
~	(Ď001) artification	(E	002)	(D003)		(D000)
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EPA Form 8700-12 (Rev. 11-85) Reverse

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DEPARTMENT OF ENVIRONMENTAL QUALITY DFFIGE OF SOLID AND HAZARDOUS WASTE HAZARDOUS WASTE DIVISION POST DFFICE BUX 44307 BATON ROUGE, LOUISIANA 70804

JUN 2 5 1987

Dept. of Environmental Quality Hezardous Waste Division

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Ţ.	10.610	Δ', '	रक्	NAME OF C	OMPANY (COI	NTRACTOR) IF APPL	ICABLE -			-	
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Notification is:								,			
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2 Transporter	- 470 -				, <i>(el</i>	Ker 'X' end mark			~ `	_	
3 Treater/Store		er				a Generator M	Aarketing 1		~	1088	l y ir.
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enter 'X' and	i mark app	ropriate 1	ioxes belo	w)	[☐ c. Burner	•	•	n_{i}	JULIENTO,	lizio.
	rator Mari		guner		☐7 Sp	ecification Used (Di) Fuel M	arketer /o:	On site	10000	
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	A Utilit	y Boiler		B Industria	i Boiler		C Indus	escon est enal Fores	rces,	•	
o. Mode of Tra	nsport	ation (t/	ansport	ars only — enter '		appropriate ho	x(es)	re-ren i Willi			
CAA, CB			vev C		ner <i>(specif</i> y)						
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Washington, DC 20460 Washington, DC 20460 Washington, DC 20460		Acti	vitv	this her 301	ng Notific Form. The e is req O of the	<i>ation</i> before sinformationistic sured by 1 <i>Resource</i> (e completing on requested aw (Section Conservation
For Official Use Only				and	Recover	y Act).	
Comments							
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Installation's EPA ID Number Appro	ved	(yr.	ate Rec		ay)		
FLA 098-191-3148- 174 6							
I. Name of Installation							
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II. Installation Mailing Address	'		111		1		l I
Street or P.O. Box	K						
55475 ESSAN LANE							
· City or Town	<u>! !</u>				State	Z	IP Code
FRATION ROUSE					1 4	70	109
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III. Location of Installation Street or Route Num	iber						
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City or Town	<u> </u>		<u> </u>	1	State	7 2	IP Code
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IV. Installation Contact Name and Title (last, first, and job title)			P	hone N	umber /a/	rea code ai	nd number)
erecharles	M	0	50	4	76		750
V. Ownership							
A Name of Installation's Legal Owner	1 1		1 1	╀	. Type of	Ownership	(enter code)
acharles Tessier	M	D		j		-	
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate	e box	es. Re	<u>fer to i</u>	nstruc	tions.)		
A. Hazardous Weste Activity	04.0-				el Activi	V	
		ecification of the control of the co			p boxes b	elow)	
3 Treater/Storer/Disposer		. Genera	tor Me	keting:	Burner	1988	. Prilis
4. Underground Injection	□ь	. Other N	Action	'	'N'	intal (ision
☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	□ c	. Burner	•	2	, , ,	1980 Honnental Di Chaste B Enfication	,
☐ a Generator Marketing to Burner ☐ b Other Marketer	Specif Who F	ication U irat Clair	sed Oil na the C	Fuel M: XII Meel	erketelýč La the Spr	r Chi site B Elfication	urner)
C. Burner				Os	Hazaige	•	
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all	ll appr	opriete b	oxes to	indicate	type of c	mbustion	device(s) in
which hezerdous waste fuel or off-specification used oil fuel is burned. See instru A. Utility Boiler B. Industrial Boiler	rcion i	, ror derli	_		<i>ustion de</i> strial Furr		
VIII. Mode of Transportation (transporters only — enter 'X' in the	е ард	oropriat					
A. Air B Rail C. Highway D. Water E. Other (speci							
IX. First or Subsequent Notification							
Mark 'X' in the appropriate box to indicate whether this is your installation's fit notification. If this is not your first notification, enter your installation's EPA ID Nu	rst not umber	in the sp	of haze ace pro	rdous v	waste ac elow.	livity or a	subsequent
		<u> </u>	<u>C</u>	Installa	stion's Ef	A ID Numt	oer
A First Notification A B. Subsequent Notification (complete item C)		1				1 :	1 1 .

