

AI 177088

GEN 20110001

LDEQ RECEIPT

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

4:01 PM 2:57  
original to Fow  
copy to MJ/Si/Binett  
Phar

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.

MAIN FILE

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).

1. Legal Name of Applicant Womack-Dunn Construction Team , a Joint Venture  
(Company, Partnership, Corporation, etc.)

Project Name OLOL East Tower & ED Trauma Additions & offsite Staging Area

(NOTE: Only one NOI needs to be submitted to cover all of the permittee's activities on the common plan of development or sale (e.g., you do not need to submit a separate NOI for each separate lot in a residential subdivision or for two separate buildings being constructed on the same property, provided your SWPPP covers each area for which you are the operator.)

Mailing Address 8400 Jefferson Hwy

Baton Rouge, LA

Zip Code: 70809

If the applicant named above is not also the owner, 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  Parish  Municipal   
 State  Public  Private  Other: \_\_\_\_\_

Location of project. Provide a specific address, street, road, highway, interstate, and/or River

2. Mile/Bank location of the project for which the 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

Zip Code 70808

Parish East Baton Rouge

form\_7006\_r05  
02/01/2011

RECEIVED

JUL 1 - 2011

Page 2 of 16  
CSW-G

LDEQ

## SECTION I - FACILITY INFORMATION

Front Gate Coordinates:

Latitude- 30 deg. 24 min. 10.7 sec. Longitude- 91 deg. 06 min. 19 sec.

Method of Coordinate Determination: Dept. of Natural Resources Sonris Web Site  
(ex: <http://terraserver-usa.com/Quad Map>, Previous Permit, website, GPS)

Is the facility located on Indian Lands?  Yes  No

**B. Stormwater Pollution Prevention Plan Information.**

1. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared? (NOTE: The SWPPP must be prepared prior to submittal of the NOI. Do not submit SWPPP with this NOI.)

Yes  No

2. Indicate address of location of SWPPP if different from Project Location. (N/A if SWPPP is located at the construction site.)

Address NA  
 City NA State NA Zip NA

**C. Location Information**

1. Estimated Construction Start Date: (mo/day/yr) 07/05/2011

2. Estimated Construction Completion Date: (mo/day/yr) 02/2014

3. Estimate of area to be disturbed (to nearest acre) 6.0 acres

4. Type of facility being constructed (circle one): Subdivision, Mall, Retail Outlet, Industrial Park, Business, Hospital Heart & Vascular Center, Emergency Dept Addition & Construction Staging area.  
 Other (explain) area.

5. Is the project part of a larger development or subdivision?  Yes  No

If yes, provide the name of the development or subdivision. NA

**D. Discharge Information**

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](http://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.

By Effluent Pipe (effluent pipe, ditch, etc.);  
 thence into Ward's Creek (effluent pipe, ditch, etc.);  
 thence into Bayou Manchac (Parish drainage ditch, canal, etc.);  
 thence into Amite River (named bayou, creek, stream, etc.)

2. Based on Appendix C, the Outstanding Natural Resource Water (ONRW) list, does your stormwater run-off flow directly into a waterbody listed as an ONRW?

Yes  No

### 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?

Yes       No

**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.

4. Based on Appendix B, Historic Properties Guidance, are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or in proximity to the discharge?

Yes       No

5. Was the State Historic Preservation Office (see Part I.A.3.f of the permit) involved in your determination of eligibility?

Yes       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       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?      NA

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.deq.louisiana.gov> under DIVISIONS, Water Permits, LPDES Permits, LPDES forms.

**SECTION II – LAC 33.1.1701 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 applying for the permit or an ownership interest in the permit.)

Permits in Louisiana. List Permit Numbers: NA

Permits in other states (list states): NA

No environmental permits.

- B.** Do you owe any outstanding fees or final penalties to the Department?  Yes  No

If yes, please explain.

NA

- C.** Is your company a corporation or limited liability company?  Yes  No

If yes, is the corporation or LLC registered with the Secretary of State?  Yes  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.

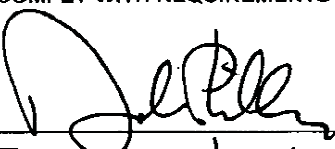
**NOTE:** LDEQ does not require specific assignments or delegations of authority to responsible corporate officers identified in the Permit **Standard Permit Conditions, Part VI.G.1.a(1)** The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications 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.1.a.(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.**

Signature 

Printed Name Dale Phillips

Title V.P.

Company Milton J. Womack, Inc.

Date 7/1/11

Telephone 225-924-8050

**\*\*\*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.**

MAINTENANCE

AI-177088



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Water Permits Division  
Post Office Box 4313  
Baton Rouge, La 70821-4313  
Phone#: (225) 219-9371

GEN 20110001

Original to JOW  
DF copy to MFG/CORTS  
PAAR

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  
Number

LAR10H 365

Check here if you are no longer the Operator of the  
Facility OR if the facility has been sold

Date: 12-31-13

Check here if the Storm water discharge associated with  
the construction activity is Being Terminated

Date: \_\_\_\_\_

SECTION II - FACILITY OPERATOR INFORMATION

Name Womeck-Dunn Construction Team A Joint Venture

Address 8400 Jefferson Hwy

City Baton Rouge

State LA Zip 70809 Phone 225-924-8050

2014 JUL 21 AM 11:08

DEQ - OES

SECTION III - FACILITY/SITE LOCATION INFORMATION

Name of Project Our Padua at The Lake East Tower

Location of Project 5050 Essen Lane

City Baton Rouge State LA Zip 70808

Parish East Baton Rouge

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.

Print Name Thomas J. Sengas Date 7/17/14

Signature Thomas J. Sengas

BOBBY JINDAL  
GOVERNOR



PEGGY M. HATCH  
SECRETARY

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

AI# 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](mailto:kimberly.corts@la.gov) or [Ardrene.Logan@la.gov](mailto:Ardrene.Logan@la.gov). If you have any questions pertaining to fees or invoices please contact Ashley Broom at [Ashley.Broom@LA.gov](mailto: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

GEN20090001

168452

original to TED  
copy to Mober/Bissett  
OPM

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

DiscountPermit.com  
DEQ COPY 1 OF 3

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, Louisiana (location map attached). This permit application is for **entire city project area including Acadian Thwy, Perkins Rd., and Stanford Ave.**

This project has prepared a Stormwater Pollution Prevention Plan (SWPPP) and will notify your office when operations terminate. We have also notified the **City of Baton Rouge** as to the activity at this site and our stormwater permit application submittal.

The facility site owner will monitor and commence compliance measures as required per the 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,

Diane T. Baum  
[diane@discountpermit.com](mailto:diane@discountpermit.com)

2009 DEC 23 5:59 PM  
LDEQ/PERMITS

DEQ - OES  
2009 DEC 28 PM 4:06

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).

1. Legal Name of Applicant

(Company, Partnership, Corporation, etc.) RCS Contractors, Inc.

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

(NOTE: Only one NOI needs to be submitted to cover all of the permittee's activities on the common plan of development or sale (e.g., you do not need to submit a separate NOI for each separate lot in a **residential subdivision** or for two separate buildings being constructed on the same property, provided your SWPPP covers each area for which you are the operator.)

Mailing Address 3390 Southern Pacific Road

Port Allen, LA

Zip Code: 70767

If the applicant named above is not also the owner, state owner name, phone # and address.

N/A

Check status:  Federal  Parish  Municipal   
 State  Public  Private  Other: \_\_\_\_\_

2. Location of project. Provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the project for which the NOI is being submitted.

DEQ - OES  
 2009 DEC 28 PM 4:06

## 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 Ave

City Baton Rouge Zip Code 70808 Parish East Baton Rouge 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)

Is the facility located on Indian Lands?  Yes  No

**B**

**Stormwater Pollution Prevention Plan Information.**

1 Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared? (NOTE: The SWPPP must be prepared prior to submittal of the NOI. Do not submit SWPPP with this NOI.)

Yes  No

2 Indicate address of location of SWPPP if different from Project Location. (N/A if SWPPP is located at the construction site.)

Address Diane T. Baum/DiscountPermit.com diane@discountpermit.com 225-268-1477 12232  
Industriplex Blvd. Suite A-2

City Baton Rouge State Louisiana Zip 70809

**C**

**Location Information**

1 Estimated Construction Start Date: (mo/day/yr) 12/15/09

2 Estimated Construction Completion Date: (mo/day/yr) 3/15/10

3 Estimate of area to be disturbed (to nearest acre) 20 acres

4. Is the project part of a larger development or subdivision?  Yes  No

If yes, provide the name of the development or subdivision. \_\_\_\_\_

**D. Discharge Information**

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](http://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 I - FACILITY INFORMATION

By Acadian Thwy Parish ditch unto Dawson Creek (effluent pipe, ditch, etc.);  
 thence into Ward Creek unto Bayou Manchac (effluent pipe, ditch, etc.);  
 thence into Amite River (Parish drainage ditch, canal, etc.);  
 thence into Lake Maurepas (named bayou, creek, stream, etc.)

2. Based on Appendix C, the Outstanding Natural Resource Water (ONRW) list, does your stormwater run-off flow directly into a waterbody listed as an ONRW?

Yes  No

**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.

3. Based on Appendix A, Endangered Species Guidance, are there any listed endangered or threatened species in the project area?

Yes  No

**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.

4. Based on Appendix B, Historic Properties Guidance, are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or in proximity to the discharge?

Yes  No

5. Was the State Historic Preservation Office (see Part I.A.3.f of the permit) involved in your determination of eligibility?

Yes  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  No

2. If yes, the party or developer responsible for construction plans and specifications must provide this information 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.deq.louisiana.gov> under DIVISIONS, Water Permits, LPDES Permits, LPDES forms**

## 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

### 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): \_\_\_\_\_

No environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department?

Yes  No

If yes, please explain.

---

C. Is your company a corporation or limited liability company?

Yes

If yes, is the corporation or LLC registered with the Secretary of State?

Yes

### 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.

**Signature** \_\_\_\_\_  
**Printed Name** 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.

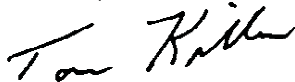
Coverage under this permit does not relieve the permittee from any regulatory responsibility to apply for and receive other permits or authorizations that may be required as a result of activities ongoing or planned at this site. Any activity resulting in a discharge to waters of the state, such as that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

cc:

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

~~Airco Industrial Gases~~  
~~1075 Cinclair Dr.~~  
1075 Cinclair Dr.  
Port Allen, Louisiana 70767

ORIGINAL DOCUMENT  
RETURN TO FILE # 100

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.
2. 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.

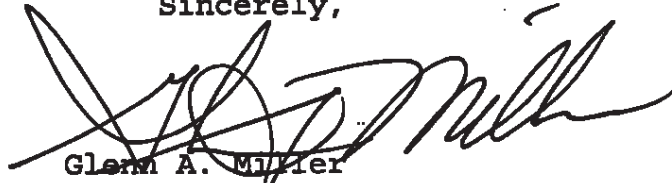
You are hereby notified that the violations described herein, as well as failure or refusal to comply with this Notice of Violation and the provisions herein could subject you to enforcement procedures under Section 2025 of the Environmental Quality Act.

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,



Glenn A. Miller  
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

Subject: NOTICE OF VIOLATION  
HE-N-93-0604

ORIGINAL DOCUMENT  
RETURN TO FILE ROOM

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.
2. 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

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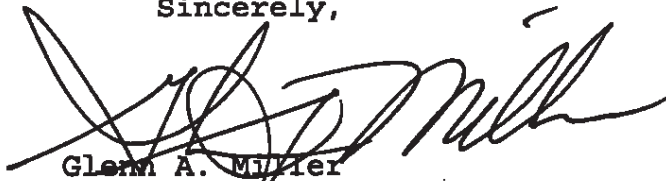
You are hereby notified that the violations described herein, as well as failure or refusal to comply with this Notice of Violation and the provisions herein could subject you to enforcement procedures under Section 2025 of the Environmental Quality Act.

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.

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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,



Glenn A. Miller  
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:

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Department of Environmental Quality  
Post Office Box 82178  
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and

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Capitol Regional Office  
11720 Airline Highway  
Baton Rouge, Louisiana 70809

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

P 138 788 321

### Receipt for Certified Mail

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

Special Delivery Fee	\$
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt Showing to Whom & Date Delivered  
Return Receipt Showing to Whom, Date, and Addressee's Address  
TOTAL Postage & Fees  
Postmark or Date

PS Form 3800, June 1991  
(Nov) 93-0604

**SENDER:** (Nov) 93-0604  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a & b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

4a. Article Number  
 P 138 788 321

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 1-14-94

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

3. Article Addressed to:  
 Airco Industrial Cases  
 LAP 094 178 050  
 1075 Cinclair Dr.  
 Port Allen, La. 70707

5. Signature (Addressee)  
 [Signature]

6. Signature (Agent)  
 [Signature]

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 \* U.S.G.P.O. : 1892-307-530

DOMESTIC RETURN RECEIPT

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 Summers, Port Allen Manager  
1075 Cinclare Drive  
Port Allen, LA 70767

**RE: NOTICE OF DEFICIENCY  
Agency Interest # 3444  
TEMPO ACTIVITY NUMBER: INS20100001**

Dear Tonya Summers:

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,



Bobby J. Mayweather  
Regional Environmental Scientist Manager  
OEC/Surveillance Division

BJM/tjs

c: Peter Michgelsen, Surveillance Division  
AI 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 Date

---

EPA ID LAD094178050

Site/Company Name AIRGAS SPECIALTY GASES PORT ALLEN

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 No 2253880900 Ext

Contact Title MANAGER

---

**Part I - Declaration of Filer**

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 LOFTIS First Name JOSH Title ASSISTANT SAFETY DIRECTOR

Signature \_\_\_\_\_ Date 05/19/2016

---

**Part III - Method of File Transmittal**

CD  ARM Web Site

\*\* 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.

---

Submit Date: 05/19/2016



**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.

**A. Hazardous Waste Activities; Complete all parts 1-7.**

**1. Generator of Hazardous Waste**

If Yes, choose only one of the following - a, b, or c.

- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup
- 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

If "Yes" above, indicate other generator activities.

**2 Short-Term Generator** (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

**3. United States Importer of Hazardous Waste**

**4. Mixed Waste (hazardous and radioactive) Generator**

**5. Transporter of Hazardous Waste**  
If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

**6. Treater, Storer, or Disposer of Hazardous Waste (at your site)**

Note: A hazardous waste permit is required for this activity.

**7. Recycler of Hazardous Waste (at your site)**

**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

**9. Underground Injection Control**

**10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

**1. Large Quantity Handler of Universal Waste** (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all boxes that apply:

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) \_\_\_\_\_
- f. Other (specify) \_\_\_\_\_
- g. Other (specify) \_\_\_\_\_

**2. Destination Facility for Universal Waste**  
Note: A hazardous waste permit may be required for this

**C. Used Oil Activities; Complete all parts 1-4.**

**1. Used Oil Transporter**  
If Yes, mark each that applies.

- a. Transporter
- b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner**  
If Yes, mark each that applies.

- a. Processor
- b. Re-refiner

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

**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

**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.

**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y  N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 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 Authorized Representative	Name and Official Title (type or print)	Date Signed (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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	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 generated in 2015 1230.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	ARD069748192	H040	1,230.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FOR INCINERATION		
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 generated in 2015 40.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	15.00
SITE 2	ARD069748192	H040	25.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FOR INCINERATION		
	B. EPA hazardous waste code P028 U184 U208 U211 U225 U228		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W004	F. Quantity generated in 2015 50.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	50.00
Comments:			



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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FOR INCINERATION		
	B. EPA hazardous waste code D001 P022		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W004	F. Quantity generated in 2015 200.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	200.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FLAMMABLES FOR INCINERATION		
	B. EPA hazardous waste code D001 D028 U037 U041 U056 U057 U079 U112 U213		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W001	F. Quantity generated in 2015 200.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	200.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FLAMMABLES FOR INCINERATION		
	B. EPA hazardous waste code D001 U002 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 generated in 2015 200.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	200.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FLAMMABLES FOR INCINERATION		
	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 generated in 2015 900.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	900.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK FLAMMABLES FOR INCINERATION		
	B. EPA hazardous waste code D001 D022 D028 U001 U002 U037 U124 U210 U227 U228 U239		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W001	F. Quantity generated in 2015 875.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	875.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK		
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	F. Quantity generated in 2015 12.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	12.00
<b>Comments:</b>			



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SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
2015 HAZARDOUS WASTE REPORT

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK		
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 generated in 2015 15.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minimization code X
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	15.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK OXIDIZERS		
	B. EPA hazardous waste code D001		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W001	F. Quantity generated in 2015 10.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	10.00
<b>Comments:</b>			



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SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
2015 HAZARDOUS WASTE REPORT

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK AEROSOLS		
	B. EPA hazardous waste code D001		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 20.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	ARD069748192	H040	20.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description LABPACK		
	B. EPA hazardous waste code D001 D002		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W001	F. Quantity generated in 2015 5.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055141378	H040	5.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description COMPRESSED GAS		
	B. EPA hazardous waste code D001		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 5.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD982290140	H141	5.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description FLAMMABLE CYLINDERS FOR DISPOSAL		
	B. EPA hazardous waste code D001 U135		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 6.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	ARD069748192	H040	6.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description FLAMMABLE CYLINDERS FOR DISPOSAL		
	B. EPA hazardous waste code D001		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 43.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD982290140	H141	43.00
Comments:			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description TOXIC OR CORROSIVE CYLINDER FOR DISPOSAL		
B. EPA hazardous waste code D001 P096		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 5.0 UOM Pounds Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD982290140	H141	5.00
<b>Comments:</b>			



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SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
2015 HAZARDOUS WASTE REPORT

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description WASTE CHLORINE		
	B. EPA hazardous waste code D001		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 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055135388	H141	50.00
<b>Comments:</b>			

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

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description WASTE COMPRESSED GAS FLUORINE, HELIUM		
	B. EPA hazardous waste code D001 P056		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 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055135388	H141	1.00
<b>Comments:</b>			



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SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN

EPA ID NO: LAD094178050



LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
2015 HAZARDOUS WASTE REPORT

**FORM GM**

WASTE GENERATION AND MANAGEMENT

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

<b>SEC. 1</b>	A. Waste description WASTE DEUTERIUM		
	B. EPA hazardous waste code D001		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 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
<b>SEC. 2</b>	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
<b>SEC. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	TXD055135388	H141	1.00
<b>Comments:</b>			

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

FORM OI

OFF-SITE IDENTIFICATION

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

<b>SITE 1</b>	A. EPA ID No. of off-site installation or transporter ARD069748192	B. Name of off-site installation or transporter CLEAN HARBORS EL DORADO, LLC
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 309 AMERICAN CIRCLE City EL DORADO State AR Zip 71730
<b>SITE 2</b>	A. EPA ID No. of off-site installation or transporter ILD981957236	B. Name of off-site installation or transporter SET ENVIRONMENTAL INC
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street 450 SUMAC RD, STE 101 City WHEELING State IL Zip 60090-6350
<b>SITE 3</b>	A. EPA ID No. of off-site installation or transporter MAD039322250	B. Name of off-site installation or transporter CLEAN HARBORS ENVIRONMENTAL SERVICES INC
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street 42 LONGWATER DR City NORWELL State MA Zip 02061
<b>SITE 4</b>	A. EPA ID No. of off-site installation or transporter TXD055135388	B. Name of off-site installation or transporter SET ENVIRONMENTAL
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 5738 CHESWOOD ST City HOUSTON State TX Zip 77087
<b>Comments:</b>		



**FORM OI**

**OFF-SITE IDENTIFICATION**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER  
SITE NAME: AIRGAS SPECIALTY GASES PORT ALLEN  
  
EPA ID NO: **LAD094178050**

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

<b>SITE 5</b>	A. EPA ID No. of off-site installation or transporter TXD055141378	B. Name of off-site installation or transporter CLEAN HARBORS DEER PARK
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 2027 INDEPENDENCE PKWY S City LA PORTE State TX Zip 77571-9808
<b>SITE 6</b>	A. EPA ID No. of off-site installation or transporter TXD982290140	B. Name of off-site installation or transporter CLEAN HARBORS LAPORTE
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street 500 INDEPENDENCE PKWY S City LA PORTE State TX Zip 77571-9768
<b>SITE 7</b>	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip
<b>SITE 8</b>	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street City State Zip
<b>Comments:</b>		

## LDEQ Acknowledgement of Receipt of HW-1



EPA ID	LAR000082370
STATE A1	38392
SITE NAME	ALBERTSONS 2709
ADDRESS	2950 COLLEGE DR
CITY	BATON ROUGE, LA
PARISH, REGION	LA033, CA
MAIL ADDRESS	PO BOX 20
MAIL CITY,STATE	BOISE, ID 83726
CONTACT	ERICA FRANSEN
CONTACT_PHONE	2083954793
FEDERAL STATUS:	3
STATE STATUS:	3
SHORT TERM:	N
HAZ/RAD WASTE:	N
TRANSPORTER	N
TRANSFER_FACILITY	N
TSD_ACTIVITY	N
RECYCLER_ACTIVITY	N
UNDERGROUND INJECTIO	N
UW DESTINATION FAC:	N
USED_OIL_TRANSPORTER	N
USED_OIL_TRANSFER_FACI	N
USED_OIL_PROCESSOR	N
USED_OIL_REFINER	N
USED_OIL_BURNER	N
USED_OIL_MARKET_BURN	N
USED_OIL_SPEC_MARKETE	N
LAST_CHANGE	4/2/2014 8:32:22 AM

**Federal Generator Status Codes**

- 1- Large Quantity Generator
- 2- Small Quantity Generator
- 3- Conditionally Exempt Small Quantity Generator

**Louisiana Generator Status Codes**

Note: 1, 2, 3- same as Federal

- 4- Lab/Testing Facility
- 5- Short Term Generator
- 6- Not Generating, Still in Business
- 7- Not Generating, Out of Business
- 8- Never Generated
- N- No Separately Defined Activity
- V- Cruise Ship
- W- Water Transporter

**Other Activities**

- Y- Yes
- N- No

**Malcolm Lee McNabb, ES III**

Permit Support Services Division  
malcolm.mcnabb@la.gov, (225) 219-3244

This is acknowledgement of receipt and processing of your recently submitted Notification of Hazardous Waste Activity Form (HW-1).

