

(See Instruction Page)
TYPE OR PRINT

For Office Use Only (If Land Treatment/Burial Method Used)		
PIT ID# ___ ___ P ___ ___ ___		
Status	Date	Reviewed by

E&P WASTE UNAUTHORIZED DISCHARGE/DISPOSAL NOTIFICATION

PART I - GENERAL INFORMATION						
Operator Name:					Operator Code:	
Mailing Address:						
Contact Name:				Phone: () -		
Facility Identification:						
Well Name & No. (Nearest Associated Well)					Serial No.:	
Field:					Field Code:	
Parish:					Parish Code:	
Location Description	Latitude	Longitude	Section	Township	Range	
	° ' "	° ' "				
PART II - DISCHARGE INFORMATION						
Discharge Date			Additional Comments:			
Report Date <small>(See Back Page for Details)</small>						
Type and Volume (Check all that apply/Report vol. & units):			Area of Impact:			
<input type="checkbox"/> OIL	Volume:		Length ft.	Width ft.	Ave. Depth ft.	
<input type="checkbox"/> SALTWATER	Volume:		Location of Discharge:			
<input type="checkbox"/> OTHER	Volume:					
If other, Describe:			Latitude		Longitude	
Total Volume Recovered:			° ' "		° ' "	
Factors and/or Causes Resulting in the Accumulations or Discharge of E&P Waste (Attach additional sheet if necessary):						
Action Taken to immediately Control/Contain Spill (Attach additional sheet if necessary):						
Measures taken to prevent future spills:						
PART III - CLEANUP METHOD(S)						
Select Method(s) Utilized in Cleanup: (Check Method(s) used, record Volume and select appropriate Units)						
<input type="checkbox"/> Burial/Trenching (Must Submit Closure Data – See Instr. Page)			Volume:			
<input type="checkbox"/> Land Treatment (Must Submit Closure Data – See Instr. Page)			Volume:			
<input type="checkbox"/> Return to Production Facility			Volume:			
<input type="checkbox"/> Commercial Waste Facility (Must Submit Form UIC-28)			Volume:			
<i>Note: A list of approved offsite commercial waste facilities may be obtained from Injection & Mining Division by calling (225) 342-5515.</i>						
I attest that the cleanup in question was performed in accordance with LAC 43:XIX.311. If burial /trenching is checked above, I also attest that the burial cell is at least five (5) feet above the seasonal high water table, and at least five (5) feet below ground level and covered with native soil.						
Print or Type Name			Signature of Responsible Party			Date