



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: 08-31-03
- 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): _____

PLEASE INDICATE FOR THE FACILITY REQUESTING CERTIFICATION:
(All items must be completed)

Facility Name: New Orleans Cold Storage Co LTD
 EPA Identification Number: LAR 000 052 316
 Physical Address: Nashville Ave Wharf; New Orleans, LA 70115
 Name and Title: GARY F. ESCOFFIER, CEO
 Signature and Date: [Signature] 09-27-04

FOR OFFICE USE ONLY					
SE	GEN <u>506</u>	TRANS _____	TSD _____	B/B _____	OTHER <u>30290</u>

Revised 9/24/2002

Regs & Certs

- RCRA Info 9/30/4
- TEMPO
- Excel
- Other

RECEIVED

SEP 29 2004

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