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Na Nacodintino de 11			w							
X. Description of H										
	om Nonspecific Sources: es your installation hand	. Enter the four-digit ni lles: Use additional she	umber from 40 <i>CFR</i> Part lets if necessary	261 31 for each listed h	azardous waste					
<u> </u>	2	3	4	5	6					
7	8	9	10	11	12					
B. Hazardous Wastes fro specific sources your i	m Specific Sources. Ent nstallation handles. Use	er the four-digit numbe	or from 40 <i>CFR</i> Part 261.	32 for each listed hazar	dous waste from					
13	14	15	16	17	18					
19	20	21	22	23	24					
25	26	27	28							
			26	29	30					
		<u> </u>								
C. Commercial Chemical your installation handle	Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.									
31	32	33	34	35	36					
37	38	39	40	41	42					
43	44	45	46	47	48					
					, ,					
D. Listed Infectious Wast pitals, or medical and re	es. Enter the four-digit no search laboratories your	umber from 40 <i>CFR</i> Pa installation handles. L	rt 261.34 for each hazer lse additional sheets if n	dous waste from hospital	als, veterinary hos-					
49	50	51	52	53	54					
E. Characteristics of Noni your installation handle	isted Hazardous Westes s. /See 40 CFR Parts 261	. Mark 'X' in the boxes	corresponding to the ch	eracteristics of nonliste	d hazardous wastes					
1 Ignitable		2. Corrosive	3. Reactin	•	4. Toxic					
(D001)		(D002)	(0003)		(0000)					
XI. Certification										
this and all attache obtaining the infor	alty of law that I hav ed documents, and t mation, I believe that nt penalties for subm	that based on my i I the submitted info	inquiry of those indi ormation is true, acc	ividuals immediatel curate. and complete	ly responsible for					
Signature		Name and Offi	cial Title (type or print)		Signed					
Latter V	aublei.	Hollerin	strota	15	720188					

EPA Form 8706-12 (Rev. 11-85) Reverse

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LODISIAM COTIFICATION STATE HAZARDOUS OPPICE OF SOLID DEPARTMENT OF F	OF COMPANDOUS COSTE CETTOUTY OF LOUISIANA WASTE DIVISION AND HAZARDOUS WASTE ON Environmental Quality OF COMPAND HAZARDOUS WASTE
	BATON ROUGE, LA 78884 jazardous Wasta Divisio
INSTALLATION'S EPA ID NUMBER	Date Received Notification: Mo. Day Yr. first subsequent
Name of Installation (include company and si	Decific site name)
MED-AID WALK-IN Me	ical Center III
Installation location address (physical add	tress , not P O Box }
S475 ESSEN CITY OR TOWN BATON KOWGE	STATE ZIP CODE
LATITUDE	LONGITUDE
PARISH NAME	PARISH CODE SIC CODE
FASTBATONROU	GF 033 8011
Installation contact (person to be contacted	egarding waste activities at site) Job Title Phone Number
Last Name DAMY (NEigh-Name	XRAU TECH 504767-2350
Installation mailing address	f j
	or Route Number
SIA 75 ESSEN LIANE	State Zip Code
BATON ROUGE	LA 70809
TYPE OF HAZARDOUS WASTE ACTIVIT GENERATOR:	Y (mark 'X' in the appropriate boxes. Refer to instructions)
□ orester than 1000 kg / mg	d:1-site reuse / recycle operation
0 100 to 1000 kg/ma 2 Jess then 100 kg/ma LA 506 # only	less than 90 day storage in tanks
LA SOG # only C EPA # only	TREATER_STORER_DISPOSER (at installation) *NOTE: a permit is required for this activity; see instructions.
TRANSPORTER:	flode of Transportation (transporters only)
	highway 🗆 rail 🗀 air 🗀 water
□ for commercial purposes	Transfer Facility Status: (month, day, year) requested
	raceved
HAZARDOUS WASTE FUEL	
	burner- type of combustion device
O marketer	Q utility boiler Industrial boiler Industrial furance

