



OFFICE OF CONSERVATION

CLASS V REMEDIATION REPERMIT APPLICATION

MAILING ADDRESS
 OFFICE OF CONSERVATION
 Injection and Mining Division
 617 N 3rd St.
 Baton Rouge, LA 70802

UIC-25R REPERMIT

APPLICATION NO. (FOR OFFICE USE ONLY)

SERIAL NO.

OPERATOR INFORMATION

1. OPERATOR NAME			2. OPERATOR CODE		
3. OPERATOR MAILING ADDRESS		4. CITY	5. STATE	6. ZIP CODE	
7. TELEPHONE NUMBER	8. FAX NUMBER	9. E-MAIL ADDRESS			

PROJECT INFORMATION

10. PHYSICAL ADDRESS OF PROJECT (If different than No. 3)		11. CITY	12. STATE	13. ZIP CODE	
14. EPA PROJECT NO. (If applicable)		15. DEQ AGENCY INTEREST NO.	16. CAP EDMS DOC ID NO.		
17. PARISH NAME		18. PARISH CODE	19. FIELD NAME	20. FIELD CODE	

WELL INFORMATION

21. SCREENED INTERVAL (top-bottom)	22. WELL TOTAL DEPTH	23. SECTION-TOWNSHIP-RANGE		24. INJECTED SUBSTANCE
25. CURRENT WELL STATUS <input type="checkbox"/> ACTIVE INJECTION <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER _____			26. DATE WELL INSTALLATION WAS COMPLETED	
27. HAS ANY WORK BEEN DONE ON WELL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE A BRIEF DESCRIPTION OF WORK :			28. CURRENT PROJECT STATUS & ESTIMATED LIFE OF PROJECT	

AGENT OR CONTACT AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT DURING THE PROCESSING OF THIS APPLICATION. (IF WATER WELL CONTRACTOR, PROVIDE WATER WELL CONTRACTOR LICENSE NUMBER.)

29. NAME		30. LICENSE NO. (if applicable)	
31. MAILING ADDRESS			
32. CITY		33. STATE	34. ZIP CODE
35. TELEPHONE NUMBER		36. EMAIL ADDRESS	

This agent is authorized to sign on behalf of the owner/operator attesting to the accuracy of the information supplied on the UIC-42R and the UIC-45R as it pertains to this project.

CERTIFICATION BY WELL OWNER/OPERATOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all 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 OF WELL OWNER / OPERATOR	PRINT COMPANY NAME
SIGNATURE OF WELL OWNER / OPERATOR	DATE