



# OFFICE OF CONSERVATION

## CLASS I WASTE INJECTION WELL PERMIT APPLICATION

**MAILING ADDRESS**  
OFFICE OF CONSERVATION  
617 North 3<sup>rd</sup> St., 9<sup>th</sup> Floor  
Baton Rouge, LA 70802

UIC-1

APPLICATION NO.  
(FOR OFFICE USE ONLY)

<p>1. APPLICATION TO (CHECK ONE):</p> <p><input type="checkbox"/> DRILL A NEW HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> DRILL A NEW NON-HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> RE-PERMIT EXISTING HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> RE-PERMIT EXISTING NON-HAZARDOUS WASTE INJECTION WELL</p>	<p><input type="checkbox"/> CONVERSION OF NON-CLASS I TO CLASS I HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> CONVERSION OF NON-CLASS I TO CLASS I NON-HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> CONVERSION FROM CLASS I NON-HAZARDOUS TO CLASS I HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> CONVERSION FROM CLASS I HAZARDOUS TO CLASS I NON-HAZARDOUS WASTE INJECTION WELL</p> <p><input type="checkbox"/> MODIFICATION OF EXISTING CLASS I WASTE INJECTION WELL PERMIT</p>
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2. TYPE OF WASTE INJECTION WELL (CHECK ONE):

INDUSTRIAL NON-COMMERCIAL WASTE INJECTION

INDUSTRIAL COMMERCIAL WASTE INJECTION

OTHER: \_\_\_\_\_

### OPERATOR INFORMATION

3. OPERATOR NAME	4. OPERATOR CODE
5. OPERATOR MAILING ADDRESS	6. CITY, STATE, ZIP CODE
7. APPLICANT TELEPHONE NUMBER (WITH AREA CODE)	8. APPLICANT EMAIL ADDRESS

### FACILITY INFORMATION

9. FACILITY NAME

10. FACILITY PHYSICAL ADDRESS	11. CITY, STATE, ZIP CODE
12. CONTACT NAME	13. TELEPHONE NUMBER (WITH AREA CODE)

14. INJECTION WELL OWNERSHIP: (CHECK ONE)     FEDERAL     STATE     PRIVATE     PUBLIC     OTHER, SPECIFY: \_\_\_\_\_

15. IS THE FACILITY LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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16. IS THE FACILITY LOCATED ON STATE WATERBOTTOMS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF LOUISIANA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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17. IS THE PROPOSED OR EXISTING SITE OF THE WELL(S) CONSISTENT WITH LOCAL ZONING ORDINANCES FOR SUBSURFACE DISPOSAL OF INDUSTRIAL OR MUNICIPAL WASTE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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18. IF ANSWERED NO TO LINE #17, THEN SUMMARIZE STATUS FOR YOUR OBTAINING CONSISTENCY WITH LOCAL ZONING ORDINANCES:

### WELL LOCATION INFORMATION

The information in boxes 19-30 must match the current Location Plat exactly.

19. WELL NAME & NUMBER				20. SERIAL NUMBER (CONVERSION OR RE-PERMIT ONLY)		
21. FIELD NAME	22. FIELD CODE	23. PARISH NAME	24. PARISH CODE	25. SEC	26. TWN	27. RNG

28. LEGAL LOCATION DESCRIPTION

29. GEOGRAPHIC COORDINATE SYSTEM (NAD 27)						30. STATE PLANE COORDINATES (LAMBERT, NAD 27)				
LATITUDE			LONGITUDE			LAMBERT-X		LAMBERT-Y		<input type="checkbox"/> NORTH ZONE  <input type="checkbox"/> SOUTH ZONE
DEG	MIN	SEC	DEG	MIN	SEC					

31. PROVIDE A LISTING OF ALL PERMITS OR CONSTRUCTION APPROVALS FOR WHICH THE APPLICANT HAS RECEIVED OR APPLIED FOR UNDER ANY OF THE PROGRAMS LISTED IN STATEWIDE ORDER NO. 29-N-1 §30.05.A.7 (LAC 43:XVII.105.E.1.G) OR STATEWIDE ORDER NO. 29-N-2 §205.E.1.G (LAC 43:XVII.205.E.1.G):

REGULATORY PROGRAM	PERMIT OR CONSTRUCTION APPROVAL
LA Hazardous Waste Management Program	
Any Underground Injection Control Program	
NPDES Program (Clean Water Act)	
Louisiana Coastal Use Permit (CUP)	
Nonattainment Program (Clean Air Act)	
Prevention of Significant Deterioration (PSD) (Clean Air Act)	
National Emission Standards for Hazardous Pollutants Preconstruction Approval (NESHAPS) (Clean Air Act)	
Ocean Dumping Permit Under the Marine Protection Research and Sanctuaries Act	
Dredge or Fill Permit (Section 404 of Clean Water Act)	
Other Relevant Environmental Permits	

