



OFFICE OF CONSERVATION

WORK RESUMÉ REPORT FOR CLASS V REMEDIATION WELLS

MAILING ADDRESS
 OFFICE OF CONSERVATION
 Injection and Mining Division
 P.O. Box 94275
 Baton Rouge, LA 70804-9275

UIC-42R

(FOR OFFICE USE ONLY)	
APPLICATION NO.	SERIAL NO.

WORK TYPE: *(Mark One)*

DRILL AND COMPLETE NEW CLASS-V REMEDIATION WELL CONVERT AN EXISTING WELL TO CLASS V REMEDIATION - Well ID _____

GENERAL INFORMATION

1. OPERATOR NAME				2. OPERATOR CODE			
3. OPERATOR MAILING ADDRESS			4. CITY		5. STATE		6. ZIP CODE
7. TELEPHONE NUMBER		8. E-MAIL ADDRESS		9. EPA PROJECT NO.		10. DEQ AGENCY INTEREST NO.	
11. FIELD NAME		12. FIELD CODE	13. PARISH NAME		14. PARISH CODE	15. SECTION-TOWNSHIP-RANGE	
16. WELL NAME			17. WELL NUMBER	18. NAME OF WATER WELL CONTRACTOR			19. LICENSE NUMBER

WELL LOCATION INFORMATION

20. GEOGRAPHIC COORDINATE SYSTEM (NAD 27)						21. STATE PLANE COORDINATES (LAMBERT, NAD 27)				
LATITUDE			LONGITUDE			LAMBERT-X		LAMBERT-Y		ZONE
DEG	MIN	SEC	DEG	MIN	SEC					<input type="checkbox"/> NORTH ZONE
										<input type="checkbox"/> SOUTH ZONE

WELL COMPLETION INFORMATION

22. DATE WELL WAS COMPLETED				23. SCREENED INTERVAL (TOP – BOTTOM)				24. WELL TOTAL DEPTH					
CASING OR PVC SIZE (IN)		HOLE SIZE (IN)		CASING WEIGHT (LBS/FT)		DEPTH SET		SACKS OF CEMENT OR GROUT		CEMENT OR GROUT YIELD (FT ³ /SK)		TOP OF CEMENT OR GROUT	
						TOP	BOTTOM						

REMARKS:

CERTIFICATION BY WATER WELL CONTRACTOR

I, the undersigned, state that I am licensed in the state of LA as set forth in LAC 46:LXXXIX, employed by the company listed above, that I am authorized to make this report, that this report was prepared under my supervision and direction, and that all facts pertinent to well construction as stated herein are true, correct, and complete to the best of my knowledge. I am aware there are significant penalties for submitting false information, including the possibility of a fine, imprisonment, or both (LSA -R.S. 30:17).

PRINT NAME AND TITLE OF LICENSED WATER WELL CONTRACTOR				EMAIL ADDRESS				PHONE NUMBER			
SIGNATURE OF LICENSED WATER WELL CONTRACTOR								DATE			

CERTIFICATION BY WELL OWNER/OPERATOR OR AUTHORIZED AGENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and any attachments and that, based on my 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 (LSA-RS 30:17).

PRINT NAME AND TITLE				EMAIL ADDRESS				PHONE NUMBER			
SIGNATURE				PRINT COMPANY NAME				DATE			

APPROVAL OF WELL CONSTRUCTION AND PERMIT TO P&A IN ACCORDANCE WITH APPROVED PROJECT - AUTHORIZED BY: (FOR OFFICE USE ONLY)						AUTHORIZATION DATE		EXPIRATION DATE	