



**OFFICE OF CONSERVATION**  
**ENVIRONMENTAL DIVISION**

**MAIL TO:** DNR, Office of Conservation, Environmental Division, P.O. Box 94275, Baton Rouge, LA 70804-9275

**OVERNIGHT TO:** DNR, Office of Conservation, Environmental Division, 617 N. Third St., Baton Rouge, LA 70802

WASTE RECEIVED FOR THE MONTH OF \_\_\_\_\_, 20\_\_\_\_\_

**UIC-19A**

**COMMERCIAL FACILITY MONTHLY SUMMATION OF WASTE RECEIPTS**

This form is to be completed and returned to DNR no later than the 15th day of the following month at the address listed above.

<b>Facility Name:</b>	<b>Site Code:</b>
<b>Facility Address:</b>	<b>Phone #:</b>

**Summation of Monthly Report of Waste Receipts**

E&P Waste Type	Waste Type Description	Total Amount (bbls)	Commercial Waste Disposal Fee	Fee Due
01	Produced Salt Water		0.00	\$
02	Oil Base Mud & Cuttings		0.02	\$
03	Water Base Mud & Cuttings		0.02	\$
04	Completion Fluids		0.02	\$
05	Production Pit Sludges		0.02	\$
06	Storage Tank Sludges		0.02	\$
07	Produced Sands & Solids		0.02	\$
08	Produced Fresh Water		0.02	\$
09	Ring Levee Rainwater		0.02	\$
10	Washout Water		0.02	\$
11	Washout Pit Water		0.02	\$
12	Gas Plant Waste Solids		0.02	\$
14	Pipeline Test Water		0.02	\$
15	Commercial Facility Waste		0.02	\$
16	Spill Clean Up Waste		0.02	\$
50	Salvagable Hydrocarbons		0.00	\$
99	Other E&P Waste		0.02	\$

**TOTALS**

<b>TOTAL WASTE RECEIVED</b>	
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*(all Waste Types)*

<b>TOTAL BILLABLE WASTE RECEIVED</b>		<b>TOTAL FEE DUE</b>	<b>\$</b>
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*(Excludes Waste Types 01 & 50)*

Payment Included     Request Invoice

*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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Disposer Authorized Representative: \_\_\_\_\_  
(Please Print Name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_