If any of the information is not accurate, or the site activities have changed, a subsequent HW-1 should be submitted to the LDEQ.

The HW-1 form and other reporting resources may be obtained via the DEQ public website at:  
[www.ldeq.org](http://www.ldeq.org)



United States Environmental Protection Agency  
and

STATE OF LOUISIANA

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



**MAIL  
COMPLETED FORM  
TO:**

LDEQ/OES/  
Environmental Assistance  
Division/CAS  
PO Box 4313  
Baton Rouge, LA  
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 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.

B. Number of Employees: ~100

2. Site EPA ID Number

EPA ID Number: LAR000082370 AI 38392

3. Site Name

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  District  Federal  Indian  Municipal  State  Other

6. North American  
Industry Classification  
System (NAICS) Code(s)

A. 445110

B. 446110

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:

9. Legal Owner and  
Operator of the Site (see  
instructions)

A. Name of Site's Legal Owner: Albertsons LLC

Date Became Owner (mm/dd/yyyy): 06-02-2006

Owner Type:  Private  County/Parish  District  Federal  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  District  Federal  Indian  Municipal  State  Other

Regs & certs

RECEIVED

LM RCRA info 4/2/14  
LM TEMPO 4/2

MAR 31 2014

EPA ID No. 

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10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Select one of the following categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)  
Non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)  
Non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo  
Non-acute hazardous waste
- d. NON-GENERATOR

In addition, indicate other generator activities (check all that apply)

- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
  - Transfer Facility Status  
(Transporter status must be indicated above)
- 3. Treater, Storer, or Disposer of HW (at your site)  
Note: A hazardous waste permit is required for this activity.
  - Permitted  Interim Status  Proposed
- 4. Recycler of Hazardous Waste (at your site)  
Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities (Indicate Activity Type)

- 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 accumulated at your site. (check all boxes that apply):

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

- 2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Indicate Activity Type)

- 1. Used Oil Transporter
  - a. Transporter
  - b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner
  - a. Processor
  - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 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. Used Oil Fuel Burner (Indicate Combustion Device(s))
  - Utility Boiler  Industrial Boiler  Industrial Furnace

11. Description of Hazardous Wastes Damaged/Leaking retail products and empty warfarin bottles

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	P001	P075			



EPA ID No.											
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**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.


**12. Comments**

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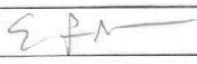
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**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information 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 false 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)
	Erica Fransen, Env. Compliance Manager	03-13-2014

**RECEIVED**  
 FEB 24 1982  
 Department of Natural Resources  
 Hazardous Waste Management

STATE OF LOUISIANA  
 DEPARTMENT OF NATURAL RESOURCES  
**Hazardous Waste Notification Form**

FOR DEPARTMENT USE
Notification Number <b>G-22-34</b>
Date Received: <b>2-24-82</b>
Date Checked: <b>2-25-82</b>
Checked by: <b>A</b>

**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	<input checked="" type="checkbox"/>	
	Generator with on-site disposal	<input type="checkbox"/>	
	Transporter	<input type="checkbox"/>	
	Disposer: Treat <input type="checkbox"/>	Store <input type="checkbox"/>	Dispose <input type="checkbox"/>

**Wastes Information**

6. Description and Estimated Quantities of Waste Handled:

GENERATORS:	fill in form on reverse for each waste stream	<input checked="" type="checkbox"/>
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 _____	_____

**Certification**

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**  
 Name and Title

**February 22nd 1982**  
 Date Signed



THIS FORM FOR GENERATORS ONLY

A. Waste Number <b>2234-01</b>		B. Hazardous Waste Name <b>EPA Separator Sludge (non-refinery)</b>			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category <b>III D</b>		EPA Designation <b>40</b>	Physical State <b>6</b>	Degree of Care <b>1</b>		E Amount (tons) <b>1</b>

A. Waste Number <b>2234-02</b>		B. Hazardous Waste Name <b>EPA Separator Sludge (non-refinery)</b>			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category <b>III D</b>		EPA Designation <b>40</b>	Physical State <b>6</b>	Degree of Care <b>2</b>		E Amount (tons) <b>only in emergency</b>

A. Waste Number <b>2234-03</b>		B. Hazardous Waste Name <b>Oil Water Emulsion</b>			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category <b>III D</b>		EPA Designation <b>40</b>	Physical State <b>1</b>	Degree of Care <b>2</b>		E Amount (tons) <b>only in emergency</b>

A. Waste Number		B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category		EPA Designation	Physical State	Degree of Care		E Amount (tons)

A. Waste Number		B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category		EPA Designation	Physical State	Degree of Care		E Amount (tons)

A. Waste Number		B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category		EPA Designation	Physical State	Degree of Care		E Amount (tons)

A. Waste Number		B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category		EPA Designation	Physical State	Degree of Care		E Amount (tons)

A. Waste Number		B. Hazardous Waste Name			C. Confidential Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Hazard Class						
Waste Category		EPA Designation	Physical State	Degree of Care		E Amount (tons)

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF SOLID & HAZARDOUS WASTE  
HAZARDOUS WASTE DIVISION  
GENERAL INSPECTION  
FOLLOW-UP

LOG #: \_\_\_\_\_

DATE: 8/25/88

\*Burmah-  
COMPANY: CASTROL, INC. EPA #: LAD028507127  
MAILING ADDRESS: 1981 S. WESTPORT DRIVE PORT ALLEN LA 70767  
MANAGER: WILMER PASTORIZA CONTACT: SAME PHONE #: 383-5683  
OPERATION LOCATION: SAME AS ABOVE PARISH: WEST BATON ROUGE  
TYPE OF OPERATION: \_\_\_\_\_

REASON FOR VISIT:

Follow-Up Notice of Violation/Compliance Order dated 5/23/88

INVESTIGATORS: \_\_\_\_\_ PERSONS INTERVIEWED: \_\_\_\_\_  
ROBERT CUNNINGHAM F. J. BODEN

NARRATIVE:

A follow-up inspection was performed on 8/25/88 to determine the level of compliance with the enforcement action referenced above.

The site conditions ( reflect) ( do not reflect) compliance with all the terms of the enforcement action.

Items cited in the enforcement action which are still outstanding are described below with recommendations for action as appropriate.

ALSO NOTE THAT THIS FACILITY HAS ADVISED US OF A NAME CHANGE.

Based on the review of all violations noted in the enforcement action, a letter of compliance is recommended.  Yes  No

REPORT BY: Robert E. Cunningham REVIEWED BY: \_\_\_\_\_

THOMAS H. PATTERSON  
Enforcement Program Manager

PF



# State of Louisiana

## DEPARTMENT OF ENVIRONMENTAL QUALITY

**BUDDY ROEMER**  
GOVERNOR

**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.

Sincerely,

TIMOTHY W. HARDY  
Assistant Secretary

TWH:REC:w1

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

PROCEEDINGS UNDER THE LOUISIANA  
ENVIRONMENTAL QUALITY ACT  
LA. R.S. 30:1051 ET SEQ.

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COMPLIANCE ORDER

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

I

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

II

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**:

#### **I.**

To immediately close all containers storing hazardous waste.

#### **II.**

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

#### **III.**

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.

#### **VI.**


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

**VII.**

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 23rd day of May, 1988.

This **COMPLIANCE ORDER** is effective on date of receipt.

  
~~TIMOTHY W. HARDY~~  
**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

RECEIVED



AUG 13 2015

LDEQ OES/PSSD

MAIL COMPLETED FORM TO:

LDEQ/OES/ Permit Support Services/NAS PO Box 4313 Baton Rouge, LA 70821-4313

United States Environmental Protection Agency and

STATE OF LOUISIANA

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

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).
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 #).
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 A#: 1648

3. Site Name

Legal Name: BP Lubricants USA, Inc.

4. Site Location (Physical address, NOT PO Box or Route)

Street Address: 1981 S. Westport Drive

City, Town, or Village: Port Allen

State: LA

Parish: West Baton Rouge

Zip Code: 70767

5. Site Land Type

Site Land Type: Private County/Parish District Federal Indian Municipal State Other

6. North American Industry Classification System (NAICS) Code(s)

A. 324191

B.

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

8. Site Contact Person

First Name: Holly

MI: M

Last Name: Coleman

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 Operator of the Site (see instructions)

A. Name of Site's Legal Owner: BP Lubricants USA, Inc.

Date Became Owner (mm/dd/yyyy): 12/1/2004

Owner Type: 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

Operator Type: Private County/Parish District Federal Indian Municipal State Other



10. Type of Regulated Waste Activity for current activities (as of the date of this form). (Mark 'X' in the appropriate boxes)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Select one of the following categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo Non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. Short Term Generation (not normally a generator but generated through a One time, Emergency, or Short Term Event). Give details in Comments.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2A. Transporter of Hazardous Waste
- 2B. Transfer Facility Status (State approval required prior to startup)
- 3. Treater, Storer, or Disposer of HW (at your site) Note: A hazardous waste permit is required for this activity.
  - Permitted  Interim Status  Proposed
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control
- 7. Receives hazardous waste from off site

B. Universal Waste Activities (Indicate Activity Type)

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 accumulated at your site. (check all boxes that apply):

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

2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Indicate Activity Type)

- 1. Used Oil Transporter
  - a. Transporter
  - b. Transfer Facility (State approval required prior to startup)
- 2. Used Oil Processor and/or Re-refiner
  - a. Processor
  - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 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. Used Oil Fuel Burner (Indicate Combustion Device(s))
  - Utility Boiler  Industrial Boiler  Industrial Furnace

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 (THIS DOES NOT YET APPLY IN LOUISIANA)

- 1. Opting into 40 CFR Part 262, Subpart K for the management of hazardous waste in laboratories, check all that apply.
  - 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

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, D002, F001, K001, P001, U001, U002, etc).

D001	D039	F005				
D002	F001					
D003	F002					
D008	F003					

Waste Codes for Federal Hazardous Wastes continued. Use an additional page if more spaces are needed for waste codes. (Louisiana does not have separate State Waste codes.)

D001	D008	F002				
D002	D039	F003				
D003	F001	F005				

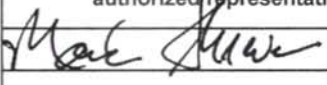
12. Notification of Hazardous Secondary Material (HSM) Activity (THIS DOES NOT YET APPLY IN LOUISIANA)

Y N Are you notifying in compliance with 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary materials under 40 CFR 261.2(a)(2)(ii), or 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 (optional): However, if you have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brief description of the activities and/or changes at your site.

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 owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Mark Shreve, Plant Manager	08-11-2015

JUL-31-1998 13:26

P.02/05

# 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

LA R000031633

NOTIFICATION TYPE  
FIRST  SUBSEQUENT

RECEIVED

AUG 28 1998

NAME OF INSTALLATION (include company and specific site name)

SS# ✓  
CHRISTINI, IIDAIBID

LDEQ  
HWD/ARIM

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or highway)

29291 Collier, LA

CITY OR TOWN

STATE

ZIP CODE

Baton Rouge

LA 70810

PARISH NAME

PARISH CODE

SIC CODE

LATITUDE

LONGITUDE

East Baton Rouge

033514

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)

LAST NAME

FIRST NAME

JOB TITLE

PHONE NUMBER

Morris, Kathy, Director, IM, LA (925) 842-5931

INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

P.O. Box 61014

CITY OR TOWN

STATE

ZIP CODE

Saint Raymond

LA 70458

INSTALLATION OWNER (legal owner of installation)

NAME

PHONE NUMBER

Christini, IIDAIBID, (925) 842-5931

STREET, P.O. BOX OR ROUTE NUMBER

P.O. Box 61004

CITY OR TOWN

STATE

ZIP CODE

Saint Raymond

LA 70458

CHANGE OF OWNER INDICATOR: YES  NO

Date Changed (Month, Day, Year)

Property Owner (if different from installation owner):

INSTALLATION CLASSIFICATION (ALL THREE CATEGORIES MUST BE COMPLETED)

TYPES: F-Federal, S-State, I-Indian, P-Private, G-Parish, M-Municipal, O-Other

Owner Type

RCRIS

Operator Type

Operator Type icon

Property Type

Property Type icon

SEP 10 1998

SEP 29 1998

For Official Use Only

CHECK NUMBER: #002155587

- PHH

Dept. of Environmental Quality  
Hazardous Waste Record Center





**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 wastes. Date service discontinued: \_\_\_\_\_
- Facility has moved to a new location. Date of move: \_\_\_\_\_  
Physical address of new location: \_\_\_\_\_

Other (please specify): Remediation site closed 9/20/04

**PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:**

(All items must be completed)

Facility Name: Chevron # 709060

EPA Identification Number: LAR 000031633

Physical Address: 2929 Colledge Dr. Baton Rouge

Name and Title: Kathy Norris Waste Tracking Tee

Signature and Date: Kathy Norris 9/22/04

FOR OFFICE USE ONLY					
CA	GEN <u>CEG</u>	TRANS _____	TSD _____	B/B _____	OTHER <u>20619</u>

Revised 9/24/2002

Regs & Certs

- RCRA Info 9/29/04
- TEMPO
- Excel
- Other

**RECEIVED**

SEP 27 2004

LDEQ  
OES/EAD



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

State of Louisiana  
DIVISION OF ADMINISTRATION  
OFFICE OF STATE PRINTING

MARK C. DRENNEN  
COMMISSIONER OF ADMINISTRATION

FAX COVER SHEET

DATE: 3-18-02

TO: Testa

FAX #: 765-0888

FROM: Karen Cunningham

NUMBER OF PAGES (INCLUDING COVER SHEET): 7

COMMENTS TO RECEIVING PARTY:

If you need additional info.  
or have any add. questions give  
me a call.

219-9588

Thanks

97709



# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

**INSTALLATION'S EPA ID NUMBER**

LAR0000048785

**NOTIFICATION TYPE:**

First  Subsequent

**NAME OF INSTALLATION (Include Company and Specific Site Name)**

DIVISION DE ADMIN. STATE PRINTING

**INSTALLATION LOCATION ADDRESS (Physical Address; Not P.O. Box, Hwy or Route Number)**

**Street**

950 BRICKYARD LANE

**City**

BATON ROUGE

**State**

LA

**Zip Code**

70802

**Parish Name**

EAST BATON ROUGE

**Parish Code**

033

**SIC Code**

9199

**Latitude**

**Longitude**

**INSTALLATION CONTACT (Person to be Contacted Regarding Waste Activities at the Site)**

**Last Name**

FLOYD HEWNI

**First Name**

MANAGER

**Job Title**

**Phone Number**

225 219-9570

**INSTALLATION MAILING ADDRESS**

**Street, P.O. Box, or Route Number**

950 BRICKYARD LANE

**City**

BATON ROUGE

**State**

LA

**Zip Code**

70802

**INSTALLATION OWNER (Legal Owner of Installation)**

**Last Name**

STATE OF LOUISIANA

**First Name**

**Phone Number**

225 219-9570

**Street, P.O. Box, or Route Number**

950 BRICKYARD LANE

**City**

BATON ROUGE

**State**

LA

**Zip Code**

70802

CHANGE OF OWNER INDICATOR: YES  NO

DATE CHANGED:

Month Day Year

Property Owner (If Different than Installation Owner):

**INSTALLATION CLASSIFICATION (ALL THREE CLASSIFICATIONS MUST BE COMPLETED)**

Types: F=Federal S=State I=Indian P=Private C=Parish M=Municipal O=Other

Owner Type

S

Operator Type

S

Property Type

S

**FOR OFFICIAL USE ONLY**

CHECK NUMBER:

ISIS

RCRAInfo

MAR 19 2002

TR

Regs & Certs

- RCRA Info
- TEMPO
- Excel
- Other

2253426606

**1. GENERATOR**

- a. Greater than 1000 kg/mo (2200 lbs)
- b. 100 to 1000 kg/mo (220-2200 lbs)
- c. Less than 100 kg/mo (220 lbs)
- On-site reuse/recycle operation for own waste
- On-site reuse/recycle operation for commercial purposes
- Less than 90 day storage in tanks

**2. LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES**

**3. TRANSPORTER (Include Mode Below)**

- a. For own waste only
  - b. For commercial purposes
- Mode of Transportation (Transporters only)
- Highway  Rail  Air  Water

*n/a per Karen Curryham 3-19-02*

Transfer Facility Status (month, day, year)  
(Transporter status must be indicated above)

Requested 01-07-2001  
Received 01-07-2001

**4. TREATER, STORER, DISPOSER**

Permitted  Interim Status  Proposed

**5. UNDERGROUND INJECTION CONTROL**

- 6. UNIVERSAL WASTE**
- Batteries (UBAT)
  - Pesticides (UPST)
  - Thermostats (UTHR)
  - Fluorescent Lamps (UFLO)
  - Antifreeze (UANF)

*n/a per Karen Curryham 3-19-02*

**7. HAZARDOUS WASTE FUEL ACTIVITY**

- 1. GENERATOR MARKETING TO BURNER
- 2. OTHER MARKETER
- 3. BOILER AND/OR INDUSTRIAL FURNACE
  - a. Smelter deferral
  - b. Small quantity exemption

*n/a per Karen Curryham 3-19-02*

Indicate Combustion Device(s)

Utility Boiler  Industrial Boiler  Industrial Furnace

**C. USED OIL RECYCLING ACTIVITIES**

**1. MARKETER**

- Marketer directs used oil shipment to burner
- Marketer who first claims the used oil meets the specifications

**2. USED OIL FUEL BURNER**

Indicate Combustion Device(s)

Utility Boiler  Industrial Boiler  Industrial Furnace

**3. USED OIL TRANSPORTER**

- a. Transport only
- b. Transport and transfer facility
- c. Transfer facility only

Transfer Facility Status (month, day, year)

Requested \_\_\_\_\_  
Received \_\_\_\_\_

**4. USED OIL PROCESSOR/RE-REFINER**

- a. Process only
- b. Process and re-refine
- c. Re-refine only

*1 I HAVE A SUPPORT SERVICES 2002 FEB 18 09:13:38 RECEIVED*

**5. USED OIL BROKER (but not marketer)**

**DESCRIPTION OF REGULATED WASTES**

**A. Characteristic Hazardous Wastes (see 40 CFR261.20-24 and LAC 33:V.4903.B,C,D,E)**

- Ignitable (D001)  Corrosive (D002)  Reactive (D003)
- TC Toxic (D004-043)

**B. Listed Hazardous Wastes (see 40 CFR261.31-33 and LAC 33:V.4901.B,C,E,F)**

- D011
- D039

*Photographic Chemical*

**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 gather and evaluate the information submitted. Based on my inquiry of the person (s) 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.

