



APPENDIX X – FORM OR-1

***Complete and submit an original Form OR-1 to obtain a disposer/operator code
(Section 519.C.1)***


The original OR-1 Form was submitted by the applicant, Brickyard Trucking, LLC, was approved on October 5, 2023. The applicant was assigned the Operator Code B1119. A copy of the OR-1 Form is included in this section.

The ENV-2024-Form OR-1 is also completed and included in the application. Brickyard assumes the same Operator Code (B1119) will be issued.

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1. Purpose of Filing: <input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Change of Address/Contact/Officer <input type="checkbox"/> Annual Refiling <input type="checkbox"/> Organization Name Change		2. OOC Code Number: <div style="font-size: 24pt; font-weight: bold; text-align: center;">B1119</div>
3. Type of Operation: <input type="checkbox"/> Offshore/Out-of-State Operator <input checked="" type="checkbox"/> Disposal Operator (Type A/B, Transfer Station) <input type="checkbox"/> LDEQ Permitted E&P Landfill <small>Site Code</small>	3a. Initial Date of LA Operation: <div style="font-size: 18pt; font-weight: bold; text-align: center;">October 5, 2023</div>	3b. LA Secretary of State Charter Number: <div style="font-size: 18pt; font-weight: bold; text-align: center;">45622891K</div>
4. Current Plan of Organization (Select ONLY ONE): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Company <input type="checkbox"/> Individual </div> <div> <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Corporation - State Where Incorp _____ <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trade Name </div> <div> <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>		
6a. Organization - Name & Mailing Address (Must be Entered) Brickyard Trucking, LLC 415 Texas Street, Suite 400 Shreveport, LA 71101 Contact Person for Organization: <u>Scott Wooten</u> Phone Number: <u>(318) 377-5755</u> Fax Number: <u>(318) 625-0531</u> E-Mail Address (Required): <u>scott.wooten@saltlickllc.com</u>	6b. EMERGENCY Contact Address <input type="checkbox"/> Mark here if same as 6a Brickyard Trucking, LLC 333 Texas Street, Suite 2110 Shreveport, LA 71101 Contact Person for Emergency: <u>John Kinnebrew</u> Phone Number: <u>(318) 222-1545</u> Fax Number: <u>(318) 222-1432</u> E-Mail Address (Required): <u>jk@heritageenergy.com</u>	
6c. Address to which ENVIRONMENTAL correspondence should be directed: <input checked="" type="checkbox"/> Mark here if same as 6a Contact Person: _____ Phone Number: _____ Fax Number: _____ E-Mail Address (Required): _____	7. Three Primary Officers <u>FULL LEGAL NAME</u> <small>(If Individual, only one Officer necessary)</small> (1) Name: <u>Scott Wooten</u> Address: <u>415 Texas Street, Suite 400</u> <u>Shreveport, LA 71101</u> Title: <u>Manager</u> (2) Name: <u>John Kinnebrew</u> Address: <u>333 Texas Street, Suite 2110</u> <u>Shreveport, LA 71101</u> Title: <u>Manager</u> (3) Name: _____ Address: _____ _____ Title: _____	
8. If a change of organization name, give previous name, OOC code number and the desired effective date of the company name change: Name: _____ OOC Code Number: _____ Eff. Date: _____		
9. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.		

Scott Wooten
 PRINTED NAME
 Manager
 TITLE
 9/13/2024
 DATE

 SIGNATURE
 (318) 377-5755
 TELEPHONE NUMBER

Environmental Division

Offshore/Out-of-State Operators and Commercial Disposal Facility Operators Only

ENV Form OR-1: Organization Report

No Filing Fee

WHO FILES THE ENV FORM OR-1

Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form, and appropriate fee (if applicable), must be filed for each type of operation. **All organizations must register with the Louisiana Secretary of State.**

WHEN TO FILE ENV FORM OR-1

ENV Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved ENV Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

ENV Form OR-1 must be re-filed annually by the date specified. **COMPLETE, SIGN, and DATE** the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

ENV Form OR-1 can be obtained from our web site www.dnr.louisiana.gov Navigate to Conservation - Forms/Reports/Documents - Environmental Division - ENV Form OR-1