CECELVED USED OIL FUEL ACTIVITIES ்ப் பிபா — Specification Used Oil Fuel generator marketing to burner burner --- type of combustion device Milen O Environn niet Orakity utility boiler undustrial boiler Division ath ಕಣೆಗಳುತ್ತರ 🗔 Collector / Transporter industrial furnance ☐ Used Oil Broker (but not marketer) □ Specification Used Oil Fuel Marketer [or burner] Who First Claims the Oil Meets the Specification OWNER [legal owner of installation; include property owner at bottom installation; NAME PHONE ZIP CODE STATE 70 A 0 9 INSTALLATION CLASSIFICATION (see instructions) Owner type Operator type Property type DESCRIPTION OF REGULATED WASTES Characteristic Hazardous Wastes [see 40 CFR 251.20-24 and LAC 33:V 4903 B,C.D.E) ☐ / ignitable [D001] ☐ corrosive [D002] ☐ reactive [D003] 図 EPtoxic [D004--D017] 12 | 0 | 8. Listed Hazardous Wastes [see 40 CFR 261 30-33 and LAC 33 V 4901 B.C.E.F) **CERTIFICATION** I certify that the information provided herein and appended hereto is true and accurate to the bast of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Name and Title (print or type) Date, Signed Sionatura FNAURINO



State of Louisiana

Department of Environmental Quality



BUDDY ROEMER
Governor

August 27, 1990

PAUL TEMPLET
Secretary

Med-Aid Walk-In Medical Center 5475 Essen Lane Baton Rouge, Louisiana 70809

Attn: Joann Conrad

Re: Small Quantity Generator Number

Dear Ms. Conrad:

This letter acknowledges receipt of your notification form applying for Louisiana Small Quantity Generator status.

The location identification number, LAD981913148, <u>is assigned</u> to:

5475 Essen Lane

The above location with its assigned number is now designated as a Small Quantity Generator in our files. It is suggested that you secure and become familiar with Louisiana's Hazardous Waste Regulations, especially the chapter dealing with Small Quantity Generators. You may order Volume 13 of the Louisiana Administrative Code by contacting the Louisiana Register at (504)342-5015. Your identification number must be used when manifesting any hazardous waste.

It is important that this office be notified in writing within seven (7) days of $\underline{\text{ANY}}$ changes of the information submitted on your notification form. Should you have any questions, please contact this office at (504) 342-4677.

Very truly yours,

Vince Sagnibene Program Manager

VS/GCH/pd

c: Ms. Betty Thibodeaux

	LOUISIANA NOTIFICATION OF STATE OF LO	HAZARDOUS WASTE CEVITY FO
		IRONMENTAL QUALITY FEB 2 5 1991
	P.O. BOX 44307 BATC	N ROUGE, LA 7080 Pept. of Environment Outsile.
	INSTALLATION'S EPA ID NUMBER	NOTIFICATION: FIRST SUBSEQUENT
	LAD981913148	○ ⊗
	NAME OF INSTALLATION (Include company and ape	rfic sne name)
•	MED AID WALK IN MEDICAL CENTER	<u> </u>
	INSTALLATION LOCATION ADDRESS (Physic street)	al address, not p a, box or route number)
	5475 ESSEN LANE	
	CITY OR TOWN	STATE ZIP COOE
	BATON ROUGE	1 LA 70809
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CERTIFICATION	
Certify that the information provided	herein and appended herio is true and accurate to the best of my knowledge, information and belief
/ SIGNATURE	PRETISES for submitting false information, including the possibility of fine and imprisonment. NAME AND TITLE (PRINT OR TYPE) DATE SIGNED
V Warren Periou	NAME AND TITLE (PRINT OR TYPE) DATE SIGNED WARREN DERION (X-Ray Tech.) 2-22-91
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SEND COMPLETED FORM TO:	United States Environmental F	2rotection	n Agency							
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENT	TIFICAT	ION FORM							
1. Reason for	Reason for Submittal:									
Submittal (See instructions on page 13.)	To provide Initial Notification of Regulated Waste waste, universal waste, or used oil activities)	e Activity (to	obtain an EPA ID Number for hazardous							
	☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)									
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application									
	☐ As a component of a Revised RCRA Hazardous	Waste Part	A Permit Application (Amendment # 1							
	☐ As a component of the Hazardous Waste Repor	t <i>1</i> 7	エ 3,7772 呈京							
2. Site EPA ID	EPA ID Number		2: (
Number (page 14)	LARO,0,0,0,5,5	5,2,3,6	S. F							
3. Site Name (page 14)	Name: Tire Kingdom	Inc	2. #195							
4. Site Location	Street Address: 41275 ESSe		ine							
Information (page 14)	City, Town, or Village: Baton Roug	se	State: LC							
	County Name: EBR		Zip Code: 10809							
5. Site Land Type (page 14)	Site Land Type: Private County District	☐ Federal	☐ Indian ☐ Municipal ☐ State ☐ Other							
6. North American	A.	В.								
Industry Classification	441320									
System (NAICS) Code(s) for the Site	C. D.									
(page 14)										
7. Site Mailing	Street or P. O. Box: 823 Donal	d Ro	iss Road							
Address (page 15)	City, Town, or Village: TUNO BO	ach								
	State: Florida									
	Country: USQ		Zip Code: 33408							
8. Site Contact Person	First Name Oave	MI:	Last Name: ZO I NOWSICI							
(page 15)	Phone Number: 541-383-3000	1:2424	Email address:							
Operator and Legal Owner	A. Name of Site's Operator:	oodo	Date Became Operator (mm/dd/yyyy):							
of the Site (pages 15 and 16)	Operator Type: Private County Distric									
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):							
	Owner Type: APrivate O'Count Outstrict	பக்கி	☐ inda 두 및 Municipal ☐ State ☐ Other							
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EPA Form 8700-12 (Re	evised 1/2004) Lin TEMPO 57-8 Free!	MAR 2	2 2004 Page 1 of 3							
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LDEQ OES/EAD