Kenny Floyd Manager Kenneth Floyd 02-07-02  
PRINT NAME PRINT TITLE SIGN NAME DATE

## LDEQ Acknowledgement of Receipt of HW-1



EPA ID	LAR000048785
STATE AID	97769
SITE NAME	DIVISION OF ADMIN STATE PRINTIN
ADDRESS	950 BRICKYARD LN
CITY	BATON ROUGE, LA
PARISH, REGION	LA033, CA
MAIL ADDRESS	PO BOX 94095
MAIL CITY, STATE	BATON ROUGE, LA 70804
CONTACT	KENNY FLOYD
CONTACT_PHONE	2252199570
FEDERAL STATUS:	3
STATE STATUS:	7
SHORT TERM:	N
HAZ/RAD WASTE:	N
TRANSPORTER	N
TRANSFER_FACILITY	N
TSD_ACTIVITY	N
RECYCLER_ACTIVITY	N
UNDERGROUND INJECTION	N
UW DESTINATION FAC:	N
USED_OIL_TRANSPORTER	N
USED_OIL_TRANSFER_FACI	N
USED_OIL_PROCESSOR	N
USED_OIL_REFINER	N
USED_OIL_BURNER	N
USED_OIL_MARKET_BURN	N
USED_OIL_SPEC_MARKETE	N
LAST_CHANGE	9/3/2015 2:43:51 PM

**Federal Generator Status Codes**

- 1- Large Quantity Generator
- 2- Small Quantity Generator
- 3- Conditionally Exempt Small Quantity Generator

**Louisiana Generator Status Codes**

- 4- Lab/Testing Facility
- 5- Short Term Generator
- 6- Not Generating, Still in Business
- 7- Not Generating, Out of Business
- 8- Never Generated
- N- No Separately Defined Activity, same as Federal
- V- Cruise Ship
- W- Water Transporter

**Other Activities**

- Y- Yes
- N- No

**Malcolm Lee McNabb, ES III**

Permit Support Services Division  
malcolm.mcnabb@la.gov, (225) 219-3244

This is acknowledgement of receipt and processing of your recently submitted Notification of Hazardous Waste Activity Form (HW-1).

If any of the information is not accurate, or the site activities have changed, a subsequent HW-1 should be submitted to the LDEQ.

The HW-1 form and other reporting resources may be obtained via the DEQ public website at:  
[www.ldeq.org](http://www.ldeq.org)



RECEIVED

SEP - 3 2015

LDEQ  
OES/PSC



**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.
- 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

Physical Address: 950 BRICKYARD LN; BATON ROUGE, LA 70802

Signature & Date: *Steven A. Bice* 9/2/15

Print Name & Title: Steven A. Bice, Director

FOR OFFICE USE ONLY							
DIST	<u>CA</u>	GEN	TRANS	TSD	B/B	AI	<u>97769</u>

*pm 9/3/15*

# LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



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



INSTALLATION'S EPA ID NUMBER

WAD985199793

NOTIFICATION:

PREVIOUS

SUBSEQUENT

**RECEIVED**

NAME OF INSTALLATION

(include company and specific site name)

Exxon Co. USA #51052

JUN 2 1992

Dept. of Environmental Quality  
Hazardous Waste Division

INSTALLATION LOCATION ADDRESS

(physical address, not p.o. box or route number)

3137 S. Acadian Hwy

CITY OR TOWN

Baton Rouge

STATE ZIP CODE

LATITUDE

LONGITUDE

PARISH NAME

B. Atou Rouge

SIC CODE

55411

PARISH CODE

033

INSTALLATION CONTACT

(person to be contacted regarding waste activities at site)

LAST NAME

FIRST NAME

JOB TITLE

PHONE NUMBER

P.O.O.L. ALDIA STAFF ASSISTANT 71361567709

INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

P.O. Box 44115

CITY OR TOWN

HOUSTON

STATE ZIP CODE

TX 77210

TYPE OF HAZARDOUS WASTE ACTIVITY (fill in circle of appropriate boxes. Refer to instructions.)

GENERATOR:

- greater than 1000 kg/ma.
- 10 to 1000 kg/ma.
- less than 100 kg/ma.
- on-site reuse/recycle operation
- less than 90 day storage in tanks

TRANSPORTER:

- for own waste only
- for commercial purposes

MODE OF TRANSPORTATION (transporters only)

- highway
- rail
- air
- water

TRANSFER FACILITY STATUS, MONTH, DAY, YEAR

requested \_\_\_\_\_  
received \_\_\_\_\_

TREATER, STORER, OR DISPOSER (at installation)

NOTE: a permit is required for this activity

SEE INSTRUCTIONS

RCRIS

MS 81 1992

HAZARDOUS WASTE FUEL

- generator marketing to burner
- marketer

burning type of combustion device

- utility boiler
- industrial boiler
- industrial furnace

KG

Per concentration of facility 344-8658

### 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 Burner) Who First Claims the Oil Meets the Specification
- burner-type of combustion device
  - utility boiler
  - industrial boiler
  - industrial furnace

### OWNER (legal owner of installation; include property owner at bottom \*, if different)

NAME: EXXON MOBIL USA PHONE: 713 656-7761

STREET: P.O. BOX 14415

CITY OR TOWN: HOUSTON STATE: TX ZIP CODE: 77210

### INSTALLATION CLASSIFICATION (see instructions)

Owner type       Operator type       Property type

### DESCRIPTION OF REGULATED WASTES

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-34 and LAC 33:V.4800 B.C.D.E)

ignitable (D001)       corrosive (D002)       reactive (D003)

TC toxic (D004-D042)      01/18

B. Listed Hazardous Wastes (see 40 CFR 261.30-33 and LAC 33:V.4801 B.C.E.F)


### CERTIFICATION

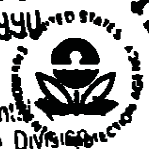
I Certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: [Signature] NAME AND TITLE (PRINT OR TYPE): J. HARRIS, SENIOR MKTING ENG. DATE SIGNED: 5/28/92

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

NOV 9 - 1991



INSTALLATION'S EPA ID NUMBER

NOTIFICATION:

FIRST SUBSEQUENT

NAME OF INSTALLATION (include company and specific site name)

STONINGHAM GIBBS COMPANY

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box or route number)

191811 ISLOW FAT WEST BAYON DIVISION B

CITY OR TOWN

STATE ZIP CODE

PIERRE LAKE

LA 70767

LATITUDE

LONGITUDE

PARISH NAME

WEST BAYON  
ROUGE

SIC CODE 31085

PARISH CODE 11211

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)

LAST NAME FIRST NAME JOB TITLE PHONE NUMBER

FLOISTER BILL 5104/3144-42610

INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

PIERRE LAKE BOX 17610

CITY OR TOWN

STATE ZIP CODE

PIERRE LAKE

LA 70767

TYPE OF HAZARDOUS WASTE ACTIVITY (fill in circle of appropriate boxes. Refer to instructions.)

GENERATOR:

- greater than 1000 kg/mo.
- 100 to 1000 kg/mo.
- less than 100 kg/mo.
- on-site reuse/recycle operation
- less than 90 day storage in tanks

TRANSPORTER:

- for own waste only
- for commercial purposes

TREATER, STORER, DISPOSER (at installation)

\*NOTE: a permit is required for this activity  
SEE INSTRUCTIONS

MODE OF TRANSPORTATION (transporters only)

- highway
- rail
- air
- water

TRANSFER FACILITY STATUS (MONTH, DAY, YEAR)

requested \_\_\_\_\_  
received \_\_\_\_\_

HAZARDOUS WASTE FUEL

- generator marketing to burner
- burner-type of combustion device
- marketer
- utility boiler
- industrial boiler
- industrial furnace

### 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 Burner) Who First Claims the Oil Meets the Specification
- burner-type of combustion device
  - utility boiler
  - Industrial boiler
  - Industrial furnace

OWNER (legal owner of installation; include property owner at bottom \*, if different)

NAME PHONE

5161N101C101 GIRABIA MI | | | | | 510143144-681610

STREET

1191811 510143144 WEBITPDRIT DR | | | | |

CITY OR TOWN STATE ZIP CODE

~~PLO 1810X 17101 DRIT IALLEN~~ | | | | | LA 710171617

### INSTALLATION CLASSIFICATION (see instructions)

Owner type       Operator type       Property type

### DESCRIPTION OF REGULATED WASTES

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33:V.4803 B,C,D,E)

ignitable (D001)       corrosive (D002)       reactive (D003)

TC toxic (D004-D043)      | | | | |      | | | | |      | | | | |      | | | | |

See ATTACHED

B. Listed Hazardous Wastes (see 40 CFR 261.30-33 and LAC 33:V.4801 B,C,E,F)


### CERTIFICATION

I Certify that the information provided herein and appended hereto is true 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 fine and imprisonment.

SIGNATURE      NAME AND TITLE (PRINT OR TYPE)      DATE SIGNED

*Bill Foster*      Bill Foster - Production Manager      11-7-90

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

RECEIVED

JUL 03 1990

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



### DATA SUMMARY SHEET

PROJECT: RES (LA) Waste Screens

PROJECT NO.: 85110

SAMPLE TYPE: Liquid

REPORT DATE: June, 1990

ALL RESULTS ARE REPORTED ON DRY  WET  WEIGHT BASIS

SAMPLE NAME		DOC # 92-0022-98				
SAMPLE DATE		6-13-90				
PARAMETER	UNITS	ENCOTEC SAMPLE I.D. NUMBER				
		53883				
Acid Scrub	<u>lb. caustic NaOH</u> <u>lb. waste</u>	0.15				
Ash	%	<1				
BTU	BTU	21000				
Flashpoint	°C	>80				
Reactive Cyanide	mg/kg	<250				
Reactive Sulfide	mg/kg	<500				
Specific Gravity	s.u.	0.89				
Sulfur	%	15				
Viscosity	cps	170				

000001

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



### DATA SUMMARY SHEET

PROJECT: RES (LA) Waste Screens  
SAMPLE TYPE: Liquid

PROJECT NO.: 85110  
REPORT DATE: June, 1990

SAMPLE NAME		DOC #				
		92-0022-98				
SAMPLE DATE		6-13-90				
PARAMETER	UNITS	ENCOTEC SAMPLE I.D. NUMBER				
		53883				
Antimony	mg/kg	<10				
Arsenic	mg/kg	<10				
Barium	mg/kg	<10				
Beryllium	mg/kg	<10				
Cadmium	mg/kg	<10				
Chromium	mg/kg	<10				
Copper	mg/kg	<10				
Lead	mg/kg	<10				
Manganese	mg/kg	<10				
Mercury	mg/kg	< 5				
Nickel	mg/kg	<10				
Potassium	mg/kg	<10				
Selenium	mg/kg	< 5				
Silicon	mg/kg	<20				

000002





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



**DATA SUMMARY SHEET**

PROJECT: RES (LA) Waste Screens

PROJECT NO.: 85110

SAMPLE TYPE: TCLP Leachate

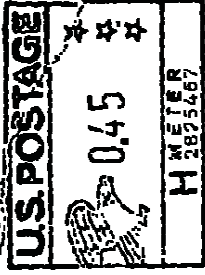
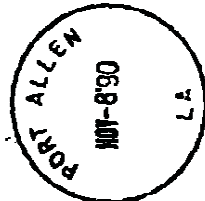
REPORT DATE: June, 1990

SAMPLE NAME		DOC #				
		92-0022-98				
SAMPLE DATE		6-13-90				
PARAMETER	UNITS	ENCOTEC SAMPLE I.D. NUMBER				
		53884				
Arsenic	mg/l	< 5				
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/l	< 5				

000004



**Sonoco Graham Company**  
1981 South Westport Drive  
P O Box 760  
Port Allen LA 70767-0760



La. Notification of Hazardous Waste Activity  
State Of Louisiana  
Dept. of Environmental Quality  
HAZARDOUS WASTE DIVISION  
P.O. Box 44307  
Baton Rouge, LA 70804





# 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: \_\_\_\_\_
- Facility no longer offers services which generate, store, treat, transport, or dispose hazardous waste. Date service discontinued: \_\_\_\_\_
- Facility has moved to a new location. Date of move: \_\_\_\_\_  
Address of new location: \_\_\_\_\_

RECEIVED

DEC 17 1997

LDEQ  
HWD/PMSS

Facility has no hazardous waste present at site.

Other (please specify): Discontinued use of Pure Solve Cleaning Solvent on 8/4/95  
SONOCO

### PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:

Facility Name: GRAHAM PACKAGING CO

EPA Identification Number: LA D028507127 LAD985193580

Physical Address: 1981 S. Westport Drive, Port Allen, La 70167

Name, Official Title: CHRISTINA JOHNSON, OFFICE MGR

Signature & Date: Christina Johnson

FOR OFFICE USE ONLY				
GEN	TRANS	TSD	B/B	OTHER
<u>36</u>				

RECEIVED

RCRIS  
JAN 29 1998

FEB 09 1998



PHH





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

RECEIVED

DEC 17 1997

LDEQ  
HWD/PMSS

December 15, 1997

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.

GRAHAM PACKAGING COMPANY

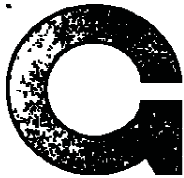
*Christina Johnson*  
Christina Johnson

attach.

*12/18/97- Graham Co. + Castrol NA Automotive are in same bldg @ 1981 S. Westport Dr.  
Graham Packing is # LAD 985193580 @ 1981 S. Westport  
Castrol NA Automotive is # LAD 028507127 @ 1981 S. Westport  
Graham will submit new HWI, then certify out to close Generation*

PH





**GRAHAM  
PACKAGING  
COMPANY**

1981 South Westport Drive  
P.O. Box 780  
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

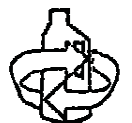
*Christina Johnson*  
Christina Johnson  
Office Manager

attach.

cj



HDPE



BOTTLES TO BOTTLES  
RECYCLING

9.46

# 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



RECEIVED

INSTALLATION'S EPA ID NUMBER  
LAD 985193580

NOTIFICATION TYPE:  
FIRST  SUBSEQUENT   
JAN 28 1998

NAME OF INSTALLATION (include company and specific site name)  
~~SONOCO~~ GRAHAM ~~CO.~~ PACKAGING CO.  
LD-1  
HWDI/ARIM

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or highway number)  
1981 S. WESTPORT DR

CITY OR TOWN STATE ZIP CODE  
PORT ALLEN LA 70767

PARISH NAME PARISH CODE SIC CODE LATITUDE LONGITUDE  
WEST BATON ROUGE 121 3085

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)  
LAST NAME FIRST NAME JOB TITLE PHONE NUMBER  
JOHNSON CHRISTINA OFFICE MGR (504) 344-6860  
Area Code

INSTALLATION MAILING ADDRESS  
1981 S. WESTPORT DR  
CITY OR TOWN STATE ZIP CODE  
PORT ALLEN LA 70767

INSTALLATION OWNER (legal owner of installation)  
NAME PHONE NUMBER  
GRAHAM PACKAGING CO (717) 849-8500  
Area Code

1110 E PRINCESS STREET  
CITY OR TOWN STATE ZIP CODE  
YORK PA 17405

CHANGE OF OWNER INDICATOR: YES  NO   
Date Changed (Month, Day, Year) 04 05 1989

INSTALLATION CLASSIFICATION (ALL THREE CATEGORIES MUST BE COMPLETED)  
TYPES: F=Federal S=State I=Indian P=Private C=Parish M=Municipal O=Other  
Operator Type Property Type

was Sonoco Graham

JAN 28 1998  
PHH

For Official Use Only  
CHECK NUMBER: #0680



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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).

# EPA Notification of Hazardous Waste Activity

## For Official Use Only

Comments											
C											
C											

Installation's EPA ID Number						Approved	Date Received (yr. mo. day)		
C									
F									

12/1/88  
Port Allen  
LA 70767

### I. Name of Installation

INTERNATIONAL PIPING SYSTEMS

### II. Installation Mailing Address

Street or P.O. Box											
C											
3											
City or Town										State	ZIP Code
C											
4											

### III. Location of Installation

Street or Route Number											
C											
5											
City or Town										State	ZIP Code
C											
6											

### IV. Installation Contact

Name and Title (last, first, and job title)						Phone Number (area code and number)					
C											
2											

### V. Ownership

A. Name of Installation's Legal Owner						B. Type of Ownership (enter code)					
C											
R											

### VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity				B. Used Oil Fuel Activities			
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 2. Transporter	<input type="checkbox"/> 3. Treater/Storer/Disposer	<input type="checkbox"/> 4. Underground Injection	<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer	<input type="checkbox"/> c. Burner					

RECEIVED  
MAR 10 1988  
EPA Environmental Quality Waste Division

### 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.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
--	---	--

### VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number					



ID — For Official Use Only												
C											T/A	C
W												1

**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	2	3	4	5	6
7	8	9	10	11	12

**B. 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. 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 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 your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
D 0 1 1					

**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)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. Toxic (D000)

**XI. 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

*David Spohr*

Name and Official Title (type or print)

Radiation Safety Officer

Date Signed

3-8-88

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

3/22, 20 EPA  
FOR DEPARTMENT USE

LAD 065066300 GR

Date Received: 4/18/88  
Date Checked: 5/13/88  
Checked by: [Signature]

# Hazardous Waste Notification Form

HAZARDOUS WASTE  REUSE/RECYCLE

1. NAME OF INSTALLATION: International Piping Systems

2. MAILING ADDRESS: 1700 South Westport Dr

Port Allen CITY OR TOWN LA STATE 70767 ZIP CODE

3. LOCATION: SAME

CITY OR TOWN STATE ZIP CODE

FIPS PARISH CODE  
WD8A  
121

4. CONTACT: Lockhart, David NAME & TITLE (last, first & initial) RSO PHONE (area code & no) 504 381 9422

5. OWNERSHIP: Turner Investments (P) NAME OF COMPANY (CONTRACTOR) IF APPLICABLE

6. OPERATOR: Lockhart, David

7. NOTIFICATION TYPE: (Mark applicable boxes. Give installation's La. I.D. No. and EPA I.D. No. if known)

Notification is:  the first for this installation  a subsequent notification

### 8. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

#### A. Hazardous Waste Activity

- 1a Generator
- 2. Transporter
- 3. Treater/Storer/Disposer
- 4. Underground Injection
- 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner

#### B. Used Oil Fuel Activities

- 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner

- 7. Specification Used Oil Fuel Marketing On site burner. Who First Claims the Oil Meets the Specification

RECEIVED

APR 10 1988  
Dept. of Environmental Quality  
Hazardous Waste Division

9. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- A. Utility Boiler
- B. Industrial Boiler
- C. Industrial Furnace

10. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

- A. Air
- B. Rail
- C. Highway
- D. Water
- E. Other (specify)

### 11. DESCRIPTION OF HAZARDOUS WASTES

#### A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES (Category I-A)

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES (Category I-B)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**C. COMMERCIAL CHEMICAL PRODUCTS HAZARDOUS WASTES (Category I-C)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES (Category II)**

1. Mark the boxes corresponding to characteristics of non-listed hazardous wastes your installation handles. Use criteria in Appendix A, Category II.
- Ignitable (D001)                     
  Corrosive (D002)                     
  Reactive (D003)                     
  Toxic (D005-EP Toxic)
2. List EP Toxic Waste numbers from codes of Category II-C, Appendix A and make other appropriate entries in the spaces provided.

