

ENG-15c
Rev 01/2007
TYPE OR PRINT

For Office Use Only		
(If Land Treatment/Burial Method Used)		
ID#	P	_____
Status	Date	Reviewed By
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLORATION & PRODUCTION WASTE UNAUTHORIZED DISCHARGE/DISPOSAL NOTIFICATION

PART I GENERAL INFORMATION	
Operator Name: _____ Operator Code: _____	
Operator Address: _____ Contact Name: _____	
_____ Phone No.: () _____ - _____	
Facility Identification: _____	
Well Name & Number of Nearest Well: _____	
Serial Number: _____ Field Name: _____ Field Code: _____	
Section: _____ Township: _____ Range: _____	
Parish: _____ Parish Code: _____	
Location Description of Area: LAT _____ deg _____ min _____ sec LON _____ deg _____ min _____ sec	
PART II DISCHARGE INFORMATION	
Discharge Date: _____	Location of Discharge:
Report Date: _____ (See Back Page for Details)	LAT _____ deg _____ min _____ sec
Additional Comments: _____	LON _____ deg _____ min _____ sec
Type and Volume (Check all that apply/Circle appro. units)	Area of Impact:
<input type="checkbox"/> Oil: Vol. _____ gal. / bbl. / cu. yds.	Length: _____ feet
<input type="checkbox"/> Saltwater: Vol. _____ gal. / bbl. / cu. yds.	Width: _____ feet
<input type="checkbox"/> Other: (Describe) _____ Vol. _____ gal. / bbl. / cu. yds.	Average Depth: _____ feet
Volume Recovered: _____ gal. / bbl. / cu. yds.	
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 and Circle appropriate Volume units)	
<input type="checkbox"/> Burial/Trenching (Must Submit Closure Data - See Back Page) Vol. _____ gal. / bbl. / cu. yds.	
<input type="checkbox"/> Land Treatment (Must Submit Closure Data - See Back Page) Vol. _____ gal. / bbl. / cu. yds.	
<input type="checkbox"/> Return to Production Facility Vol. _____ gal. / bbl. / cu. yds.	
<input type="checkbox"/> Commercial Waste Facility (Must Submit Form UIC-28) Vol. _____ gal. / bbl. / cu. yds.	
Note: A list of approved offsite commercial waste facilities may be obtained from Injection & Mining Division by calling (225) 342-5515.	
_____ (Signature of Responsible Party)	_____ (Date)
_____ (Print or Type Name)	_____ (Date)
Note: By signing above I attest that the cleanup in question was performed in accordance with LAC 43:XIX.311 and 313. If burial/trenching is checked above, I also attest that the burial cell is at least five (5) feet above the <i>seasonal high water table</i> , and at least five (5) feet below <i>ground level and covered with native soil</i> .	

Instructions For Submitting E & P Cleanup Datum

Submit certified copies of laboratory analysis*. (*Signed Originals*)

*Please note that all analytical tests submitted in accordance with LAC 43:XIX.Subpart 1 must be performed by Department of Environmental Quality (LDEQ) Louisiana Environmental Laboratory Accreditation Program (LELAP) accredited laboratories. Further, the laboratories must be accredited for each parameter and corresponding method referenced in the Department of Natural Resources (DNR) lab manual entitled "Laboratory Procedures for Analysis of Exploration & Production Waste".

LIMITATIONS:

	LAND TREATMENT	BURIAL/TRENCHING
<u>pH</u>	6-9	6-9
<u>Oil&Grease</u>	< 1 %	<3%
<u>Total Metals Content (ppm)</u>		
Arsenic (AS)	10	10
Barium (BA)	40,000 *	40,000
	20,000 **	
	20,000 ***	
Cadmium (CD)	10	10
Chromium (CR)	500	500
Lead (PB)	500	500
Mercury (HG)	10	10
Selenium (SE)	10	10
Silver (AG)	200	200
Zinc (ZN)	500	500
<u>Soluble Salts & Cationic Distributions</u>		
EC (mmhos/cm)	<4 *	<12
	<8 **	
SAR	<12 *	N/A
	<14**	
ESP%	<15 *	N/A
	<25**	
<u>Moisture Content</u>	N/A	<50% by weight

* Upland ** Elevated, Freshwater Wetland *** Submerged Wetland

Mandatory Phone Notification[^]

OFFICE & PHONE NUMBER (Select appropriate District Office)	NOTIFICATION DATE & TIME	PERSON(S) NOTIFIED
Lafayette District Office of Conservation (337) 262-5777	Date: _____ Time: _____ AM / PM	Contact: _____ _____
Shreveport District Office of Conservation (318) 676-7585	Date: _____ Time: _____ AM / PM	Contact: _____ _____
Monroe District Office of Conservation (318) 362-3111	Date: _____ Time: _____ AM / PM	Contact: _____ _____
Office of State Police (225) 925-6595	Date: _____ Time: _____ AM / PM	Contact: _____ _____
Dept. of Environmental Quality (225) 342-1234	Date: _____ Time: _____ AM / PM	Contact: _____ _____
National Response Center 1-800-424-8802	Date: _____ Time: _____ AM / PM	Contact: _____ _____

[^] Be prepared to report the following: Your Name/Location/Organization/Telephone Number, Name/Address of Party Responsible for Incident, Date/Time of Incident, Incident Location, Source/Cause of Incident, Material Released, Quantity Released, Danger or Threat Posed by Release, Number/Types of Injuries, Weather Conditions.