Country: Zip Code: SIJLOS	LegaLOwner	Street or P. O. Box	873	-Osnald	17055	-700d
State:	•	City, Town, or Villa	ge: \U.)			
0. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20. A. Hazardous Waste Activities Complete all parts for 1 through 6. Onlete (specify)	Aduless	State:	-1	<u> </u>	OU 1	
D. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20. A. Hazardous Waste Activities Complete all parts for 1 through 6. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete all parts for 1 through 4. Complete		Country:			z	ip Code: 33408
Complete all parts for 1 through 6.	••	_	mplete any a	dditional boxes	as instructed	
If "Yes", choose only one of the following - a, b, or c. a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste ln addition, indicate other generator activities. Y N d. United States Importer of Hazardous Waste Furnace Fur						
a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or Hazardous Waste (at your site) Note A hazardous waste (at your site) Note A hazardous waste permit is required for this activity. C. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste Y N 4. Recycler of Hazardous Waste (at your site) Y N 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. A samily Quantity On-site Burner Exemption D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D. Smeltting, Melting, and Refining Furnace D	□ N □ 1. Generator	of Hazardous Waste			Y 🗆 N 🗅 2.	. Transporter of Hazardous Waste
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of non-acute hazardous waste; or b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste Y N 4. Recycler of Hazardous Waste (at you site) c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste Y N 5. Exempt Boiler and/or Industrial Furnace Fur	🗖 a. LQG	6: Greater than 1.000 k	a/mo (2,200 l	os./mo.)	1 4 14 4 3.	•
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In addition, Indicate other generator activities. Generate Accumulate	C. CES			тю.)		
If "Yes", mark each that applies.					YUNU 5.	•
Exemption Description Des	In addition,	indicate other genera	tor activities			
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LDEQ-EDMS Document 2370392, Page 2 of 3

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11Description	of-Hazardous-Waste	s (See instructio	ns on page 20.)			<u>+</u>
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2. Comments (See instructions on	page 20.)	•	•		
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		·				
						
•				·		
:	<u> </u>					
						
				<u> </u>		
3. Certification	. I certify under pena	alty of law that this	document and all at	tachments were pr	epared under my direc	tion or
upervision in acc	cordance with a syste	m designed to ass	sure that qualified pe	rsonnel properly g	ather and evaluate the	information
		•			sons directly responsit	
			= =		rate, and complete. I a	
here are significa See instruction:	•	nitting false informa	ation, including the p	ossibility of fine an	d imprisonment for kno	owing violations.
See Instructions	s on page 20.)					
Signature of ope outhorized repre	erator, owner, or an esentative	Name and Off	ficial Title (type or p	orint)		Date Signed (mm/dd/yyyy)
Dan OR	Seelwowsh	E David	zolnowsi	ci Risk	Manager	2-18-04
<i>t</i>	V		RF	CEIVE	\mathbf{D}	
			742			
		1		MAR 2 2 2004		1
	. 12 (Pavised 1/200			I DEO		Page 3 of 3