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	
D011			

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

**10. 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 David Lockhart Name and Official Title David Lockhart (Radiation Safety Officer)  
 Company International Piping Systems (IPS) Date Signed 3-8-88

NOTIFICATION SCREEN 1

FACILITY ID: LAD065066300

ACTION APPROVED DATE RECEIVED FACILITY STATUS

NAME OF INSTALLATION: International Piping Systems  
COMMENTS: \_\_\_\_\_

INSTALLATION > STREET: 1700 South Westport Dr  
MAILING ADDR > CITY: Port Allen STATE: LA ZIP: 70767

LOCATION OF > STREET: \_\_\_\_\_  
INSTALLATION > CITY: Same STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INSTAL. CONTACT: Paul Smith PHONE: 504-381-9421  
OWNER NAME: \_\_\_\_\_ TYPE OF OWNER: \_\_\_\_\_

COUNTY CODE: \_\_\_\_\_ COUNTY NAME: \_\_\_\_\_  
PARENT DUNS: \_\_\_\_\_ RCRA INDICATOR: \_\_\_\_\_ HWCTDB: \_\_\_\_\_

NOTIFICATION - SCREEN 2

FACILITY ID: \_\_\_\_\_

TYPE OF WASTE ACTIVITY: GEN 3 TRANS \_\_\_\_\_ TSD \_\_\_\_\_ UIC \_\_\_\_\_

HWF ACT: \_\_\_\_\_ GEN MKT TO BURNER \_\_\_\_\_ OTHER MARKET \_\_\_\_\_ BURNER \_\_\_\_\_  
OSO ACT: \_\_\_\_\_ GEN MKT TO BURNER \_\_\_\_\_ OTHER MARKET \_\_\_\_\_ BURNER \_\_\_\_\_  
SO ACT: \_\_\_\_\_

BURNER TYPE: UTILITY BOILER \_\_\_\_\_ INDUS BOILER \_\_\_\_\_ FURNACE \_\_\_\_\_

MODE OF TRANSPORTATION: AIR \_\_\_\_\_ RAIL \_\_\_\_\_ HIGHWAY \_\_\_\_\_ WATER \_\_\_\_\_ OTHER \_\_\_\_\_

HAZARDOUS WASTES: SPECIFIC/NON-SPECIFIC/COMMERCIAL/CHEMICAL/INFECTIOUS  
1 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

PRESS F4 KEY TO EXIT GROUP PROCESSING, F9 & F10 TO REVIEW DATA

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.  
1. IGNITABLE \_\_\_\_\_ 2. CORROSIVE \_\_\_\_\_ 3. REACTIVE \_\_\_\_\_ 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 acknowledges 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 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,

  
 Glenn A. Miller  
 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



Quality

PAUL TEMPLET  
Secretary

SMALL QUANTITY GENERATOR HAZARDOUS WASTE  
NOTIFICATION FORM

- 1. NAME OF INSTALLATION: International Piping Systems
- 2. MAILING ADDRESS: P.O. Box 868 Port Allen, La. 70767  
-street or p.o. box -city -state -zip code
- 3. LOCATION: 1700 South Westport Drive  
-street, route no. or other specific identifier -city -state -zip code
- 4. CONTACT: Paul Smith (504) 381-9422  
name & title phone (area code & number)
- 5. OWNERSHIP: Turner Investments, Ltd.  
name of company or individual

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	Disposed		Reused Recycle	Generic Description
	On Site	Off Site		
LAD		X	X	Fixer

~~Drum on Road~~?  
Waste #?

I certify I am familiar with the requirements of this form and that the information provided is accurate and true. I understand that submitting false information is a violation of the law and may result in criminal prosecution and/or civil penalties.

*Paul Smith*  
Signature

and am familiar with the requirements of this form and that the information provided is true, accurate and complete.

*76-88*  
ed

number

form applying for Louisiana

00, is assigned to:  
Westport Drive

designated as a Small Quantity Generator and become familiar with the chapter dealing with the Louisiana Administrative Code, Title 49, Part 1016. Your identification number is:

Submit this form within seven (7) days of the date of notification form. Should you have any questions, contact the office.

yours,  
*Paul Templett*  
Director

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 acknowledges 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 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,

  
 Glenn A. Miller  
 Administrator

GAM/VS/gd

cc: Betty Thibodeaux

OFFICE OF SOLID AND HAZARDOUS WASTE P.O. BOX 44307 BATON ROUGE, LOUISIANA 70804

AN EQUAL OPPORTUNITY EMPLOYER



~~OK~~

LAD 065066300

*Allen*

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. NAME OF INSTALLATION: International Piping Systems
- 2. MAILING ADDRESS: P.O. Box 868 Port Allen, La. 70767  
street or p o box city state zip code
- 3. LOCATION: 1700 South Westport Drive  
street, route no. or other specific identifier city state zip code
- 4. CONTACT: Paul Smith (504) 381-9422  
name & title phone (area code & number)
- 5. OWNERSHIP: Turner Investments, Ltd.  
name of company or individual

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	Disposed		Reused Recycle	Generic Description
	On-Site	Off-Site		
LAD		X	X	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 per month is produced at this facility

*Paul Smith* *OC MGR.* *9-26-88*  
Signature Name and Official Title (type or print) Date Signed



April 27, 1990

NARRATIVE SHEET

International Piping Systems, Port Allen, LA D06.5066300 is a facility which fabricates specialty piping for industry. Part of the quality control in manufacturing this piping is the X-ray testing of critical welds. Wastes produced from the development of the X-rays is classified as a D011-R waste. At the time of this inspection it was discovered that this facility had successfully petitioned to be reclassified as a small quantity generator (SQG) on 9-19-89. (see attached correspondence). The generator CEI was still performed and no violations of regulations found.

See attached small quantity generator checklist.

JPM

**RCRA COMPLIANCE INSPECTION REPORT**  
**GENERATORS CHECKLIST**

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

**Section A - EPA Identification NO.**

1. Does Generator have EPA I.D. NO.? (262.12 - EPA I.D. No.)  Yes  No CLASS I  
 a. If yes, EPA I.D. No. L A D 0 6 5 0 6 6 3 0 0

**Section 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 33:V.1103.  
 a. If yes, list wastes and quantities on attachment (Include EPA Hazardous Waste No.)  Yes  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)  Yes  No  
 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 applying knowledge of processes? Knowledge  
 1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)?  Yes  N/A No  
 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 CLASS I
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 1103.  Yes  No  
 a. If yes, did generator determine non-hazardous characteristics by testing or knowledge of process? N/A  
 1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)?  Yes  N/A No  
 2. 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?  Yes  No

If yes, use narrative to describe the type and quantity of the waste and the method used for reclamation.

Site Name: \_\_\_\_\_  
I.D. Number: \_\_\_\_\_

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

Yes  No

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.

Section C - Manifest

1. Does generator ship hazardous waste off-site?  
(Subpart B - The Manifest)

Yes  No

- a. If no, do not fill out Section C and D.
- b. If yes, identify primary off-site facility(s). (Use narrative explanations sheet.)

2. Has generator shipped hazardous waste off-site since November 19, 1980?

Yes  No

3. Is generator exempted from regulation because of:

Small quantity generator (261.5 - Special requirements)

Yes  No

~~OR~~

~~Produces non-hazardous waste at this time  
(261.4 - Exclusions)~~

~~\_\_\_\_\_ Yes \_\_\_\_\_ No~~

4. If not exempted does generator use manifest?  
(262.20 - General requirements) 7.4a)1) 1107.A.1.

\_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, does manifest include the following information (262.21 - Required information)  
(Break up items or circle ones not on manifest)

- 1. Manifest Document No. 6.2a)1) & 7.4b)  Yes  No  
903.A.1. & 1107.B.
- 2. Generators Name, Mailing Address, Tele. No.  Yes  No  
903.A.2. & 1107.B. 6.2a)2) & 7.4b)
- 3. Generator EPA I.D. No. 6.2a)2), 6.6c), & 7.4b)  Yes  No  
903.A.2., 911.C., & 1107.B.
- 4. Transporter(s) Name and EPA I.D. No. 6.2)3) & 6.6c)  Yes  No  
903.A.2., 903.A.3., & 911.C.
- 5. a. Facility Name, Address and EPA  Yes  No  
I.D. No. 6.2a)4), 6.6c), & 7.4b)  
903.A.4., 911.C., & 1107.B.
- 6. DOT description of the waste 6.2a)5) 903.A.5.  Yes  No
- 7. a. Quantity (weight or volume)  Yes  No  
b. Containers (type and number) 6.2a)6) 903.A.6.  Yes  No
- 8. Emergency Information (XXXXXX) 7.4a)4) 1107.A.4.  Yes  No  
(special handling instructions, Phone No.)

Effective 9. Waste minimization certification  
9/1/85

\_\_\_\_\_ Yes \_\_\_\_\_ No

N/A

LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



STATE OF LOUISIANA  
HAZARDOUS WASTE DIVISION  
OFFICE OF SOLID AND HAZARDOUS WASTE  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
P.O. BOX 11387 BATON ROUGE, LA 70804

INSTALLATION'S EPA ID NUMBER  
LA 065066300

Date Received  
Mo. Day Yr.  
07 23 90

Notification:  
First subsequent

Name of Installation (include company and specific site name)  
INTERNATIONAL PIPING SYSTEMS LTD

Installation location address (physical address, not P. O. Box)  
STREET  
1700 S WESTPORT DR  
CITY OR TOWN STATE ZIP CODE  
PORT ALLEN LA 70767

LATITUDE       LONGITUDE

PARISH NAME PARISH CODE SIC CODE  
BATON ROUGE 121 3443

Installation contact (person to be contacted regarding waste activities at site)  
Last Name First Name Job Title Phone Number  
BOURGEOIS PERRY J SAFETY COORD 504381-9422

Installation mailing address  
Street, P.O. Box or Route Number  
PO Box 868  
City or Town State Zip Code  
PORT ALLEN LA 70767

TYPE OF HAZARDOUS WASTE ACTIVITY (mark 'X' in the appropriate boxes. Refer to instructions.)

GENERATOR:

- greater than 1000 kg/mo
- 100 to 1000 kg/mo
- less than 100 kg/mo
- LA SQS II only
- EPA II only
- on-site reuse/recycle operation
- less than 90 day storage in tanks

TREATED, STORED, DISPOSED (at installation)  
\* NOTE: a permit is required for this activity; see instructions.

TRANSPORTER:

- for own waste only
- for commercial purposes

Mode of Transportation (transporters only)  
 highway  rail  air  water  
Transfer Facility Status: (month, day, year)  
requested \_\_\_\_\_  
received \_\_\_\_\_

HAZARDOUS WASTE FUEL

- generator marketing to burner
- marketer
- burner-type of combustion device
- utility boiler  industrial boiler  industrial furnace

**USED OIL FUEL ACTIVITIES**

- Oil - Specification Used Oil Fuel
    - generator marketing to burner
    - marketer
  - Used Oil Collector / Transporter
  - Used Oil Burner (but not marketer)
  - Specification Used Oil Fuel Marketer (or burner) Who First Claims the Oil Meets the Specification
- burner - type of combustion device
    - utility boiler
    - industrial boiler
    - industrial furnace

**OWNER** (legal owner of installation; include property owner at bottom, if different)

NAME INTERNATIONAL PIPING PHONE 504 381-9422

STREET PO BOX 868

CITY OR TOWN PORT ALLEN STATE LA ZIP CODE 70767

**INSTALLATION CLASSIFICATION** (see instructions)

Owner type  P Operator type  P Property type  P

**DESCRIPTION OF REGULATED WASTES**

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33V. 4903 B,C,D,E)

ignitable (D001)     corrosive (D002)     reactive (D003)

CP toxic (D004-D017)


B. Listed Hazardous Wastes (see 40 CFR 261.30-33 and LAC 33V 4901 B,C,E,F)

F003							

**CERTIFICATION**

I certify that the information provided herein and appended hereto is true 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 fines and imprisonment.

Signature: [Signature] Name and Title (print or type): Safety Coordinator Date Signed: RECEIVED

RECEIVED  
 JUL 23 1990  
 Dept. of Environmental Quality  
 Hazardous Waste Division

JUN - 1 1990





State of Louisiana  
Department of Environmental Quality



**BUDDY ROEMER**  
Governor

August 7, 1990

**PAUL TEMPLET**  
Secretary

~~International Shipping Systems~~  
~~LAD065066100-~~  
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:w1

INSPECTOR: Randy Lionberger

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, LOUISIANA 70767  
MAILING ADDRESS

1700 S. WESTPORT DR. PORT ALLEN, LOUISIANA, WEST BATON ROUGE PARISH  
LOCATION

HAZARDOUS WASTE FACILITIES (Type and number)

STORAGE:

- Container Storage Areas
- Tanks
- Waste Piles
- Surface Impoundments

CHECKLISTS REQUIRED:

- RCRA CEI TSD
- Groundwater
- Closure/post-closure
- Land Treatment (farm)

Land Ban  
 GENERATOR

TREATMENT:

- Tanks
- Incinerators
- Surface Impoundments
- Other (Chem, Phys, Bio. or Thermal)

DISPOSAL:

- Injection Wells
- Land Treatment
- Ocean Disposal
- Landfills
- Surface Impoundments

Does the information described above agree with the permit application?  
 Yes  No

INSPECTOR(S) :

Randy Lionberger  
Lynn Brou

*[Handwritten Signature]*  
3/22/94

PARTICIPANT(S) :

George A. Banta Jr.  
A.T. Cureton

REPORT DUE TO EPA     /    /    

REPORT SENT 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. There were 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 date in violation of LAC 33:V.1109.E.1.d. Two of the drums were 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 one-third of the drum. The respondent failed to transfer the hazardous material to another container in violation of LAC 33:V.2103. The 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, Petroleum Naphtha, [which contains tetrachloroethylene (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.

.3. 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.

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.



# INTERNATIONAL PIPING SYSTEMS, LTD.

ORIGINAL DOCUMENT  
RETURN TO FILE ROOM

PF  
RF  
Randy L.

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 15 1994

Dept. of Environmental Quality  
Hazardous Waste Division

*Enf*

**Subject: Compliance Order ~ Enforcement Tracking No. HE-C-94-0091**  
*LAD 065 066 300 ~*

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.**
- D. 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.1.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.*  
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

~~International Piping Systems LTD.~~  
~~(713) 665-066, 300~~  
 1700 Westport Drive  
 Port Allen, Louisiana 70767

ORIGINAL DOCUMENT  
 TO FILE

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,

Glenn A. Miller  
 Assistant Secretary

GAM:ORL:eml

Attachments

OFFICE OF SOLID AND HAZARDOUS WASTE    HAZARDOUS WASTE DIVISION    P.O. BOX 22178    BATON ROUGE, LOUISIANA 70864-2178

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

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

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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 seq., 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.

II.

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. Miller~~  
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



P 138 788 429

**Receipt for Certified Mail**



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

Recipient Name <b>B.S. Turner</b>	
Street and No. <b>8067 United Plaza Blvd</b>	
P.O., State and ZIP Code <b>Baton Rouge La. 70809</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

*International Piping System LTD.*

PS Form 3800, June 1991  
 (094-0091)

your RETURN ADDRESS completed on the reverse side?

**SENDER: HW-ENF Section - 5th Floor**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Mark "Return Receipt Requested" on the mailpiece below the article number.
- Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
*International Piping System LTD*  
*LAB 065 066 300*  
*1700 Westcott Drive*  
*Port Allen, La. 70767*

4a. Article Number  
**P 138 788 428**

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

5. Signature (Addressee)

7. Date of Delivery  
**6/2/94**

6. Signature (Agent)  
*David C. Chopin*

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

Thank you for using Return Receipt Service.

P 138 788 428

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

PS Form 3800, June 1991

Postage	\$
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

CO 94-0091 International Piping Systems LTD

**SENDER: HW-ENF Section - 5th Floor**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space or permit.
- Check "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

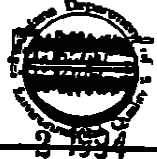
3. Article Addressed to: B.S. Turner 8887 United Plaza Blvd Baton Rouge, La. 70809	4a. Article Number P 138 788 429
5. Signature (Addressee) Ashley Holloway	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery 6-3-94
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

# 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  
LAD10615066300

NOTIFICATION:  
FIRST  SUBSEQUENT   
Department of Environmental Quality  
Hazardous Waste Division

NAME OF INSTALLATION (include company and specific site name)  
Entier International Piping System LTD

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or hwy number)  
STREET  
17001 South Weisitiorit

CITY OR TOWN STATE ZIP CODE  
Port Allen LA 70767

LATITUDE LONGITUDE PARISH NAME  
WEISIT BR.