HOW TO COMPLETE THE ENV FORM OR-1

1. Check the proper block to show the purpose of filing.
2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned; do not give your previously assigned OOC Code Number in this space (See No. 9).
3. Check the proper block to show type of operation. **A separate Form OR-1 , and appropriate fee (if applicable), must be filed for each type of operation.**
 - a. Please indicate the **Initial Date of Operation in Louisiana.**
 - b. Please indicate the LA Secretary of State charter/organization ID number (if applicable).
4. Check the appropriate plan of organization. Select one only.
5. **RESERVED**
6.
 - a. This is the official name of your organization as carried on Office of Conservation records. **ADDRESS, ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND**
 - b. **AN EMERGENCY CONTACT, PHONE NUMBER, E-MAIL ADDRESS, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.**
 - c. Give the Address, Contact Person, Telephone Number, Fax Number and Email Address to which the requested Correspondence should be directed. Or check the box to signify that the information is the same as 6a.
7. List **ONLY** the **THREE** highest ranking officers of the organization and give their **full legal name (AGENTS NOT ACCEPTABLE)**. Do not attach a listing of any others. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 6a.
8. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number.

If you have any questions, please call the E&P Waste Section at (225) 342-8244. This form may be submitted electronically by emailing environmental-div@la.gov or mailed in to the address below.

RETURN TO:

**DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION - 8TH FLOOR
ENVIRONMENTAL DIVISION
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275**

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Organization Name

Org ID	Name
B1119	BRICKYARD TRUCKING, LLC

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Address Information

Oper Type	Addr1	Addr2	Add Type	City, State Zip	ATTN Name	Contact Name	Phone Num	Phone Type
01	415 TEXAS ST., STE 400		01	SHREVEPORT, LA 71101-		SCOTT WOOTEN	(318)377-5755	OFFICE
							(318)625-0531	FAX-OFFICE
							(318)381-2004	CELLULAR
01	1111-A HAWN AVE		03	SHREVEPORT, LA 71107-		CHARLIE REYNOLDS	(318)687-3771	OFFICE
							(318)687-9923	FAX-OFFICE
							(318)347-3863	CELLULAR
01	1111-A HAWN AVE.		05	SHREVEPORT, LA 71107-		CHARLIE REYNOLDS	(318)687-3771	OFFICE
							(318)687-9923	FAX-OFFICE
							(318)347-3863	CELLULAR
01	1111-A HAWN AVE.		06	SHREVEPORT, LA 71107-		CHARLIE REYNOLDS	(318)687-3771	OFFICE
							(318)687-9923	FAX-OFFICE
							(318)347-3863	CELLULAR
01	415 TEXAS ST., STE. 400		11	SHREVEPORT, LA 71101-		RHETT EDWARDS	(318)377-5755	OFFICE
							(318)625-0531	FAX-OFFICE
							(318)422-2330	CELLULAR

Organization Officers

Officer Name	Title
SCOTT WOOTEN	MANAGER
JOHN KINNEBREW	MANAGER

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Organization Red Flags

No Data Found

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Organization Search

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Interview 10/5/2023
Open letter

Organization ID	Organization Name	Incorporated State	Former ID	Charter Organization ID	Federal Operator ID	Organization SOS Name	Organization Type Code	Organization Type Description	Organization Operation Name	Operative Type Code
B1119	BRICKYARD TRUCKING, LLC	LA	-	45622891K	-	BRICKYARD TRUCKING, LLC	09	LLC	BRICKYARD TRUCKING, LLC	01

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Addresses

Organization Addresses

Contact Name	Attn Name	Email Address	Address	Code
SCOTT WOOTEN	ACCOUNTING@SALTICKLLC.COM	SHREVEPORT LA	71101	01
RHETT EDWARDS	RHETT.EDWARDS@DEFIANCELLC.COM	SHREVEPORT LA	71101	11
CHARLIE REYNOLDS	CHARLIE.REYNOLDS@ALTECENV.COM	SHREVEPORT LA	71107	03
CHARLIE REYNOLDS	CHARLIE.REYNOLDS@ALTECENV.COM	SHREVEPORT LA	71107	06
CHARLIE REYNOLDS	CHARLIE.REYNOLDS@ALTECENV.COM	SHREVEPORT LA	71107	05

Q ▾

Go

Actions ▾

Phone Number		Extension		Phone Type
3183775755	-	01	OFFICE	
3186250531	-	02	FAX-OFFICE	
3183812004	-	03	CELLULAR	

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