LDEQ-EDMS Document 2370392, Page 3 of 3

MAIL **COMPLETED FORM** TO:

> LDEQ/OES/ Permit Support Services/NAS PO Box 4313 Baton Rouge, LA

United States Environmental Protection Agency STATE OF LOUISIANA

and

DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY RCRA SUBTITLE C SITE IDENTIFICATION FORM



AI 27772

70821-4313	KOKA GOBTITEE G GITE IBERTII									
1. Reason for Submittal	A. Reason for Submittal:									
CHOOSE ONLY ONE REASON PER SUBMITTAL	☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). ☐ To provide subsequent notification (to update site identification information). ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application. ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #									
	B. Number of Employees:		•							
2. Site EPA ID Number	EPAID Number: LAIZ 000055	234)							
3. Site Name	Legal Name: TICE KINOdo)M	LLC # 195							
4. Site Location (Physical address,	Street Address: UU75 (55)	<u>'</u> -n	lane.							
NOT PO Box or Route)	City, Town, or Village: Outon Roug	e	State: (A							
	County/Parish Name: EBR		Zip Code: 70809							
5. Site Land Type	Site Land Type: Private	ct 🔾 Fed	deral ☐ Indian ☐ Municipal ☐ State ☐ Other							
6. North American Industry Classification System (NAICS) Code(s)	A. 811111 B	•								
	C. D	•								
7. Site Mailing Address	Street or P. O. Box: 823 Donald	X To	loss Road							
	City, Town, or Village:									
	State:									
	County/Parish Name:		Zip Code: 33408							
8. Site Contact Person	First Name: Octoid	ll:	Last Name: ZOINOWSKI							
	Phone Number: 501 -383-3000	> -	Phone Number Extension: 2424							
9. Legal Owner and Operator of the Site (see	A. Name of Site's Legal Owner: Land C Botton Rouge Date Became Owner (mm/dd/yyyy):									
instructions)	Owner Type: Private County/Parish District	ral 🖸 Indian 🗘 Municipal 🗘 State 🗘 Other								
	B. Name of Site's Operator: Till Unadom	Date Became Operator (mm/dd/yyyy): 09 - 0(1-2007								
	Operator Type: Private	t O Fed	leral Indian Indian State Other							
	Regs & Certs		KECEIVED							