SIC CODE 31414 (see instructions) PARISH CODE 123

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)  
LAST NAME FIRST NAME JOB TITLE PHONE NUMBER  
Branitia Georgie Site Facility Manager 504 381-9422

INSTALLATION MAILING ADDRESS  
STREET, P.O. BOX OR ROUTE NUMBER  
SAME  
CITY OR TOWN STATE ZIP CODE

TYPE OF HAZARDOUS WASTE ACTIVITY (SEE INSTRUCTIONS)

GENERATOR:  
 greater than 1000 kg/mo (2,200 lbs)  
 100 to 1000 kg/mo (220 - 2,200 lbs)  
 less than 100 kg/mo (220 lbs)

LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES  
 on-site reuse/recycle operation for own waste only  
 on-site reuse/recycle operation for commercial purposes  
 less than 90 day storage in tanks

TRANSPORTER: (Indicate Mode below)  
 for own waste only  
 for commercial purposes

MODE OF TRANSPORTATION (transporters only)  
 Highway  rail  air  water

TRANSFER FACILITY STATUS: (MONTH, DAY, YEAR) (Transporter status must be indicated above)  
requested \_\_\_\_\_  
received \_\_\_\_\_

TREATER, STORER, DISPOSER (at installation)  
\*NOTE: A permit is required for this activity  
SEE INSTRUCTIONS

UNDERGROUND INJECTION CONTROL

RCRIS

AUG 18 1994  
CT

For Official Use Only  
CHECK NUMBER: 4964544798

**HAZARDOUS WASTE FUEL ACTIVITY**

- Generator Marketing to Burner
- Other Marketer
- Boiler and/or Industrial Furnace
  - Indicate Type of Combustion Device(s)
  - Utility boiler
  - Industrial Boiler
  - Industrial Furnace
- Smelter Deferral
- 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 boiler
    - Industrial Boiler
    - 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 property owner at bottom \*, if different)**

NAME	PHONE
Turner Industries	504 922-5050
STREET	
8687 United Plaza Boulevard	
CITY OR TOWN	STATE ZIP CODE
Baton Rouge	La. LA 70809

CHANGE OF OWNER INDICATOR: Yes  No  Date Changed (Month, Day, Year)

**INSTALLATION CLASSIFICATION (All three categories must be completed - SEE INSTRUCTIONS)**

Owner type     
  Operator type     
  Property type

**DESCRIPTION OF REGULATED WASTES**

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33:V.4903 B,C,D,E)

Ignitable (D001)     
  Corrosive (D002)     
  Reactive (D003)

TC toxic (D004-D043)     
 D039    D008

B. Listed Hazardous Wastes (see 40 CFR 261.31-33 and LAC 33:V.4901 B,C,E,F)

F005					

**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	NAME AND TITLE (PRINT OR TYPE)	DATE SIGNED
X <u>George A. Banta Jr.</u>	<u>Safety Coordinator</u>	<u>3-23-94</u>
<u>George A. Banta Jr.</u>		

HW-1 ; 8700-12 (R7/92)

\* Must have original signature

AI 20321

<p><b>MAIL COMPLETED FORM TO:</b></p> <p>LDEQ/OES/ Environmental Assistance Division/CAS PO Box 4313 Baton Rouge, LA 70821-4313</p>	<p>United States Environmental Protection Agency and <b>STATE OF LOUISIANA</b> <b>DEPARTMENT OF ENVIRONMENTAL QUALITY</b> <b>NOTIFICATION OF HAZARDOUS WASTE ACTIVITY</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>	
<p><b>1. Reason for Submittal</b></p> <p>CHOOSE ONLY ONE REASON PER SUBMITTAL</p>	<p><b>A. Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p>or</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p>or</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p> <p><b>B. Number of Employees: 1175</b></p>	
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number: LAD 985198308</p>	
<p><b>3. Site Name</b></p>	<p>Legal Name: <b>Jacobs</b></p>	
<p><b>4. Site Location (Physical address, NOT PO Box or Route)</b></p>	<p>Street Address: 4949 Essen Lane</p> <p>City, Town, or Village: <b>Baton Rouge</b>      State: <b>LA</b></p> <p>County/Parish Name: <b>East Baton Rouge</b>      Zip Code: <b>70739</b></p>	
<p><b>5. Site Land Type</b></p>	<p>Site Land Type: * Private    <input type="checkbox"/> County/Parish    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Indian    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other</p>	
<p><b>6. North American Industry Classification System (NAICS) Code(s)</b></p>	<p>A: <del>844</del> <b>54133</b></p>	<p>B.</p> <p>C.</p> <p>D.</p>
<p><b>7. Site Mailing Address</b></p>	<p>Street or P. O. Box: <b>P.O Box 98033</b></p> <p>City, Town, or Village: <b>Baton Rouge</b></p> <p>State: <b>Louisiana</b></p> <p>County/Parish Name: <b>East Baton Rouge Parish</b>      Zip Code: <b>70898</b></p>	
<p><b>8. Site Contact Person</b></p>	<p>First Name: <b>Phil</b>      MI:</p> <p>Phone Number: <b>(225) 768-5204</b></p>	<p>Last Name: <b>Dunlap</b></p> <p>Phone Number Extension: <b>NA</b></p>
<p><b>9. Legal Owner and Operator of the Site (see instructions)</b></p>	<p>A. Name of Site's Legal Owner: <b>Jacobs</b>      Date Became Owner (mm/dd/yyyy): <b>01/01/1989</b></p> <p>Owner Type: * Private    <input type="checkbox"/> County/Parish    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Indian    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other</p> <p>B. Name of Site's Operator: <b>Jacobs</b>      Date Became Operator (mm/dd/yyyy): <b>01/01/1993</b></p> <p>Operator Type: * Private    <input type="checkbox"/> County/Parish    <input type="checkbox"/> District    <input type="checkbox"/> Federal    <input type="checkbox"/> Indian    <input type="checkbox"/> Municipal    <input type="checkbox"/> State    <input type="checkbox"/> Other</p>	

Regs & Certs

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LM RCRA Info 6/19/99  
LM TEMPO 6/19/99

JUN 18 2009

LDEQ  
OES/PSSD

EPA ID No. L A D 9 8 5 1 9 8 3 0 8

**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**  
 (Select one of the following categories)

a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)  
 Non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)  
 Non-acute hazardous waste; or

c. CESQG: Less than 100 kg/mo  
 Non-acute hazardous waste

d. NON-GENERATOR

**In addition, indicate other generator activities (check all that apply)**

e. United States Importer of Hazardous Waste

f. Mixed Waste (hazardous and radioactive) Generator

**For Items 2 through 6, check all that apply:**

**2. Transporter of Hazardous Waste**

Transfer Facility Status  
 (Transporter status must be indicated above)

**3. Treater, Storer, or Disposer of HW (at your site)**  
 Note: A hazardous waste permit is required for this activity.

Permitted  Interim Status  Proposed

**4. Recycler of Hazardous Waste (at your site)**  
 Note: A hazardous waste permit may be required for this activity.

**5. Exempt Boiler and/or Industrial Furnace**

a. Small Quantity On-site Burner Exemption  
 b. Smelting, Melting, Refining Furnace Exemption

**6. Underground Injection Control**

**B. Universal Waste Activities (Indicate Activity Type)**

**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 accumulated at your site. (check all boxes that apply):**

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

**2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Indicate Activity Type)**

**1. Used Oil Transporter**

a. Transporter  
 b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner**

a. Processor  
 b. Re-refiner

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

**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. Used Oil Fuel Burner (Indicate Combustion Device(s))**

Utility Boiler  Industrial Boiler  Industrial Furnace

**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						

**RECEIVED**

JUN 18 2009

EPA ID No. L A D 9 8 5 1 9 8 3 0 8

**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.


**12. Comments**

On February 13, 2001 DEQ was notified by Jacobs there is no foreseeable potential for generating any Hazardous Waste at this facility in the near future.

This application is being submitted to re-activate the Jacobs old EPA Id Number.

**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 false 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)
<i>Phil Dunlap</i>	Asset Manager	06-18-2009

**RECEIVED**

JUN 18 2009

LDEQ  
OES/PSSD

11/5/87  
Date

L1A1D9181212181819146-  
EPA ID (7.3.a)

**RCRA INSPECTION**

GTDR

Lt. State Archives 504-643-2200  
 SITE NAME Phone #  
P.O. Box 94125 BR 70804  
 Mailing Address  
3837 ESSEN, BR, 70809 EBR  
 Location Parish

**HAZARDOUS WASTE FACILITIES, Type and Number**

**STORAGE:**

- Container Storage Areas
- Tanks
- Waste Piles
- Surface Impoundments

**TREATMENT:**

- Tanks
- Surface Impoundments
- Incinerators
- Other (Chem., Phys., Bio. or Thermal)

**DISPOSAL:**

- Injection Wells
- Landfills
- Land Treatment
- Surface Impoundments
- Ocean Disposal

Does this information agree with permit application?

Yes  No

INSPECTOR(S):

KDFB

PARTICIPANT(S):

John Bister

CC: U.S. EPA  
ENFORCEMENT



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**

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

**Section A - EPA Identification NO.**

1. Does Generator have EPA I.D. NO.? (262.12 - EPA I.D. No.)  Yes  No

a. If yes, EPA I.D. No. LAD982288746

**Section 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 *Chapter 24*

a. If yes, list wastes and quantities on attachment (Include EPA Hazardous Waste No.) *is notification form is accurate. Attach.*  Yes  No  
(Provide waste name and description.)

*Dunlop* - 2. 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*  Yes  No

a. If yes, list wastes and quantities on attachment. (Include EPA Hazardous Waste No.) (Provide waste name and description) *on notification form*

b. Does generator determine characteristics by testing or by applying knowledge of processes? *Silver bearing photographic waste*

1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)?  Yes  No

2. 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 *if yes get solid waste notification*  Yes  No

a. If yes, did generator determine non-hazardous characteristics by testing or knowledge of process?  Yes  No

1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? *N/A*  Yes  No

2. 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? *Silver recovery unit*  Yes  No

If yes, use narrative to describe the type and quantity of the waste and the method used for reclamation.

Site Name: \_\_\_\_\_  
I.D. Number: \_\_\_\_\_

*3 clean waste*  
 Yes  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.

Section C - Manifest *P.O. for transport*  
*Gen. - sent for Gen.*

1. Does generator ship hazardous waste off-site?  
(Subpart B - The Manifest)

Yes  No

- a. If no, do not fill out Section C and D.
- b. If yes, identify primary off-site facility(s). (Use narrative explanations sheet.)

2. Has generator shipped hazardous waste off-site since November 19, 1980?

Yes  No

3. Is generator exempted from regulation because of:  
Small quantity generator (261.5 - Special requirements)

Yes  No

OR

Produces non-hazardous waste at this time  
(261.4 - Exclusions)

Yes  No

4. If not exempted does generator use manifest?  
(262.20 - General requirements) 7.4a)1)

Yes  No

a. If yes, does manifest include the following information (262.21 - Required information)  
(Break 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.  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) & 6.6c)  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)  Yes  No
- 7. a. Quantity (weight or volume)  Yes  No
- b. Containers (type and number) 6.2a)6)  Yes  No
- 8. Emergency Information (~~XXXXXX~~) 7.4a)4) (special handling instructions, Phone No.)  Yes  No

Effective 9. Waste minimization certification  
9/1/85

Yes  No

Site Name: \_\_\_\_\_  
I.D. Number: \_\_\_\_\_

9. Is the following certification on each manifest form? (6.2b) & 7.4b)2)

Yes  No

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.

5. Does generator retain copies of manifests? (7.6a)1)

Yes  No

(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)

Yes  No

(2) Who signed for generator? Name Buster Title \_\_\_\_\_

b. (1) Did generator obtain handwritten signature and date of acceptance from initial transporter? (7.4d)1)

Yes  No

(2) Who signed for transporter? Name Clinton D... Title \_\_\_\_\_

c. Does generator retain one copy of manifest signed by generator and transporter? (7.4d)1)

Yes  No

d. Do returned copies of manifest include facility owner/operator signature and date of acceptance? (6.3b)1)

Yes  No

e. If copy of manifest from facility was not returned within 45 days, did generator file an exception report? (262.42 - Exception reporting) (7.6c)

N/A Yes  No

(1) If yes, did it contain the following information: Legible copy of manifest.

Yes  No

AND

Cover letter explaining generators efforts to locate waste.

Yes  No

f. Does (will) generator retain copies for 3 years? (7.6a)1)

Yes  No

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

*Original Signatures Requested 8/3*

**RECEIVED**  
FOR DEPARTMENT USE  
JUL 29 1987  
Date Received: \_\_\_\_\_  
Dept. of Environmental Quality  
Hazardous Waste Division  
Checked by: \_\_\_\_\_

**Hazardous Waste Notification Form**  
 HAZARDOUS WASTE     REUSE/RECYCLE

1. NAME OF INSTALLATION: SECRETARY OF STATE - ARCHIVES

2. MAILING ADDRESS: P.O. Box 94125  
Baton Rouge    STATE: LA    ZIP CODE: 70804

3. LOCATION: 3851 Essen Lane    PIPE PARISH CODE: 033  
Baton Rouge    STATE: LA    ZIP CODE: 70809

4. CONTACT: Brister John Building Manager    PHONE (area code & no): 504 925 3654

5. OWNERSHIP: State of Louisiana

6. OPERATOR: \_\_\_\_\_

7. NOTIFICATION TYPE. (Mark applicable boxes. Give installation's La. I.D. No. and EPA I.D. No. if known)

Notification is:  the first for this installation     a subsequent notification

**8. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a Generator <input type="checkbox"/> 2 Transporter <input type="checkbox"/> 3 Treater/Storer/Disposer <input type="checkbox"/> 4 Underground Injection <input type="checkbox"/> 5 Market or Burn Hazardous Waste Fuel <input type="checkbox"/> a Generator Marketing to Burner <input type="checkbox"/> b Other Marketer <input type="checkbox"/> c Burner	<input type="checkbox"/> 6 Off-Specification Used Oil Fuel <input type="checkbox"/> a Generator Marketing to Burner <input type="checkbox"/> b Other Marketer <input type="checkbox"/> c Burner <input type="checkbox"/> 7 Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

9. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion devices in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)  
 A Utility Boiler     B Industrial Boiler     C Industrial Furnace

10. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))  
 A Air     B Rail     C Highway     D Water     E Other (specify)

**11. DESCRIPTION OF HAZARDOUS WASTES**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES (Category I-A)**

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

RECEIVED

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES (Category I-B)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

**C. COMMERCIAL CHEMICAL PRODUCTS HAZARDOUS WASTES (Category I-C)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

**D. CHARACTERISTICS OF NON-IDENTIFIED HAZARDOUS WASTES (Category II)**

1. Mark the boxes corresponding to characteristics of non-listed hazardous wastes your installation handles. Use criteria in Appendix A, Categories II and III.
- Ignitable (D001)     
  Corrosive (D002)     
  Reactive (D003)     
  Toxic (D000-EP Toxic)
2. List EP Toxic Waste numbers as defined at Category II-D, Appendix A and make other appropriate entries in the spaces provided.

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	
DO-11		X	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

**10. 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 John Brister Name and Official Title Building Manager  
 Company Sec. of State - Archives Date Signed 7-23-87



ID - For Official Use Only										
C										T/A-C
W										1

**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	2	3	4	5	6
7	8	9	10	11	12

**B. 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. 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 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 your installation handles. Use additional sheets if necessary.

49	50	51	52	53	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)

1. Ignitable (D001)     
 2. Corrosive (D002)     
 3. Reactive (D003)     
 4. Toxic (D004)

**XI. 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 <i>John Brister</i>	Name and Official Title (type or print) John Brister Building Manager	Date Signed 7-23-87
----------------------------------	---	------------------------



REI  
Enj Act



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**  
**LAD982288948**

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:

1. Contrary to Section 7.9 of the Louisiana Hazardous Waste Regulations, the facility has failed to prepare and implement a contingency plan.
2. 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.

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 BATON ROUGE, LA 70884-2178



### INSTALLATION'S EPA ID NUMBER

L | A | D | 9 | 8 | 2 | 2 | 8 | 8 | 9 | 4 | 6

### NOTIFICATION:

FIRST      SUBSEQUENT

### NAME OF INSTALLATION (Include company and specific site name)

L | A | S | e | c | r | e | t | a | r | y | o | f | S | t | a | t | e | S | t | a | t | e | A | r | c | h | i | v | e | s |

### INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or hwy number)

STREET

3 | 8 | 5 | 1 | E | s | s | e | n | L | a | n | e

CITY OR TOWN

STATE      ZIP CODE

B | a | t | o | n | R | o | u | g | e      L | A | 7 | 0 | 8 | 0 | 9

LATITUDE

LONGITUDE

PARISH NAME

N | 2 | 1      N | 6 | 8      E | B | R

SIC CODE

9 | 1 | 9 | 9

(see instructions)

PARISH CODE

0 | 3 | 3

### INSTALLATION CONTACT (person to be contacted regarding waste activities at site)

LAST NAME

FIRST NAME

JOB TITLE

PHONE NUMBER

D | e | n | i | c | o | l | a | D | o | m | i | n | i | c | B | l | d | g | M | g | r | 5 | 0 | 4 | 9 | 2 | 5 - 3 | 6 | 5 | 4

### INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

P | o | B | o | x | 9 | 4 | 1 | 2 | 5

CITY OR TOWN

STATE      ZIP CODE

B | a | t | o | n | R | o | u | g | e      L | A | 7 | 0 | 8 | 0 | 4

### TYPE OF HAZARDOUS WASTE ACTIVITY (SEE INSTRUCTIONS)

#### GENERATOR:

- greater than 1000 kg/mo (2,200 lbs)
- 100 to 1000 kg/mo (220 - 2,200 lbs)
- less than 100 kg/mo (220 lbs)

LABORATORY OR TESTING FACILITY FOR TREATABILITY STUDIES

- on-site reuse/recycle operation for own waste only
- on-site reuse/recycle operation for commercial purposes

less than 90 day storage in tanks

#### TRANSPORTER: (Indicate Mode below)

- for own waste only
- for commercial purposes

#### MODE OF TRANSPORTATION (transporters only)

- highway
- rail
- air
- water

#### TRANSFER FACILITY STATUS: (MONTH, DAY, YEAR) (Transporter status must be indicated above)

requested \_\_\_\_\_  
received \_\_\_\_\_

TREATER, STORER, DISPOSER (at installation)

\*NOTE: A permit is required for this activity  
SEE INSTRUCTIONS

UNDERGROUND INJECTION CONTROL

APR 06 1993

KG

RECEIVED

MAR 30 1993

Dept. of Environmental Quality  
Hazardous Waste Division

For Official Use Only

CHECK NUMBER:

*See back of file for details*  
*3/28*

<p><b>HAZARDOUS WASTE FUEL ACTIVITY</b></p> <p><input type="radio"/> Generator Marketing to Burner</p> <p><input type="radio"/> Other Marketer</p> <p><input type="radio"/> Boiler and/or Industrial Furnace</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="radio"/> Utility boiler</p> <p><input type="radio"/> Industrial Boiler</p> <p><input type="radio"/> Industrial Furnace</p> <p><input type="radio"/> Smelter Deferral</p> <p><input type="radio"/> Small Quantity Exemption</p>	<p><b>USED OIL FUEL ACTIVITY</b></p> <p><input type="radio"/> Off-Specification Used Oil Fuel</p> <p><input type="radio"/> Generator Marketing to Burner</p> <p><input type="radio"/> Other Marketer</p> <p><input type="radio"/> Burner</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="radio"/> Utility boiler</p> <p><input type="radio"/> Industrial Boiler</p> <p><input type="radio"/> Industrial Furnace</p> <p><input type="radio"/> Used Oil Collector/Transporter</p> <p><input type="radio"/> Used Oil Broker (but not marketer)</p> <p><input type="radio"/> Specification Used Oil Fuel Marketer (or on-site Burner) Who First Claims the Oil Meets the Specification</p>
--	---

**OWNER (legal owner of installation; include property owner at bottom \*, if different)**

NAME PHONE

[ S | e | c | r | e | t | a | r | y | | o | f | | S | t | a | t | e | ] [ 5 | 0 | 4 | 9 | 2 | 2 | - | 1 | 2 | 0 | 0 ]

STREET

[ P | O | | B | o | x | | 9 | 4 | 1 | 2 | 5 | | | | | | | | | | | | | | | | | | | | ]

CITY OR TOWN STATE ZIP CODE

[ B | a | t | o | n | | R | o | u | q | e | | | | | | | | | | | | | | | | ] [ L | A | 7 | 0 | 8 | 0 | 4 ]

CHANGE OF OWNER INDICATOR: Yes  No  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date Changed (Month, Day, Year)

**INSTALLATION CLASSIFICATION** (All three categories must be completed - SEE INSTRUCTIONS)

[ S ] Owner type                      [ S ] Operator type                      [ S ] Property type

**DESCRIPTION OF REGULATED WASTES**

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33:V.4803 B,C,D,E)

Ignitable (D001)                       Corrosive (D002)                       Reactive (D003)

TC toxic (D004-D043)                      [ D | O | 1 | 1 | R | | | | | | | | | | | | ]

B. Listed Hazardous Wastes (see 40 CFR 261.31-33 and LAC 33:V.4801 B,C,E,F)

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**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 ensure 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	NAME AND TITLE (PRINT OR TYPE)	DATE SIGNED
x <i>Barbara Morgan</i>	Barbara Morgan Adm. Specialist III	3/15/93

HW-1 ; 8700-12 (R 7/82)

\* Must have original signature

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 character font).

Form Approved. OMB No. 2040-0085 Approval expires 7-31-88

FORM 1 GENERAL

**EPA**

U.S. ENVIRONMENTAL PROTECTION AGENCY

**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before filling in this form.)

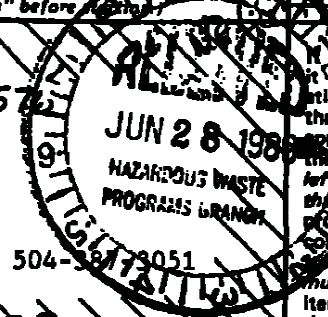
I. EPA I.D. NUMBER **LA 0083241**

**II. POLLUTANT CHARACTERISTICS**

III. FACILITY NAME: **EPA ID #: LAD98158457**

V. MAILING ADDRESS: **Falco Lime, Inc.  
P.O. Box 182  
1785 South Westport Dr.  
Port Allen, LA 70767**

VI. FACILITY LOCATION: **SIC 5211 PCE 72020  
121 1019**



**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it to the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the appropriate fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP **FALCO LIME INC**

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title): **Mccaffrey Alton Mgr.**

B. PHONE (area code & no.): **504 387 3051**

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX: **3 PO BOX 182**

B. CITY OR TOWN: **Port Allen**

C. STATE: **LA**

D. ZIP CODE: **70767**

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: **1785 South Westport Dr**

B. COUNTY NAME: **West Baton Rouge**

C. CITY OR TOWN: **Port Allen**

D. STATE: **LA**

E. ZIP CODE: **70767**

F. COUNTY CODE (if known):

MAY 15 1989

6W-PS

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?  Yes  No  
If yes, briefly describe the frequency of flow and duration.

