



OFFICE OF CONSERVATION
ENVIRONMENTAL DIVISION

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WASTE RECEIVED FOR THE MONTH OF _____, 20_____

UIC-19

COMMERCIAL FACILITY MONTHLY REPORT OF WASTE RECEIPTS

This form is to be completed and returned to the Environmental Division at the email address, fax number, or mailing address listed above no later than the 15th day of the following month.

Table with columns: Facility Name, Facility Address, Operator Code, Operator Name, Waste Type, Amount (bbls), Site Code, Phone #, and a TOTAL row.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attachments and that, based on my personal knowledge or inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

Disposer Authorized Representative: _____ (Please Print Name)

Title: _____

Signature: _____

Date: _____