

PART I GENERAL INFORMATION		
Applicant/ Operator Name	Organization ID	SC Application Number
Consultant Name (if applicable)		
Field Name	Field Code	
Parish Name	Parish Code	
PART II TRAWLING - INFORMATION & STATEMENTS <small>(Must be completed if trawling was performed for SC verification)</small>		
Vessel Name		
Initial each box below to signify that the following documentation is enclosed and/or attached.		
<input type="checkbox"/>	A plat or plats which shows the numbered grid lines set-up to ensure 100% coverage of each radius of investigation and the plot of the trawling vessel's path through the same.	
<input type="checkbox"/>	A report for each grid line indicating the result of the trawl survey (LINE CLEAR; OBSTRUCTION RECOVERED; or NET TORN). For each NET TORN result, describe the action taken (OBSTRUCTION RECOVERED IN TORN NET; or OBSTRUCTION MARKED & RECOVERED IN SUBSEQUENT PASS).	
<input type="checkbox"/>	A Sea Turtle report documenting the number, size, condition, and species of any Sea Turtles taken or, if no Sea Turtles were taken, a statement to that effect. Also report the condition of each turtle when released (alive or dead) and whether the turtle was resuscitated. If the turtle was dead when taken, note the condition of same (rigor mortis, decaying, cracked carapace/shell, etc.)	
PART III DIVING - INFORMATION & STATEMENTS <small>(Must be completed if diving was performed for SC verification)</small>		
Initial each box below to signify that the following documentation is enclosed and/or attached.		
<input type="checkbox"/>	A detailed description of how the diver walk was performed.	
<input type="checkbox"/>	A plat or plats with appropriate scales which depict the well/structure locations included the application along with drawings/annotations indicating how sweeps were made and the location of any obstructions found. Land masses encountered by the diver should also be shown on the plat.	
PART IV OTHER METHODS - INFORMATION & STATEMENTS <small>(Must be completed if other methods were performed for SC verification)</small>		
Initial each box below to signify that the following documentation is enclosed and/or attached.		
<input type="checkbox"/>	A detailed description of the procedures conducted including equipment specifications and settings; investigation and assessment of anomalies; and methods employed to mark and remove any identified obstructions.	
<input type="checkbox"/>	A plat or plats with appropriate scales which depict the well/structure locations included the application along with verification information and the location of any obstructions/anomalies found. Land masses should also be shown on the plat.	
<input type="checkbox"/>	Deliverables which document that each area/radius of investigation is clear.	
PART V FLOWLINES/PIPELINES INFORMATION		
Initial each box below to signify that the following documentation is enclosed and/or attached.		
<input type="checkbox"/>	A detailed description of all flowlines and/or pipelines in remaining in each area of investigation including the line status (active/inactive), condition (buried/exposed), type and ownership. Include explanation and justification for any inactive line that remains exposed.	
<input type="checkbox"/>	A list of all inactive flowlines and/or pipelines which were removed.	
PART VI ADDITIONAL GENERAL REQUIREMENTS		
Initial each box below to signify that the following documentation is enclosed and/or attached.		
<input type="checkbox"/>	A detailed list describing all obstructions encountered and statements from the site clearance contractor and the salvage contractor indicating each obstruction was marked, removed and properly disposed of on land - OR - a statement that no obstructions were encountered.	
<input type="checkbox"/>	A letter signed by an authorized lessee/operator company representative stating that he/she witnessed the site clearance operations and subsequent verification surveys.	
Initial each box below to signify that the following statements are true and correct with respect to the operations conducted.		
<input type="checkbox"/>	The entire area contained within the approved radius (except for any approved exceptions) was covered by the survey. All conditions of the Site Clearance Verification Procedure Application were complied with. Except for inactive lines that are intertwined with active lines or cases where the removal or burial of an inactive line creates a safety hazard, all inactive flowlines and/or pipelines located within the area/radius of investigation were buried at least three (3) feet below mudline or removed. This area is now clear of any obstructions or debris (except as noted)	

PART VII WELL LIST					
1	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

2	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

3	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

4	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

5	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

6	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

7	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

8	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

9	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

10	Well Name and Number / Structure Name			Serial Number	
	Location Type	SC Method	Specify if OTHER	SC Radius (ft)	Date Verified

PART VIII AFFIDAVIT					
STATE OF			PARISH (COUNTY) OF		
I hereby certify that all information contained in this application is, to the best of my knowledge, true and correct and that I have authority to make such application.					
Applicant Representative (print)		Signature of Applicant Representative		Date	
Sworn to and subscribed before me this day of in the year			(Affix Seal)		
My Commission expires	Signature of Notary Public				