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 discharged into the intracoastal canal about 3-5 hours each day.

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

The wash-rack has two settling basins. Oil, grease, and solids are 'trapped' in the first basin. The second basins allows more of the solids to settle. In order to keep the ph between 6 and 9, Muriatic acid is applied to the water to neutralize the lime. The ph is tested daily with a Nester ph pen. Kemron Environmental Services tests for TSS, Oil and Grease, and TDS ~~and~~ ONCE a month.

VII. 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.

[Empty space for additional information]

VIII. 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.

A. Name & Official Title Allen McCaffrey Terminal Mgr.	B. Phone No. (area code & no.) 504-387-3151
C. Signature Allen McCaffrey	D. Date Signed 4-10-89



# LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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

**RECEIVED**  
FEB 26 1991  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
HAZARDOUS WASTE DIVISION

INSTALLATION'S EPA ID NUMBER

LAD 981584576  
LAD 981584576

NOTIFICATION:  
FIRST   
DEVELOPMENT   
HAZARDOUS WASTE   
ENVIRONMENTAL QUALITY  
HAZARDOUS WASTE DIVISION

NAME OF INSTALLATION (include company and specific site name)

FALCO LIME INC

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box or route number)

STREET

1785 SOUTH WESTPORT DR

CITY OR TOWN

STATE ZIP CODE

PORT ALLEN

LA 70767

LATITUDE

LONGITUDE

PARISH NAME

30 26 15 91 13 05

W. BATON ROUGE

SIC CODE

5032

PARISH CODE

121

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)

LAST NAME

FIRST NAME

JOB TITLE

PHONE NUMBER

MacAffrey Alton Terminal MGR 504 387-3051

INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

PO BOX 182

CITY OR TOWN

STATE ZIP CODE

PORT ALLEN

LA 70767

TYPE OF HAZARDOUS WASTE ACTIVITY (fill in circle of appropriate boxes. Refer to instructions.)

GENERATOR:

- greater than 1000 kg/mo.
- 100 to 1000 kg/mo.
- less than 100 kg/mo.
- on-site reuse/recycle operation
- less than 90 day storage in tanks

TRANSPORTER:

- for own waste only
- for commercial purposes

TREATER, STORER, DISPOSER (at installation)

\*NOTE: a permit is required for this activity  
SEE INSTRUCTIONS

MODE OF TRANSPORTATION (transporters only)

- highway
- rail
- air
- water

TRANSFER FACILITY STATUS: (MONTH, DAY, YEAR)

requested \_\_\_\_\_  
received \_\_\_\_\_

HAZARDOUS WASTE FUEL

- generator marketing to burner
- marketer

- burner-type of combustion device
- utility boiler
- industrial boiler
- industrial furnace

JUL 22 1991

**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 Burner) Who First Claims the Oil Meets the Specification
  - burner-type of combustion device
  - utility boiler     industrial boiler
  - industrial furnace

**OWNER (legal owner of installation; include property owner at bottom <sup>2</sup>, if different)**

NAME	PHONE
FALCON LIME INC	
STREET	601636-0932
HARBOR PROJECT	
CITY OR TOWN	STATE    ZIP CODE
Vicksburg	MS 39180

**INSTALLATION CLASSIFICATION (see instructions)**

Owner type                     
  Operator type                     
  Property type

**DESCRIPTION OF REGULATED WASTES**

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33:V.4003 B,C,D,E)

ignitable (D001)                     
  corrosive (D002)                     
  reactive (D003)

TC toxic (D004-D043)


B. Listed Hazardous Wastes (see 40 CFR 261.30-33 and LAC 33:V.4001 B,C,E,F)

DIOXIN			

**CERTIFICATION**

I Certify that the information provided herein and appended hereto is true 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 fine and imprisonment.

SIGNATURE	NAME AND TITLE (PRINT OR TYPE)	DATE SIGNED
<i>Alton McCaffrey</i>	Alton McCaffrey, Terminal Mgr.	2-22-91



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

8/6 Jo EHA  
FOR DEPARTMENT USE

LA 981584576 G R  
Date Received: 9/29/86  
Date Checked: 12/1/86  
Checked by: [Signature]

# Hazardous Waste Notification Form

HAZARDOUS WASTE  REUSE/RECYCLE

1. NAME OF INSTALLATION: FALCO LIME INC.  
STREET OR P.O. BOX

2. MAILING ADDRESS: P.O. Box 182  
CITY OR TOWN PORT ALLEN STATE LA ZIP CODE 70767  
RT ALLEN 1785 Southwest Port Dr.  
STREET ROUTE NO OR OTHER SPECIFIC IDENTIFIER

3. LOCATION: PORT ALLEN 1785 Southwest Port Dr.  
CITY OR TOWN PORT ALLEN STATE LA ZIP CODE 70767  
FIPS PARISH CODE 121

4. CONTACT: Smith Billy NAME & TITLE (last, first, & title) 504 387 3051  
PHONE (area code & no.)

5. OWNERSHIP: Corp. SAME  
NAME OF COMPANY (CONTRACTOR) - IF APPLICABLE

6. OPERATOR: Smith Billy

7. NOTIFICATION TYPE: (Mark applicable boxes. Give Installation's La. I.D. No. and EPA I.D. No. if known)  
Notification is:  the first for this installation  a subsequent notification

8. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<p style="text-align: center;">RECEIVED JUL 20 1986 Dept. of Environmental Quality Hazardous Waste Division</p>	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer for On site burner Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

9. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion devices in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)  
 A. Utility Boiler  B. Industrial Boiler  C. Industrial Furnace

10. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))  
 A. Air  B. Rail  C. Highway  D. Water  E. Other (specify)

11. DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES (Category I-A)

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES (Category I-B)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**C. COMMERCIAL CHEMICAL PRODUCTS HAZARDOUS WASTES (Category I-C)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES (Category II)**

- Mark the boxes corresponding to characteristics of non-listed hazardous wastes your installation handles. Use criteria in Appendix A, Category II.
 

<input checked="" type="checkbox"/> Ignitable (D001)	<input type="checkbox"/> Corrosive (D002)	<input type="checkbox"/> Reactive (D003)	<input type="checkbox"/> Toxic (D004-EP Toxic)
--	---	--	--
- List EP Toxic Waste numbers from codes at Category I-B, Appendix A and make other appropriate entries in the spaces provided.

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	
D001-10	✓		✓

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**10. 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 Billy Smith Name and Official Title MANIT mgr.  
 Company FALCO LINE INC. Date Signed 7-3-86

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency  
Washington, DC 20460



# Notification of Hazardous Waste Activity

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).

## For Official Use Only

Comments

TK 8-22

C																				
C																				

Installation's EPA ID Number

Approved

Date Received  
(yr. mo. day)

12/1 w. Eaton Rausch

1143  
DS

C	LAD	98-158-4576	T/A	C																
F					1															

## I. Name of Installation

FALCO Lime Inc

## II. Installation Mailing Address

Street or P.O. Box

C	3	P	O	B	O	X	1	8	2											
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

City or Town

State

ZIP Code

C	4	P	O	R	T	A	L	L	E	N										
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

LA 70767

## III. Location of Installation

Street or Route Number

C	5	1	7	8	5	S	O	U	T	H	W	E	S	T	P	O	R	T	D	R	I	V	E
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City or Town

State

ZIP Code

C	6	P	O	R	T	A	L	L	E	N													
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

LA 70767

## IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C	2	S	M	I	T	H	B	I	L	L													
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

504 387 3051

## V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C	R	S	A	M	E	A	S	A	B	O	V	E											
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

P.

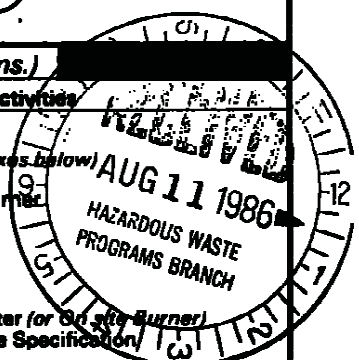
## VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

- 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)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner

- 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner
- 7. Specification Used Oil Fuel Marketer (or Supplier/Burner) Who First Claims the Oil Meets 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 oil 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 appropriate box(es))

- A. Air
- 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.

- A. First Notification
- B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID - For Official Use Only													
C												T/A	C
W													†

**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	2	3	4	5	6
7	8	9	10	11	12

**B. 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. 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 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 your installation handles. Use additional sheets if necessary.

49	50	51	52	53	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)

1. Ignitable (D001)     
  2. Corrosive (D002)     
  3. Reactive (D003)     
  4. Toxic (D000)

**XI. 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 <i>Billy Smith</i>	Name and Official Title (type or print) <i>MANIT. mgr.</i>	Date Signed <i>7-3-86</i>
---------------------------------	---	------------------------------

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

RECEIVED

SEP 29 1986

Dept. of Environmental Quality,  
 Hazardous Waste Division



# State of Louisiana

## Department of Environmental Quality

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

HALL BOHLINGER  
SECRETARY

### Southeast Regional Office Investigation Report

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: Dr. Port Allen LA 70767  
(Address) (City) (State) (Zip)  
Parish: \_\_\_\_\_

Mailing Address: Same  
(Address) (City) (State)

Facility Representative/Title: Alton MaCapton/Environmental

Facility Representative Telephone No.: 1800-247-9996x6

LDEQ Lead Inspector: Carol Petranek

Other Inspectors: N/A

Report By: *Carol Petranek* 10/28/02  
Carol Petranek/ESIII (Date)

Reviewed By: *Don Brandin* 10/30/02  
Don Brandin, Environmental Scientist Supervisor (Date)





# State of Louisiana

## Department of Environmental Quality

ALJ. "MIKE" FOSTER, JR.  
GOVERNOR

### Southeast Regional Office Investigation Report

J. DALE GIVENS  
SECRETARY

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Facility Representative/Title: Alton MaCapton/Environmental

Facility Representative Telephone No.: 1800-247-9996x6

LDEQ Lead Inspector: Carol Petranek

Other Inspectors: N/A

Report By: *Carol Petranek* 10/28/02  
Carol Petranek/ESIII (Date)

Reviewed By: *Don Brandin* 10/30/02  
Don Brandin, Environmental Scientist Supervisor (Date)



**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**

- |                      |                             |
|----------------------|-----------------------------|
| <b>ATTACHMENT 1</b>  | <b>Field Interview Form</b> |
| <b>ATTACHMENT 2</b>  | <b>Tempo Report</b>         |
| <b>ATTACHMENT 3.</b> | <b>Notifications</b>        |
| <b>ATTACHMENT 4.</b> | <b>Photographs</b>          |
| <b>ATTACHMENT 5.</b> | <b>MSDS</b>                 |

**AI No.: 6264**  
**Alt. ID No.: T55989**

**AI Name: Falco Lime Trucks AKA Chemical Lime Co.**  
**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 Interest Number:** 4264

**Alternate ID Number:** 55989

**Incident Number:** \_\_\_\_\_

**Media:** Check all that apply

**Air (inc. asbestos/lead)** \_\_\_\_\_ **Water** \_\_\_\_\_ **Haz. Waste** \_\_\_\_\_ **Risk MPs** \_\_\_\_\_  
**Solid Waste (inc. tires)**  **UST** \_\_\_\_\_ **Radiation** \_\_\_\_\_ **Stage 1 & 2** \_\_\_\_\_

**Complaint related?**  Yes  No **Follow up?** Yes  No  No  
Enforcement Action Number

**Has this AI been referred to Enforcement recently?** No  
Date and media of previous referral

**Facility (Include company name, mailing address, and responsible official):**

Falco  
1785 SW Port Dr  
PA LA 70767

INSPECTION DATE: 10/15/02

**Investigator:** Chetney

**Reviewed (ES Supervisor / Date):** DM Brandon 10/30/02

**Reviewed (ES Staff / Date):** \_\_\_\_\_

**Date Referred to Enforcement:** \_\_\_\_\_

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
FIELD INTERVIEW FORM

AGENCY INTEREST#: 1264 INSPECTION DATE: 10/15/02 TIME OF ARRIVAL: 9:20 AM  
ALTERNATE ID#: T55989 DEPARTURE DATE: 10/15/02 TIME OF DEPARTURE: 2: PM  
FACILITY NAME: <sup>(ID Type/Number)</sup> Faleo-Lime Inc AKA Chemical Lime Co PH #: 1950247996 X 6  
LOCATION: <sup>1705</sup> Southwest Port Dr. Port Allen, LA 70767

RECEIVING STREAM (BASIN/SUBSEGMENT): N/A PARISH NAME: W. Baton Rouge

MAILING ADDRESS: \_\_\_\_\_  
FACILITY REPRESENTATIVE: Amos Everson (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
FACILITY REPRESENTATIVE PHONE NUMBER: 225-3556794 TITLE: Truck Driver  
NAME, TITLE, ADDRESS and TELEPHONE of RESPONSIBLE OFFICIAL (if different from above):  
3454 Hollywood St BRUN 70806

INSPECTION TYPE: Spill 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 Calcium Hydrate Lime spill located @ Railroad crossing before Veterans Mem. Bridge to LA 3213 turn around to LA 18 to LA 640, Edgard LA St John Parish. Driver was coming from Chemical Lime, Port Allen to Dow Chemical 17000 River Pt, Taft. Mr. Everson stated he realized the release after turning right from LA 18 onto 640. He stopped, closed the pressure relief and bleeding valves, and proceeded to Dow. Mr. Everson did not notify appropriate parties for the spill. A neighbor resident on LA 18 saw the truck leaking and called 911. The truck + driver was held @ Dow until Inspector + LSP Melvin Rein arrived. Volunteer Fire Dept. for Edgard will utilize water to reduce PH levels. Abatement measures will be used to prevent offsite impact, until PH levels are reduced to neutral. If levels cannot be reduced this way, ~~Chemical Lime~~ will contract a cleanup company to remove the nonhazardous materials. Areas of concern were found during this incident.

REGULATION	EXPLANATION	REFERRED?
_____	_____	YES NO
_____	_____	YES NO
_____	_____	YES NO

PHOTOS TAKEN:  YES  NO SAMPLES TAKEN:  YES  NO (Attach Chain-of-custody)

RECEIVED BY: SIGNATURE: [Signature]

PRINT NAME: AMOS EVERSON  
(NOTE: SIGNATURE DOES NOT NECESSARILY INDICATE AGREEMENT WITH INSPECTOR'S NOTES)

INSPECTOR(S): CAROL PETRANEK CROSS REFERENCE: \_\_\_\_\_

REVIEWER: [Signature] 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.

**AI No.:** 6264  
**Alt. ID No.:** T55989

**AI Name:** Falco Lime Trucks AKA Chemical Lime Co.  
**Date of Inspection:** 10/16/02

## **ATTACHMENT 2**

**Tempo Report**  
**(1 Page)**

**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  
**AH#:** 6264

**Related Permits:** 0

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

10/21/2002

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
INCIDENT REPORT  
Incident ID: 55989

Page 2 of 2

**Source Name:****Address:****Municipality:****State:****Phone:****Parish:****Alt#:****Related Permits:****Investigation Findings** Chemical Lime Company was contacted and Inspector requested immediate cleanup of the unauthorized discharge.

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 *CP 10/21/02***Region:** Southeast**Incident Status:** Closed**As Of:** 10/16/2002*OB 10/30/02*

10/21/2002

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
**INCIDENT REPORT**  
 Incident ID: 56037

Page 1 of 1

**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  
 LA 3213 off Veterans Memorial Bridge  
 Lat/Lon:  
 Basin/Segment:  
 Substance:  
 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  
 A#: 6264  
 Related Permits: 0  
 Investigation Refer to the same incident report under Incident ID 55989  
 Findings

**Incident Status**

Lead Investigator: Carol Petranek *CP 10/21/02*

*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

Page 1 of 2

Start Date: 10/15/2002

Requirement	Status	Results or Comments
<p>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</p>	<p>Z</p>	<p>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.</p>

C - Compliant

E - Not evaluated

P - Potential Violation

R - Corrected

N - Non-Compliant (subject to enforcement action)

V - Correction verified -- violation corrected

S - Self-Disclosed Violation

Z - Referred to Enforcement

**Compliance Evaluation Report**

Activity: INS20020001 Compliance Evaluation Inspections (CEI)

Start Date: 10/15/2002

Lead Investigator: Petranek, Carol

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

**AI 6264**

<p>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:I.3925 or of any permit or license terms and conditions issued under the Louisiana Environmental Quality Act. [LAC 33:I.3915.A]</p>	
---	--

C - Compliant

E - Not evaluated

P - Potential Violation

R - Corrected

N - Non-Compliant (subject to enforcement action)

V - Correction verified -- violation corrected

S - Self-Disclosed Violation

Z - Referred to Enforcement



**AI No.:** 6264  
**Alt. ID No.:** T55989

**AI Name:** Falco Lime Trucks AKA Chemical Lime Co.  
**Date of Inspection:** 10/16/02

## **ATTACHMENT 3**

### **Notifications**

Oct 18 02 09:43a

CLCPA

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 lime 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 lime slurry 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  
Services/NAS  
PO Box 4313  
Baton Rouge, LA  
70821-4313

United States Environmental Protection Agency  
and  
STATE OF LOUISIANA

RECEIVED

MAY 17 2016



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

LDEQ  
OES/PSSD

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).  
 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  
lm RCRA Info 5/20/16  
lm TEMPO 5/20

B. Number of Employees: 40

2. Site ID Number

EPA ID Number: LAR000096688

LA AI#: 31384 ✓

3. Site Name

Legal Name: Love's Travel Stop #240

4. Site Location  
(Physical address,  
NOT PO Box or Route)

Street Address: 751 Lobdell Extension South

City, Town, or Village: Port Allen

State: LA

Parish: W. Baton Rouge

Zip Code: 70767

5. Site Land Type

Site Land Type:  Private  County/Parish  District  Federal  Indian  Municipal  State  Other

6. North American  
Industry Classification  
System (NAICS) Code(s)

A. 447110

B.

C.

D.

7. Site Mailing Address

Street or P. O. Box: PO Box 26210

City, Town, or Village: Oklahoma City

State: OK

Zip Code: 73126

Country: USA

8. Site Contact Person

First Name: Chris

MI:

Last Name: Weldon

Phone Number: 405-302-6673

Title: Environmental Manager

Mail Address: PO Box 26210

State, Zip: Oklahoma City, OK 73126

Email: Chris.Weldon@loves.com

9. Legal Owner and  
Operator of the Site (see  
instructions)

A. Name of Site's Legal Owner: Love's Travel Stops

Date Became Owner (mm/dd/yyyy): 9-21-1999

Owner Type:  Private  County/Parish  District  Federal  Indian  Municipal  State  Other

B. Name of Site's Operator: // //

Date Became Operator (mm/dd/yyyy): // //

Operator Type:  Private  County/Parish  District  Federal  Indian  Municipal  State  Other

**10. Type of Regulated Waste Activity for current activities (as of the date of this form). (Mark 'X' in the appropriate boxes)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(Select one of the following categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) Non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) Non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo Non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. Short Term Generation (not normally a generator but generated through a One time, Emergency, or Short Term Event). Give details in Comments.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2A. Transporter of Hazardous Waste
- 2B. Transfer Facility Status (State approval required prior to startup)
- 3. Treater, Storer, or Disposer of HW (at your site)  
Note: A hazardous waste permit is required for this activity.  
 Permitted  Interim Status  Proposed
- 4. Recycler of Hazardous Waste (at your site)  
Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
  - a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

**B. Universal Waste Activities (Indicate Activity Type)**

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 accumulated at your site. (check all boxes that apply):

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

2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Indicate Activity Type)**

- 1. Used Oil Transporter
  - a. Transporter
  - b. Transfer Facility  
(State approval required prior to startup)
- 2. Used Oil Processor and/or Re-refiner
  - a. Processor
  - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 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. Used Oil Fuel Burner (Indicate Combustion Device(s))
  - Utility Boiler  Industrial Boiler  Industrial Furnace

**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 (THIS DOES NOT YET APPLY IN LOUISIANA)**

- 1. Opting into 40 CFR Part 262, Subpart K for the management of hazardous waste in laboratories, check all that apply.
  - 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

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, D002, F001, K001, P001, U001, U002, etc).