Lm RCRAInfo 11/17/9 Lm TEMPO 11/18/9

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LDEQ OES/PSSD

д : b														
-			· · · · · · · · · · · · · · · · · · ·	EPA IC) No	<u> </u>	1		1	1	1			ГТ
10. Type of Regu	lated Waste Activity	y (Mark 'X' in the a	ppropriate boxes)	EFA IL	7140.		1				1			LI
A. Hazardous Wast	e Activities	 		 			·		·					
1. Generator of Hazardous Waste					For Items 2 through 6, check all that apply:									
(Select one of the following categories)					☐ 2. Transporter of Hazardous Waste									
·	☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or				☐ Transporter of Hazardous Waste ☐ Transfer Facility Status ☐ (Transporter status must be indicated above)									
□ b. SQG	i: 100 to 1,000 kg/m Non-acute hazard					Treate: A haza								
CESC	G: Less than 100 k	g/mo				☐ Pen	mitted	□ In	iterim S	tatus	□ Pre	opose	d	
	Non-acute haza	ardous waste				Recyc : A haz: activit	ardous							his
In addition	, indicate other gen	erator activities (d	heck all that apply)		5.	Exem	pt Boi	iler ar	nd/or In	dustri	al Fur	mace		
. 🖸 e. Unite	d States Importer of	Hazardous Waste							tity On-					
☐ f. Mixed	l Waste (hazardous	and radioactive) Ge	enerator			□ b.	Smelti	ing, M	elting, l	Refinin	ig Furi	nace l	Exem	ption
	•	,			□ 6.	Unde	rgrour	nd Inje	ection (Contro	ol			
B. Universal Waste	Activities (Indicate	Activity Type)			C.	Used	Oil Ac	tivitie	es (Indi	icate A	ctivit	у Тур	e)	
1. Large Quantit determine what is			your State regulation waste generated and		0	1. Us	ed Oil	Tran	sporte	г				
	our site. (check all t		waste generated and	,,,		🗅 a.	Transp	porter						
		Generated	Accumulated			□ b.	Transf	fer Fa	cility					
. 6.0.1		_	_	İ	0	2. Use	liQ be	Proce	essor a	nd/or	Re-re	finer		
a. Batteries			0	ļ.		🔾 a.	Proces	ssor						
b. Pesticides		0	0	ļ		□ b.	Re-ref	iner						
c. Lamps d. Antifreeze		0		-		3. Off	-Spec	ificat	ion Us	liO be	Burne	er		
e. Mercury-conta	ining equipment	0	<u>.</u>		т	مالة	-4 O:I	Fuel	و ما د د د د د د د د د د					
f. Electronics	nang equipment		0		u	4. Us	ea Oii	ruei	Marke	er				
□ 2. Destination F	acility for Universa	_	J				Specif Oil Bu	ficatio rner	ho Dire n Used	Oil to	Òff-Sp	ecific	ation	
	lous waste permit m		nis activity.				Marke the Sp		ho First	Claim	is the	Used	Oil M	leets
			·		0		d Oil	Fuel i	ations Burner ombus)evice	e(s)		
						OUtili	ty Boil	er 🛭	Industr	ial Boi	ier 🖸	lindus	trial (Furnace
11. Description o	f Hazardous Waste	s		i						·				
A Wasta Cadas for	Fodosally Dogulati	ad Ugganlava 184	tae Diagon liet the	inata ander	af tha F	odar-1	ha-c-	laure :		الدوور				4 41
A. Waste Codes for in the order they a	re presented in the	regulations (e.g., D	oo1, D003, F007, U1	12). Use an	or the F addition	ecerai i nai page	nazaro e if mo	re spa	vasies i aces ar	nandie e need	a at yo led.	our sit	ie, Li	st tnem
DOOR	10001	M39	009	()										• •
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LDEQ-EDMS Document 6092092, Page 3 of 3

MAIL COMPLETED FORM TO:

LDEQ/OES/

United States Environmental Protection Agency and STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY



Permit Support Services/NAS PO Box 4313 Baton Rouge, LA 70821-4313	NOTIFICATION OF HAZ	ARDOUS	WASTE	ACTIVITY	DEQ			
1. Reason for Submittal CHOOSE ONLY ONE REASON PER SUBMITTAL	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). XTo provide subsequent notification (to update site identification information). or As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #). or As a component of the Hazardous Waste Report.							
	B. Number of Employees: 12	i i di mole m	onthis of the re	porting year				
2. Site ID Number	EPA ID Number: LAR000055236				LA AI#: 27772			
3. Site Name	Legal Name: TBC Retail Group, Inc	. d/b/a/ Na	tional Tire	& Battery, NT	B # 195			
4. Site Location	Street Address: 4675 Essen Lane							
(Physical address, NOT PO Box or Route)	City, Town, or Village: Baton Rouge		State: LA					
	Parish: EBR Zip Code: 70809							
5. Site Land Type	Site Land Type: X Private	rish 🗆 Distr	ict 🗆 Feder	ral 🗆 Indian 🗆	I Municipal □ State □ Other			
6. North American Industry Classification System (NAICS) Code(s)	A. 811111 B.							
7 Cite Melling Address	C.							
7. Site Mailing Address	Street or P. O. Box: 4280 Professional Center Dr. STE 400							
	City, Town, or Village: Palm Beach Gardens							
	State: FL	Zip Code:	33410		Country: USA			
8. Site Contact Person	First Name: Aaron MI:			Last Name: En	gi			
	Phone Number: 561-383-3000		Title: Sr. Manager of Safety & Health					
	Mail Address: 4280 Professional Center I	Dr. STE 400	City, State, Zip: Palm Beach Gardens, FL 33410					
	Email: EHS@TBCCORP.com							
9. Legal Owner and Operator of the Site (see	A.Name of Site's Legal Owner: TBC Retail Group, Inc Date Became Owner (mm/dd/yyyy): 09-08-200							
MAR 1 1 2015	Owner Type: X Private		☐ Federal	T	unicipal			
	B. Name of Site's Operator: d/b/a Nationa 195	al Tire & Batte	ery, NTB #	Date Became C	Operator (mm/dd/yyyy): 3/1/2015			
LDEQ-OES PSSD IOTIFICATIONS & ACCREDITATIONS LDEQ Form HW-1 (Revis	Operator Type: X Private	ish 🗆 Distri	ct 🗆 Federa	al □Indian □	Municipal State Other			