D001						
D006						
D006						

Waste Codes for Federal Hazardous Wastes continued. Use an additional page if more spaces are needed for waste codes. (Louisiana does not have separate State Waste codes.)


12. Notification of Hazardous Secondary Material (HSM) Activity (THIS DOES NOT YET APPLY IN LOUISIANA)

N Are you notifying in compliance with 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary materials under 40 CFR 261.2(a)(2)(ii), or 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 (optional): However, if you have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brief description of the activities and/or changes at your site.

Water removed from gasoline Tanks.

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 owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Chris Weldon Environmental Manager	5-9-16



RECEIVED

MAR 7 2016

MAIL COMPLETED FORM TO:

LDEQ/OES/ Permit Support Services/NAS PO Box 4313 Baton Rouge, LA 70821-4313

United States Environmental Protection Agency and

STATE OF LOUISIANA

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



1. Reason for Submittal

CHOOSE ONLY ONE REASON PER SUBMITTAL

A. Reason for Submittal:

- To provide initial notification... To provide subsequent notification... 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... As a component of the Hazardous Waste Report... Site met the definition of an LQG...

Regs & Certs LM RCRA Info 3/18/16 LM TEMPO 3/18

B. Number of Employees: 64

2. Site ID Number

EPA ID Number LAR000032318 LA Alt#: 40130

3. Site Name

Legal Name: MALLINGKRODT MANUFACTURING, LLC

4. Site Location (Physical address, NOT PO Box or Route)

Street Address: 1060 Allendale Drive City, Town, or Village: Port Allen State: LA Parish: West Baton Rouge Zip Code: 70767

5. Site Land Type

Site Land Type: Private County/Parish District Federal Indian Municipal State Other

6. North American Industry Classification System (NAICS) Code(s)

A. 325412 B. C. D.

7. Site Mailing Address

Street or P. O. Box: 1060 Allendale Drive City, Town, or Village: Port Allen, LA State: LA Zip Code: 70767 Country: US

8. Site Contact Person

First Name: Andreana MI: Last Name: Pruitt Phone Number: 225-376-4414 Title: EHS Manager Mail Address: 1060 Allendale Drive State, Zip: LA 70767 Email: andreana.pruitt@mallingkrodt.com

9. Legal Owner and Operator of the Site (see instructions)

A. Name of Site's Legal Owner: Mallingkrodt Manufacturing, LLC Date Became Owner (mm/dd/yyyy): 01/19/2016 Owner Type: Private County/Parish District Federal Indian Municipal State Other B. Name of Site's Operator: Mallingkrodt Manufacturing, LLC Date Became Operator (mm/dd/yyyy): 01/19/2016 Operator Type: Private County/Parish District Federal Indian Municipal State Other



10. Type of Regulated Waste Activity for current activities (as of the date of this form). (Mark 'X' in the appropriate boxes)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Select one of the following categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)  
Non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)  
Non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo  
Non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. Short Term Generation (not normally a generator but generated through a One time, Emergency, or Short Term Event). Give details in Comments.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2A. Transporter of Hazardous Waste
- 2B. Transfer Facility Status  
(State approval required prior to startup)
- 3. Treater, Storer, or Disposer of HW (at your site)  
Note: A hazardous waste permit is required for this activity.  
 Permitted  Interim Status  Proposed
- 4. Recycler of Hazardous Waste (at your site)  
Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace  
 a. Small Quantity On-site Burner Exemption  
 b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities (Indicate Activity Type)

- 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 accumulated at your site. (check all boxes that apply):

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

- 2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Indicate Activity Type)

- 1. Used Oil Transporter  
 a. Transporter  
 b. Transfer Facility  
(State approval required prior to startup)
- 2. Used Oil Processor and/or Re-refiner  
 a. Processor  
 b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 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. Used Oil Fuel Burner  
(Indicate Combustion Device(s))  
 Utility Boiler  Industrial Boiler  Industrial Furnace

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 (THIS DOES NOT YET APPLY IN LOUISIANA)

- 1. Opting into 40 CFR Part 262, Subpart K for the management of hazardous waste in laboratories, check all that apply.
  - 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**

**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, D002, F001, K001, P001, U001, U002, etc).

D001	D002	D003				

**B. Waste Codes for Federal Hazardous Wastes continued.** Use an additional page if more spaces are needed for waste codes. (Louisiana does not have separate State Waste codes.)


**12. Notification of Hazardous Secondary Material (HSM) Activity (THIS DOES NOT YET APPLY IN LOUISIANA)**

**Y N** Are you notifying in compliance with 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary materials under 40 CFR 261.2(a)(2)(ii), or 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 (optional):** However, if you have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brief description of the activities and/or changes at your site.

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**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 owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	ANDREAWA PRUITT EHS MANAGER	03-03-2016





State of Louisiana  
Department of Environmental Quality



PT  
encl  
left

**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 LAD982555252 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 important that this office be timely notified in writing of ANY 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. Miller  
Administrator

GAM:DMH:kg

Enclosures: SQG Information

cc: Betty Thibodeaux  
Peggy Moak

LAD 98255252  
Applied for

MO

OK KD  
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. NAME OF INSTALLATION: Marv Bird Perkins Cancer Center
2. MAILING ADDRESS: 5 Medical Center Drive Hammond, La. 70403  
street or p.o. box city state zip code
3. LOCATION: same  
street, route no. or other specific identifier city state zip code
4. CONTACT: Michael H. Martin, Executive Director (504) 767-0847  
name & title phone (area code & number)
5. OWNERSHIP: Cancer, Radiation and Research Foundation  
name of company or individual

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

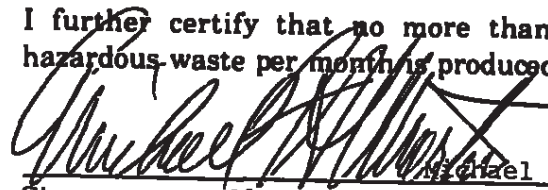
DESCRIPTION OF HAZARDOUS WASTE GENERATED

Waste Number	Disposed		Reused Recycle	Generic Description
	On-Site	Off-Site		
D011		XX		Silver

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 7/5/88



FEB 25 1994

# State of Louisiana Department of Environmental Quality



Edwin W. Edwards  
Governor

Kal David Midboe  
Secretary

## CERTIFICATION OF NO HAZARDOUS WASTE ACTIVITY

RECEIVED

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.

MAR 03 1994

Louisiana Department of Environmental Quality  
Hazardous Waste Division

### TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:

- Facility is out of Business. Date business closed: \_\_\_\_\_
- Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued: 9-22-92
- Facility has moved to a new location. Date of move: \_\_\_\_\_  
Address of new location: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

### PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:

Facility Name: Manly Bird Packing Company Co

EPA Identification Number: LA0062649249

Physical Address: 4950 Egan Lane - Baton Rouge

Name, Official Title: MURRY R. HARMON - DIR. PLANT OPERATIONS + SAFETY

Signature & Date: [Signature] 3-1-94

FOR OFFICE USE ONLY									
GEN	<u>2</u>	TRANS	_____	TSD	_____	B/B	_____	OTHER	_____

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



RCRIS  
03-08-94  
0.2.

RCRIS  
02-23-94  
0.2.





FEB 25 1994

# 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.

MAR 03 1994

#### TYPE OF CHANGE RESULTING IN NO HAZARDOUS WASTE ACTIVITY:

- Facility is out of Business. Date business closed: \_\_\_\_\_
- Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued: 9-22-92
- Facility has moved to a new location. Date of move: \_\_\_\_\_  
Address of new location: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

#### PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:

Facility Name: Mary Bird Perkins Center Co  
 EPA Identification Number: LA0062649249  
 Physical Address: 4950 Egan Lane - Baton Rouge  
 Name, Official Title: MURRY R. HARMON - DIR. PLANT OPERATIONS & SAFETY  
 Signature & Date: [Signature] 3-1-94

FOR OFFICE USE ONLY					
GEN	<u>2</u>	TRANS	_____	TSD	_____
		B/B	_____	OTHER	_____

OFFICE OF SOLID AND HAZARDOUS WASTE    HAZARDOUS WASTE DIVISION    P O BOX 82178    BATON ROUGE LOUISIANA 70864-2178

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

AN EQUAL OPPORTUNITY EMPLOYER



RCRIS  
02-23-94  
8-2.





# 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: \_\_\_\_\_
- Facility no longer offers services which generate, treat, transport, or dispose hazardous waste. Date services discontinued: \_\_\_\_\_
- Facility has moved to a new location. Date of move: \_\_\_\_\_  
Address of new location: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

#### PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:

Facility Name: Mary Bird Perkins Center Co

EPA Identification Number: LA0062649249

Physical Address: 4950 Emma Lane - Baton Rouge

Name, Official Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

FOR OFFICE USE ONLY									
GEN	<u>2</u>	TRANS	_____	TSD	_____	B/B	_____	OTHER	_____

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

RCRIS



DATE: 2/23/94  
FACILITY NAME: Mary Reid Perkins Career Center  
ADDRESS: 4950essen Lane  
CITY/STATE/ZIP: B.R., LA 70809  
ATTN: Murray Harmon  
767-0847

**ACTION NEEDED:**

NOTIFICATION WITH INSTRUCTIONS

CERTIFICATION FORM - EPA ID#: LAD062649249

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTIFICATION WITH INSTRUCTIONS & CERTIFICATION FORM

CALL FACILITY

PULL FILES:

EPA ID#: LAD \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

Comments:

216

DATE SENT: 02-24-94

RECEIVED  
APR 14 1987

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

4/23 to EPA  
FOR DEPARTMENT USE

# Hazardous Waste Notification Form

LA D 9819131489  
Date Received: 6/25/87  
Date Checked: 7/23/87  
Checked by: KD

HAZARDOUS WASTE     REUSE/RECYCLE

1. NAME OF INSTALLATION: MED AID WALK IN MEDICAL CENTER

2. MAILING ADDRESS: 5475 ESSEN LANE

BATON ROUGE    STATE: LA    ZIP CODE: 70809

3. LOCATION: 5475 ESSEN LANE    CITY OR TOWN: BATON ROUGE    STATE: LA    ZIP CODE: 70809

FIPS PARISH CODE  
033

4. CONTACT: Tessier Charles    NAME & TITLE (last first & title)  
PHONE (area code & no): 504 767 2250

5. OWNERSHIP: Charles Tessier MD    NAME

6. OPERATOR: MED AID WALK IN MEDICAL CENTER    NAME OF COMPANY (CONTRACTOR) IF APPLICABLE

7. NOTIFICATION TYPE: (Mark applicable boxes. Give Installation's La. I.D. No. and EPA I.D. No. if known)

Notification is:  the first for this installation     a subsequent notification

### 8. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

- A. Hazardous Waste Activity**
- 1a Generator
  - 2 Transporter
  - 3 Treater/Storer/Disposer
  - 4 Underground Injection
  - 5 Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
    - a Generator Marketing to Burner
    - b Other Marketer
    - c Burner

- B. Used Oil Fuel Activities**
- 6 Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
    - a Generator Marketing to Burner
    - b Other Marketer
    - c Burner
  - 7 Specification Used Oil Fuel Marketer for On site Burner Who First Claims the Oil Meets the Specification

9. 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)

- A Utility Boiler     B. Industrial Boiler     C. Industrial Furnace

10. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

- A Air     B Rail     C Highway     D Water     E Other (specify)

### 11. DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES (Category I-A)

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON SITE	OFF SITE	

RECEIVED  
MAR 31 1987  
Dept. of Environmental Quality  
Hazardous Waste Division

RECEIVED  
 DEPT. OF ENVIRONMENTAL DEFENSE  
 04/10/87

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES (Category I-B)**

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

**C. COMMERCIAL CHEMICAL PRODUCTS HAZARDOUS WASTES (Category I-C)**

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

*Handwritten scribble*

**D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES (Category II)**

1. Mark the boxes corresponding to characteristics of non-listed hazardous wastes your installation handles. Use criteria in Appendix A, Category II
- Ignitable (D001)     
  Corrosive (D002)     
  Reactive (D003)     
  Toxic (D004-EP Toxic) **Do it**
2. List EP Toxic Waste numbers from codes of Category II-D, Appendix A and make other appropriate entries in the spaces provided.

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

**10. 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: Charles Tessier      Name and Official Title: Owner  
 Company: Med aid walk In medical Center      Date Signed: 04/10/87



R.V.  
5-1-87

*Complete this form*

Approved OMB No 2050-0028 Expires 9-30-88  
GSA No 0246-EPA OF

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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).

# EPA Notification of Hazardous Waste Activity

### For Official Use Only

#### Comments

C	
C	

C F	Installation's EPA ID Number <b>LAID</b>	Approved	Date Received			033/ East Baton Rouge
			(yr.)	mo	day	
	98-191-3148					
			T/A	C		
				1		

### I. Name of Installation

4703 MED AID WALK IN MEDICAL CENTER

### II. Installation Mailing Address

#### Street or P.O. Box

2203 5475 ESSEW LANE

#### City or Town

BATON ROUGE LA 70809

### III. Location of Installation

#### Street or Route Number

5475 ESSEW LANE

#### City or Town

BATON ROUGE LA 70809

### IV. Installation Contact

#### Name and Title (last, first, and job title)

#### Phone Number (area code and number)

Tessier Charles MD 504 767 2750

### V. Ownership

#### A. Name of Installation's Legal Owner

#### B. Type of Ownership (enter code)

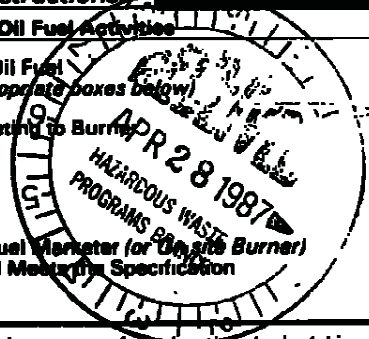
CHARLES TESSIER MD

### VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

#### A. Hazardous Waste Activity

#### B. Used Oil Fuel Activities

<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 1b. Less than 1,000 kg/ mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or Off-site Burner) Who First Claims the Oil Meets 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 oil 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 appropriate box(es))

A. Air  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.

A. First Notification  B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID - For Official Use Only												
C											T/A	C
W												1

**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	2	3	4	5	6
0011					
7	8	9	10	11	12

**B. 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. 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 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 your installation handles. Use additional sheets if necessary.

49	50	51	52	53	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)

1. Ignitable (D001)     
  2. Corrosive (D002)     
  3. Reactive (D003)     
  4. Toxic (D000)

**XI. 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 <i>Charles Tessier</i>	Name and Official Title (type or print) Owner	Date Signed 04/10/87
-------------------------------------	--	-------------------------

EPA Form 8700-12 (Rev. 11-86) Reverse

RECEIVED

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

JUN 25 1987

Dept. of Environmental Quality  
 Hazardous Waste Division

*no change*

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

FOR DEPARTMENT USE

LAD 981913148

Date Received: \_\_\_\_\_

Date Checked: \_\_\_\_\_

Checked by: \_\_\_\_\_

# Hazardous Waste Notification Form

HAZARDOUS WASTE     REUSE/RECYCLE

1. NAME OF INSTALLATION: MED AID INC, WALK IN MEDICAL CENTER  
STREET OR P.O. BOX

2. MAILING ADDRESS: 5475 ESSEN LANE  
CITY OR TOWN

Baton Rouge    LA    70809  
STATE    ZIP CODE

3. LOCATION: 5475 ESSEN LANE  
STREET ROUTE NO OR OTHER SPECIFIC IDENTIFIER

FIPS PARISH CODE  
033

Baton Rouge    LA    70809  
CITY OR TOWN    STATE    ZIP CODE

4. CONTACT: Charles Tessier MD    504 767 2750  
NAME    PHONE (AREA CODE & NO.)

5. OWNERSHIP: Charles Tessier MD  
NAME OF COMPANY (CONTRACTOR) IF APPLICABLE

6. OPERATOR: MED AID INC

7. NOTIFICATION TYPE: (Mark applicable boxes. Give installation's La. I.D. No. and EPA I.D. No. if known)

Notification is:  the first for this installation     a subsequent notification

8. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

- A. Hazardous Waste Activity**
- 1a Generator
  - 2 Transporter
  - 3 Treater/ Storer/ Disposer
  - 4 Underground Injection
  - 5 Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)
    - a Generator Marketing to Burner
    - b Other Marketer
    - c Burner

- B. Used Oil Fuel Activities**
- 6 Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)
    - a Generator Marketing to Burner
    - b Other Marketer
    - c Burner
  - 7 Specification Used Oil Fuel Marketer (or On Site Supplier) Who First Claims the Oil Meets the Specification

RECEIVED  
JUN 2 1988  
Dept. of Environmental Quality  
Hazardous Waste Division

9. 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)

A Utility Boiler     B Industrial Boiler     C Industrial Furnace

10. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

A Air     B Rail     C Highway     D Water     E Other (specify)

11. DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES (Category I-A)

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON SITE	OFF SITE	

WASTE NUMBER	DISPOSED		REUSED/RECYCLE
	ON-SITE	OFF-SITE	

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES (Category I-B)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**C. COMMERCIAL CHEMICAL PRODUCTS HAZARDOUS WASTES (Category I-C)**

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES (Category II)**

1. Mark the boxes corresponding to characteristics of non-listed hazardous wastes your installation handles. Use criteria in Appendix A, Category II.
- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Ignitable<br>(D001) | <input type="checkbox"/> Corrosive<br>(D002) | <input type="checkbox"/> Reactive<br>(D003) | <input type="checkbox"/> Toxic<br>(D004-EP Toxic) |
|--|--|---|---|

2. List EP Toxic Waste numbers from codes of Category II-B, Appendix A and make other appropriate entries in the spaces provided.

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

WASTE NUMBER	DISPOSED		REUSED RECYCLE
	ON-SITE	OFF-SITE	

**10. 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 \_\_\_\_\_  
 Company \_\_\_\_\_ Date Signed \_\_\_\_\_



ID - For Official Use Only													
C												T/A	C
W													1

**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	2	3	4	5	6
7	8	9	10	11	12

**B. 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. 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 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 your installation handles. Use additional sheets if necessary.