			EPA ID N	0. L	_ A	R	0 0	0	0	5 5	2	3 6	6
10. Type of Regulated Waste Activ	ity for current acti	vities (as of the date of th	is form).	(Mar	k 'X' in	the ap	propri	ate bo	xes)				
A. Hazardous Waste Activities	·										_		
1. Generator of Hazardous Wa	ste		1	For h	tems 2	throug	jh 6, ch	eck a	il that a	apply:			
(Select one of the following categories)				☐ 2A. Transporter of Hazardous Waste									
☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or				 2B. Transfer Facility Status (State approval required prior to startup) 									
□ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or				☐ 3. Treater, Storer, or Disposer of HW (at your site) Note: A hazardous waste permit is required for this activity.									
▼ c. CESQG: Less than 100 kg/mo				☐ Permitted ☐ Interim Status ☐ Proposed									
Non-acute hazardous waste In addition, indicate other generator activities (check all that apply)				 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity. 									
d. Short Term Generation (r	not normally a gener	ator but generated through	a	5.	Exem	pt Boile	er and/	or Ind	ustrial	Furnac	е		
One time, Emergency, o □ e. United States Importer o	,	Give details in Comment	5 .				Quantity ig, Melti						
☐ f. Mixed Waste (hazardou	s and radioactive) G	enerator	Ţ	□ 6.	Under	ground	d Inject	ion C	ontrol				
			C	- 7.	Receiv	ves ha	zardous	s was	te from	off site	9		
B. Universal Waste Activities (Indica				C.	Used (Oil Act	ivities (Indic	ate Act	ivity Ty	pe)		
1. Large Quantity Handler of Univ determine what is regulated]. Indica accumulated at your site. (check all	1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or			☐ 1. Used Oil Transporter☐ a. Transporter									
assumulated at your site. (check an				,		•	er Facilit	v					1
	Generated	Accumulated					roval red	-	prior to	startur)		
a. Batteries	<u> </u>		ļ				rocess			-			
b. Pesticides					□ a. I	Proces	sor						l
c. Lamps d. Antifreeze					□ b. l	Re-refir	ner						
e. Mercury-containing equipment	_		ŀ		3. Off	-Speci	fication	Used	l Oil Bu	ırner			ı
f. Electronics						-							j
f. Electronics 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.				 □ 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 the Specifications 									
					5. Use	d Oil F	uel Bui te Com	rner	on Dev	ice(s)			
							r ⊡Ind				strial	Furnace	e
D. Eligible academic Entities w wastes pursuant to 40 CFR	ith Laboratories – I Part 262, Subpart k	Notification for opting int	o or withd	lrawi LOU	ng fron	n mana)	aging la	borat	tory ha	zardou	 S		
☐ 1. Opting into 40 CFR Part 26	2, Subpart K for the	management of hazardous	waste in I	labor	atories,	check	all that	apply.					
□ a. College or University	<i>(</i>												
□ b. Teaching Hospital ow	vned by or has a forr	nal written affiliation agree	ment with a	a coll	ege or	univers	ity						
☐ c. Non-Profit Institute ov	wned by or has a for	mal written affiliation agree	ment with	a col	lege or	univer	sity						
☐ 2. Withdrawing from 40 CFR I	Part 262, Subpart K	for the management of haz	ardous wa	iste i	n labora	atories.							