49	50	51	52	53	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)

- 1 Ignitable (D001)     
  2 Corrosive (D002)     
  3 Reactive (D003)     
  4 Toxic (D000)

**XI. 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 <i>Kathy Francklin</i>	Name and Official Title (type or print) <i>Administratrix</i>	Date Signed <i>5/20/88</i>
-------------------------------------	--	-------------------------------

RECEIVED



LOUISIANA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

STATE OF LOUISIANA  
HAZARDOUS WASTE DIVISION  
OFFICE OF SOLID AND HAZARDOUS WASTE  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
P.O. BOX 44387 BATON ROUGE, LA 70804  
MAR 9 1990  
Dept. of Environmental Quality  
Hazardous Waste Division

INSTALLATION'S EPA ID NUMBER LA D981913148	Date Received Mo. Day Yr. [ ][ ][ ][ ][ ][ ]	Notification: first subsequent <input checked="" type="checkbox"/> <input type="checkbox"/>
---	--	---

Name of Installation (include company and specific site name)  
MED-AID WALK-IN MEDICAL CENTER

Installation location address (physical address, not P O Box)  
STREET  
5475 ESSEN LANE  
CITY OR TOWN STATE ZIP CODE  
BATON ROUGE LA 70809

LATITUDE [ ][ ][ ][ ][ ][ ] LONGITUDE [ ][ ][ ][ ][ ][ ]

PARISH NAME PARISH CODE SIC CODE  
EAST BATON ROUGE 033 8011

Installation contact (person to be contacted regarding waste activities at site)  
Last Name JOYNN (on) First Name Job Title Phone Number  
KATHRYN YANPUZEE XRAY TECH 504767-2850

Installation mailing address  
Street, P.O. Box or Route Number  
5475 ESSEN LANE  
City or Town State Zip Code  
BATON ROUGE LA 70809

TYPE OF HAZARDOUS WASTE ACTIVITY (mark 'X' in the appropriate boxes. Refer to instructions)

**GENERATOR:**

greater than 1000 kg/mo  
 100 to 1000 kg/mo  
 less than 100 kg/mo  
 LA SOG # only  
 EPA # only

on-site reuse / recycle operation  
 less than 90 day storage in tanks

**TREATER, STORER, DISPOSER** (at installation)  
\* NOTE: a permit is required for this activity; see instructions.

**TRANSPORTER:**

for own waste only  
 for commercial purposes

Mode of Transportation (transporters only)  
 highway  rail  air  water

Transfer Facility Status: (month, day, year)  
requested \_\_\_\_\_  
received \_\_\_\_\_

**HAZARDOUS WASTE FUEL**

generator marketing to burner  
 marketer

burner- type of combustion device  
 utility boiler  industrial boiler  industrial furnace

RECEIVED

### USED OIL FUEL ACTIVITIES

- Off-Specification Used Oil Fuel
  - generator marketing to burner
  - burner -- type of combustion device
  - utility boiler  industrial boiler
  - industrial furnace
- Used Oil Collector / Transporter
- 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, if different)

<b>NAME</b>					<b>PHONE</b>																				
C	H	A	R	L	E	S	T	E	S	S	E	R	5	0	4	7	6	7	-	2	7	5	0		
<b>STREET</b>																									
5	4	7	5	E	S	S	E	N	L	A	N	E													
<b>CITY OR TOWN</b>										<b>STATE</b>		<b>ZIP CODE</b>													
B	A	T	O	N	R	O	U	G	E																
										L		A		7				0		8		0		9	

### INSTALLATION CLASSIFICATION (see instructions)

Owner type  P  IP      Operator type  P  IP      Property type  P  IP

### DESCRIPTION OF REGULATED WASTES

- A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33-V 4903 B,C,D,E)
- ignitable (D001)
  - corrosive (D002)
  - reactive (D003)
  - EP toxic (D004-D017) 

D	0	1	1			

- B. 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 best 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.

Signature: Kathy Franklin      Name and Title (print or type): KATHY FRANKLIN      Date Signed: 3/8/90





**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, is assigned 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 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

AK

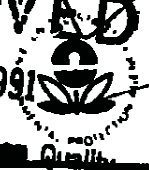


# LOUISIANA NOTIFICATION OF HAZARDOUS WASTE RECEIVED

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

FEB 25 1991

Dept. of Environmental Quality  
Hazardous Waste Division



INSTALLATION'S EPA ID NUMBER  
LAD981913148

NOTIFICATION:  
FIRST  SUBSEQUENT

NAME OF INSTALLATION (include company and specific site name)  
MED AID WALK IN MEDICAL CENTER

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box or route number)  
STREET  
5475 ESSEN LANE

CITY OR TOWN STATE ZIP CODE  
BATON ROUGE LA 70809

LATITUDE LONGITUDE PARISH NAME  
E BATON ROUGE

SIC CODE 81011 PARISH CODE 033

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)  
LAST NAME FIRST NAME JOB TITLE PHONE NUMBER  
PERIOUX WARREN M. Ray Tech 504 767 2750

INSTALLATION MAILING ADDRESS  
STREET, P.O. BOX OR ROUTE NUMBER  
5475 ESSEN LANE  
CITY OR TOWN STATE ZIP CODE  
BATON ROUGE LA 70809

AUG 15

TYPE OF HAZARDOUS WASTE ACTIVITY (fill in circle of appropriate boxes. Refer to instructions.)  
GENERATOR  
 greater than 1000 kg/mo.  
 100 to 1000 kg/mo.  
 less than 100 kg/mo.  
 on-site reuse/recycle operation  
 less than 90 day storage in tanks  
TRANSPORTER  
 for own waste only  
 for commercial purposes  
MODE OF TRANSPORTATION (transporters only)  
 highway  rail  air  water  
TRANSFER FACILITY STATUS (MONTH, DAY, YEAR)  
requested \_\_\_\_\_  
received \_\_\_\_\_  
 TREATER, STORER, DISPOSER (at installation)  
\*NOTE: a permit is required for this activity  
SEE INSTRUCTIONS

HAZARDOUS WASTE FUEL  
 generator marketing to burner  
 burner-type of combustion device  
 marketer  
 utility boiler  industrial boiler  industrial furnace

41

### 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 Burner) Who First Claims the Oil Meets the Specification
- burner—type of combustion device
  - utility boiler
  - industrial boiler
  - industrial furnace

### OWNER (legal owner of installation; include property owner at bottom \*, if different)

NAME	PHONE
M E I D   A I D   W A L K   I N   C L I N	5 0   4 7   6 7   -   2   7   5   0
STREET	
5   4   7   5   E   S   S   E   N   L   A   N   E	
CITY OR TOWN	
B   A   T   O   N   R   O   U   G   E	L   A   7   0   8   -   0   9
STATE ZIP CODE	

### INSTALLATION CLASSIFICATION (see instructions)

Owner type     
  Operator type     
  Property type

### DESCRIPTION OF REGULATED WASTES

A. Characteristic Hazardous Wastes (see 40 CFR 261.20-24 and LAC 33 V 4903 B,C,D,E)

ignitable (D001)     
  corrosive (D002)     
  reactive (D003)

TC toxic (D004-D043)

D   0   1   1			

B. Listed Hazardous Wastes (see 40 CFR 261.30-33 and LAC 33.V.4901 B,C,E,F)

<del>D   0   1   1  </del>			

### CERTIFICATION

I certify that the information provided herein and appended hereto is true 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 fine and imprisonment.

SIGNATURE	NAME AND TITLE (PRINT OR TYPE)	DATE SIGNED
<i>Warren Perion</i>	WARREN PERION (X-Ray Tech.)	2-22-91

# DATA CHANGE

Med Oil Well Service Medical Center (3)

EPA IDENTIFICATION NUMBER/C101=12

TMC #/C116=6

PREPARER

DATE

LA D981913148

TZA/LA

4/29/91

Facility Name/C104=40

Mailing Address/C106=30

County/C114=3

City/C107=25

ST/C108=2

Zip/C109=5

Facility Contact Person/C105=30

Ownership Code/C102

PERLOVX WAREEN XRAY TECH

Location Address/C110=30

ST Dist/C115=2

City/C111=25

ST/C12=2

Zip/C113=5

Owner's Name/C1503=40

MED AIP WALKIN CL

GEN TRN TSD UIC

C1105

C305

Other

Other

Telephone/C113=10

Waste Codes to be added/C2701

C303 =

C

=

Waste Codes to be deleted/C2701

DOO2

Process Codes - Add - Delete - Change

C1801=3

C1802=13

C1803=1

C1804=1

C1801=3

C1802=13

C1803=1

C1804=1

C1801=3

C1802=13

C1803=1

C1804=1

Other Coding as necessary

Entered by:

Date Entered:

QC:

File Code:

<b>SEND COMPLETED</b>		United States Environmental Protection Agency	
<b>FORM TO:</b> The Appropriate State or EPA Regional Office.		<b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
1. Reason for Submittal (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:		
	<input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>LAR000055236</u>		
3. Site Name (page 14)	Name: <u>Tire Kingdom Inc. #195</u>		
4. Site Location Information (page 14)	Street Address: <u>4675 Essen Lane</u>		
	City, Town, or Village:	<u>Baton Rouge</u>	State: <u>LA</u>
	County Name:	<u>EBR</u>	Zip Code: <u>70809</u>
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A.	<u>441320</u>	
	C.		
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>823 Donald Ross Road</u>		
	City, Town, or Village: <u>Juno Beach</u>		
	State: <u>Florida</u>		
	Country: <u>USA</u>	Zip Code: <u>33408</u>	
8. Site Contact Person (page 15)	First Name: <u>Dave</u>	MI:	Last Name: <u>Zolnowski</u>
	Phone Number: <u>561-383-3000</u>	Extension: <u>2424</u>	Email address:
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Tire Kingdom</u>		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>Tire Kingdom</u>		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

2004 MAR 19 PM 2:06 DEQ-OES


RECEIVED

LL RCRA Info 5/20/11  
LM TEMPO 5/28/11  
Excel  
Other  
MAR 22 2004  
LDEQ  
OES/EAD





AI 27772

<p><b>MAIL COMPLETED FORM TO:</b></p> <p>LDEQ/OES/ Permit Support Services/NAS PO Box 4313 Baton Rouge, LA 70821-4313</p>	<p>United States Environmental Protection Agency and <b>STATE OF LOUISIANA</b></p> <p><b>DEPARTMENT OF ENVIRONMENTAL QUALITY</b></p> <p><b>NOTIFICATION OF HAZARDOUS WASTE ACTIVITY</b></p> <p><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>	
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<p><b>1. Reason for Submittal</b></p> <p>CHOOSE ONLY ONE REASON PER SUBMITTAL</p>	<p><b>A. Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report.</p>
---	--

	<p><b>B. Number of Employees:</b></p>
--	---------------------------------------

<b>2. Site EPA ID Number</b>	<p>EPA ID Number: LAR 000055236</p>
------------------------------	-------------------------------------

<b>3. Site Name</b>	<p>Legal Name: Tire Kingdom, LLC # 195</p>
---------------------	--

<b>4. Site Location (Physical address, NOT PO Box or Route)</b>	<p>Street Address: 4075 Essen Lane</p>	
	<p>City, Town, or Village: Baton Rouge</p>	<p>State: LA</p>
	<p>County/Parish Name: EBR</p>	<p>Zip Code: 70809</p>

<b>5. Site Land Type</b>	<p>Site Land Type: <input checked="" type="checkbox"/> Private   <input type="checkbox"/> County/Parish   <input type="checkbox"/> District   <input type="checkbox"/> Federal   <input type="checkbox"/> Indian   <input type="checkbox"/> Municipal   <input type="checkbox"/> State   <input type="checkbox"/> Other</p>
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<b>6. North American Industry Classification System (NAICS) Code(s)</b>	<p>A. 811111</p>	<p>B.</p>
	<p>C.</p>	<p>D.</p>

<b>7. Site Mailing Address</b>	<p>Street or P. O. Box: 823 Donald Ross Road</p>	
	<p>City, Town, or Village: Juno Beach</p>	
	<p>State: FL</p>	
	<p>County/Parish Name:</p>	<p>Zip Code: 33408</p>

<b>8. Site Contact Person</b>	<p>First Name: Dawid</p>	<p>MI:</p>	<p>Last Name: Zolnowski</p>
	<p>Phone Number: 501-383-3000</p>	<p>Phone Number Extension: 2424</p>	

<b>9. Legal Owner and Operator of the Site (see instructions)</b>	<p>A. Name of Site's Legal Owner: Land C Baton Rouge</p>		<p>Date Became Owner (mm/dd/yyyy):</p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private   <input type="checkbox"/> County/Parish   <input type="checkbox"/> District   <input type="checkbox"/> Federal   <input type="checkbox"/> Indian   <input type="checkbox"/> Municipal   <input type="checkbox"/> State   <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Operator: Tire Kingdom LLC</p>		<p>Date Became Operator (mm/dd/yyyy): 09-06-2007</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private   <input type="checkbox"/> County/Parish   <input type="checkbox"/> District   <input type="checkbox"/> Federal   <input type="checkbox"/> Indian   <input type="checkbox"/> Municipal   <input type="checkbox"/> State   <input type="checkbox"/> Other</p>		



EPA ID No. 

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**10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**  
 (Select one of the following categories)

a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)  
 Non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)  
 Non-acute hazardous waste; or

c. CESQG: Less than 100 kg/mo  
 Non-acute hazardous waste

**For Items 2 through 6, check all that apply:**

**2. Transporter of Hazardous Waste**  
 Transfer Facility Status  
 (Transporter status must be indicated above)

**3. Treater, Storer, or Disposer of HW (at your site)**  
 Note: A hazardous waste permit is required for this activity.  
 Permitted  Interim Status  Proposed

**4. Recycler of Hazardous Waste (at your site)**  
 Note: A hazardous waste permit may be required for this activity.

**5. Exempt Boiler and/or Industrial Furnace**  
 a. Small Quantity On-site Burner Exemption  
 b. Smelting, Melting, Refining Furnace Exemption

**6. Underground Injection Control**

**In addition, indicate other generator activities (check all that apply)**

e. United States Importer of Hazardous Waste

f. Mixed Waste (hazardous and radioactive) Generator

**B. Universal Waste Activities (Indicate Activity Type)**

**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 accumulated at your site. (check all boxes that apply):

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

**2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Indicate Activity Type)**

**1. Used Oil Transporter**  
 a. Transporter  
 b. Transfer Facility

**2. Used Oil Processor and/or Re-refiner**  
 a. Processor  
 b. Re-refiner

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

**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. Used Oil Fuel Burner**  
 (Indicate Combustion Device(s))  
 Utility Boiler  Industrial Boiler  Industrial Furnace

**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.

D008	D001	D039	D040			

RECEIVED

NOV 17 2009

LDEQ  
OES/PSSD



**MAIL  
COMPLETED FORM  
TO:**

LDEQ/OES/  
Permit Support  
Services/NAS  
PO Box 4313  
Baton Rouge, LA  
70821-4313

United States Environmental Protection Agency  
and

**STATE OF LOUISIANA**

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



**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).  
X 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*  
*Lm RCRA Info 3/19/15*  
*Lm TEMPO 3/19*

**B. Number of Employees:** 12

**2. Site ID Number**

EPA ID Number: LAR000055236

LA AI#: 27772

**3. Site Name**

Legal Name: **TBC Retail Group, Inc. d/b/a/ National Tire & Battery, NTB # 195**

**4. Site Location  
(Physical address,  
NOT PO Box or Route)**

Street Address: 4675 Essen Lane

City, Town, or Village: Baton Rouge

State: LA

Parish: *EBR*

Zip Code: 70809

**5. Site Land Type**

Site Land Type:  Private  County/Parish  District  Federal  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: 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: Engi

Phone Number: 561-383-3000

Title: Sr. Manager of Safety & Health

Mail Address: 4280 Professional Center Dr. STE 400

City, State, Zip: Palm Beach Gardens, FL 33410

Email: EHS@TBCCORP.com

**9. Legal Owner and  
Operator of the Site (see  
instructions)**

A. Name of Site's Legal Owner: TBC Retail Group, Inc

Date Became Owner (mm/dd/yyyy): 09-08-2001

Owner Type:  Private  County/Parish  District  Federal  Indian  Municipal  State  Other

B. Name of Site's Operator: d/b/a National Tire & Battery, NTB # 195

Date Became Operator (mm/dd/yyyy): 3/1/2015

Operator Type:  Private  County/Parish  District  Federal  Indian  Municipal  State  Other

**RECEIVED**  
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LDEQ-OES  
PSSD  
NOTIFICATIONS & ACCREDITATIONS

EPA ID No. L A R 0 0 0 0 5 5 2 3 6

**10. Type of Regulated Waste Activity for current activities (as of the date of this form). (Mark 'X' in the appropriate boxes)**

**A. Hazardous Waste Activities**

**1. Generator of Hazardous Waste**

(Select one of the following categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)  
Non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)  
Non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo  
Non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. Short Term Generation (not normally a generator but generated through a One time, Emergency, or Short Term Event). Give details in Comments.
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2A. Transporter of Hazardous Waste
- 2B. Transfer Facility Status  
(State approval required prior to startup)
- 3. Treater, Storer, or Disposer of HW (at your site)  
Note: A hazardous waste permit is required for this activity.  
 Permitted  Interim Status  Proposed
- 4. Recycler of Hazardous Waste (at your site)  
Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace  
 a. Small Quantity On-site Burner Exemption  
 b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control
- 7. Receives hazardous waste from off site

**B. Universal Waste Activities (Indicate Activity Type)**

- 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 accumulated at your site. (check all boxes that apply):

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

- 2. Destination Facility for Universal Waste  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Indicate Activity Type)**

- 1. Used Oil Transporter  
 a. Transporter  
 b. Transfer Facility  
(State approval required prior to startup)
- 2. Used Oil Processor and/or Re-refiner  
 a. Processor  
 b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 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. Used Oil Fuel Burner  
(Indicate Combustion Device(s))  
 Utility Boiler  Industrial Boiler  Industrial Furnace

**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 (THIS DOES NOT YET APPLY IN LOUISIANA)**

- 1. Opting into 40 CFR Part 262, Subpart K for the management of hazardous waste in laboratories, check all that apply.
  - 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**

**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, D002, F001, K001, P001, U001, U002, etc).

D001	D008	D009	D018	D039	D040	F001
F002						

**Waste Codes for Federal Hazardous Wastes continued.** Use an additional page if more spaces are needed for waste codes. (Louisiana does not have separate State Waste codes.)

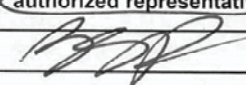

**12. Notification of Hazardous Secondary Material (HSM) Activity (THIS DOES NOT YET APPLY IN LOUISIANA)**

**Y N** Are you notifying in compliance with 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary materials under 40 CFR 261.2(a)(2)(ii), or 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 (optional):** However, if you have checked "Transfer Facility" for Hazardous Waste or Used Oil, please provide a brief description of the activities and/or changes at your site.

Store was rebranded from Tire Kingdom to National Tire & Battery

**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 owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	Briana Price / EHS Support III	3-3-15.

# 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

LA R 000 035 048

NOTIFICATION TYPE:  
FIRST  SUBSEQUENT

RECEIVED

MAR 18 1999

NAME OF INSTALLATION (include company and specific site name)

LDEQ  
HWD/PMSS

NUGENT STEEL & SUPPLY CO INC

INSTALLATION LOCATION ADDRESS (physical address, not p.o. box, route number, or hwy number)

1800 SOUTH WESTPORT DR

CITY OR TOWN

STATE

ZIP CODE

PORT ALLEN LA 70176

PARISH NAME

PARISH CODE

SIC CODE

LATITUDE

LONGITUDE

WEST BATON ROUGE 121344 IN D IN D

INSTALLATION CONTACT (person to be contacted regarding waste activities at site)

LAST NAME

FIRST NAME

JOB TITLE

PHONE NUMBER

NUGENT JIM PRES (225) 387-1019

INSTALLATION MAILING ADDRESS

STREET, P.O. BOX OR ROUTE NUMBER

PO BOX 730

CITY OR TOWN

STATE

ZIP CODE

PORT ALLEN LA 70176-0730

INSTALLATION OWNER (legal owner of installation)

NAME

PHONE NUMBER

JIM NUGENT (225) 387-1019

STREET, P.O. BOX OR ROUTE NUMBER

101 BIXI 17130

CITY OR TOWN

STATE

ZIP CODE

PORT ALLEN LA 70176-107130

CHANGE OF OWNER INDICATOR: YES  NO

Date Changed (Month, Day, Year)

Property Owner (if different from installation owner):

INSTALLATION CLASSIFICATION (ALL THREE CATEGORIES MUST BE COMPLETED)

TYPES: F-Federal S-State P-Private C-Parish M-Municipal O-Other

Owner Type

P

Operator Type

P

Property Type

P

RCRIS

RECEIVED

APR 07 1999

MAR 19 1999

Dept. of Environmental Quality  
Hazardous Waste Record Center

For Official Use Only

CHECK NUMBER: #42200

PHH