	des for Federally Regi	astes ulated Hazardous V the regulations (e.g.,	Vastes. Please list the v	waste codes of the Fed	eral hazardous wastes	handled at your site. List them
D001	D008	D009	D018	D039	D040	F001
002			124 42			1.00
	s for Federal Hazardo e Waste codes.)	ous Wastes continue	ed. Use an additional	page if more spaces an	e needed for waste cod	des. (Louisiana does not have
2. Notification	on of Hazardous Seco	ondary Material (HS	M) Activity (THIS DOE	S NOT YET APPLY IN	LOUISIANA)	
			42 that you will begin m ? 261.4(a)(23), (24), or (e Identification Form: N			y Material.
3. Comment he activities	s (optional): Howeve and/or changes at yo	er, if you have checl our site.	ked "Transfer Facility"	' for Hazardous Waste	e or Used Oil, please	provide a brief description o
tore was reb	randed from Tire Kingo	dom to National Tire	& Battery	7.2	T	
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7						
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ystem desigr /ho manage t elief, true, ac	ned to assure that quali the system, or those pe	fied personnel prope ersons directly respor I am aware that there	rly gather and evaluate asible for gathering the	the information submit information, the information	ted. Based on my inqui	pervision in accordance with a iry of the person or persons be best of my knowledge and ne possibility of fine and
ystem design who manage the elief, true, ac inprisonment Signature	ned to assure that quali the system, or those pe ccurate, and complete.	fied personnel prope ersons directly respor I am aware that there	rly gather-and evaluate nsible for gathering the e are significant penaltie	the information submit information, the information	ted. Based on my inqui ation submitted is, to th nformation, including th	iry of the person or persons
ystem design tho manage t elief, true, ac nprisonment Signature	the displayment of the system, or those percurate, and complete. for knowing violations.	fied personnel prope ersons directly respond I am aware that there	rly gather and evaluate asible for gathering the eare significant penaltic	the information submit information, the informa es for submitting false in	ted. Based on my inqui ation submitted is, to the aformation, including the or print)	iry of the person or persons le best of my knowledge and le possibility of fine and Date Signed

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY STATE OF LOUISIANA



DEPARTMENT OF ENVIRONMENTAL QUALITY
HAZARDOUS WASTE DIVISION



P.O. BOX 82178 BATON	ROUGE, LA	70884-2178	
INSTALLATION'S EPA ID NUMBER	NOTIFICA FIRST	ATION TYPE: SUBSEQUENT	RECEIVE
FARO 0,0,0,3,5,0,4,8	(3)	O	MAR 1 8 1999
NAME OF INSTALLATION (Include company and apo	ecific alte name)		LDEQ
NU GENT STEEL E SUPPLY	ICIOI II INI C		HWD/PMSS
MOTAL ATTOM CONTINUES		_	
V STREET	il address, nat p.o. b	ox, route number, c	or hwy number) \
1 18 10 10 1 St G th THE WIEIS TIP OR TI ID	·		
CITYOR TOWN PORT A LLEN, I I I I I I I I I I I I I I I I I I I	, s r.	ATE ZIP (300E
PARISH NAME CODE SIC	CODE LATTR		NGITUDE
WIEISITI IBIAITION IRIOLU GE 1121 131	4 4 1 1 1 1	ו ו סומו	I_I_I NID
INSTALLATION CONTACT (person to be contacted in	penerding waste enth		
	ega ang waste acm 98 TITLE	PHONE NUM	BER
	RIE S I I (225) 3 8 Area Code	71 10191 817
INSTALLATION MAILING ADDRESS		•	
STREET, P.O. BOX OR ROUTE NUM.	BER 		
. CITY OR TOWN	<u>. </u>	ATE ZIP C	NOS
PORT AND A	1	AIE 200 1A 7 101 7 61 7	
INICTALLATION OWNER (feet across of Installation)			
NAME		PHUNE NUM	IBER .
JIIM NUGENT	<u> </u>	225 3 8	7 1 10 1 91 8: 7 /
STREET, P.O. BOX OR ROUTE NUM P 10 18 10 1X 17 3 0	BER		1
CITY OR TOWN	<u>.</u>	ATE ZIP C	CODE
P O R T A L L E N I I I I I I I	<u> </u>	14 7 101 71 8 '	1-10171310
CHANGE OF OWNER INDICATOR: YES O	o⊗ .	ate Changed (Month,	Day Year)
Property Owner (if cillierent from installation owner):		an oranged (manus	
INSTALLATION CLASSIFICATION, ALL THREE CAT	TEGORIES MUST BE (COMPLETED)	
TYPES Pacing S State Windle Particular	C=Parish M=Munici	pel O=Other	1
Owner Type P B Operator Type P RCRIS 1999	P	Property Type	P
MIN -	For Official Use Or	ulu .	

MAR 1 9 1999

PHH?

Dept. of Environmental Quality Hazardous Waste Record Center For Official Use Only CHECK NUMBER: #42200