32. LIST ANY RELEVANT OFFICE OF CONSERVATION ORDERS (E.G. 29-E EXEMPTIONS AND FIELD ORDERS RELATED TO OFFSET PRODUCTION):

33. GIVE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS ASSOCIATED WITH THE FACILITY AND A LIST OF ACTIVITIES WHICH REQUIRE THE POSSESSION OF A PERMIT UNDER THE APPROPRIATE CLASS I INJECTION WELL REGULATION:

34. LIST AND DESCRIBE IN ORDER OF DECREASING SIGNIFICANCE UP TO FOUR STANDARD INDUSTRIAL CLASSIFICATION ("SIC") CODES WHICH BEST REFLECT THE PRINCIPAL PRODUCTS OR SERVICES PROVIDED BY THE FACILITY:

SIC CODE	PROCESS DESCRIPTION

**WASTE INJECTATE**

35. DESCRIBE THE WASTE TO BE INJECTED. FOR HAZARDOUS WASTE WELLS, ALSO INCLUDE THE WASTE'S CORRESPONDING RCRA ID WASTE CODE(S): (attach additional sheet if necessary)

36. HOW DO YOU CURRENTLY DISPOSE OF THIS WASTE?

**HAZARDOUS WASTE INJECTION WELL ONLY**

37. ARE THE WELL, INTENDED WASTE STREAM, INJECTION INTERVAL(S) AND INJECTION ZONE:

A. COVERED BY AN APPROVED PETITION FOR AN EXEMPTION TO THE LAND DISPOSAL RESTRICTIONS IN ACCORDANCE WITH FEDERAL REGULATION 40 CFR PART 148?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF <u>YES</u> , DATE OF PETITION APPROVAL:	DATE OF CURRENT PETITION EXPIRATION:
B. IF <u>NO</u> , SUMMARIZE STATUS OF YOUR PROCESS FOR OBTAINING PETITION EXEMPTION APPROVAL:	

**WELL / INJECTION ZONE DATA**

38. DATUM (ALL REFERENCE DEPTHS ON THIS FORM MUST BE GIVEN IN KB) KB ELEVATION (FOR TYPE LOG): \_\_\_\_\_ FT. GL ELEVATION (AT PROPOSED LOCATION): \_\_\_\_\_ FT.

39. SERIAL NUMBER FOR REFERENCE TYPE LOG	40. TOTAL DRILLED DEPTH (FT)	41. PLUG BACK TOTAL DEPTH (FT)
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42. INJECTION ZONE NAME(S) (Geologic Group, Formation, etc.) -----	TOP (FT)		BOTTOM (FT)	
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43. INJECTION INTERVAL(S) (Formation and/or Local Name)  
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**WELL CONSTRUCTION INFORMATION**

*This information in boxes 44-54 must match the information reported on Well Construction Diagram and the Work Prognosis.*

**CASING AND LINER RECORD**

44. CASING SIZE (OD-INCHES)	45. HOLE SIZE (INCHES)	46. CASING WEIGHT (LB/FT)	47. CASING GRADE	48. CASING SETTING DEPTHS		49. TOTAL CEMENT USED (SACKS)	50. LEAD			51. TAIL		
				TOP (FEET)	BOTTOM (FEET)		AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)

52. COMPLETION TYPE	<input type="checkbox"/> PERFORATIONS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> SCREEN	TOP (FT):		BOTTOM (FT):	
53. TUBING	<input type="checkbox"/> STEEL <input type="checkbox"/> OTHER :	SIZE (IN):		DEPTH SET (FT):	
54. PACKER	<input type="checkbox"/> PERMANENT <input type="checkbox"/> COMPRESSION  <input type="checkbox"/> TENSION <input type="checkbox"/> OTHER:	MAKE:	MODEL:	DEPTH SET (FT):	

**AUTHORIZED AGENT**

55. AGENT OR CONTACT AUTHORIZED TO ACT FOR THE OPERATOR DURING PROCESSING OF THIS APPLICATION.

THE SIGNATURE OF THE OPERATOR CERTIFYING THIS APPLICATION WILL AUTHORIZE THIS AGENT OR CONTACT TO SUBMIT ADDITIONAL INFORMATION AS REQUESTED AND TO GIVE ORAL STATEMENTS IN SUPPORT OF THIS APPLICATION DURING THE APPLICATION REVIEW PROCESS. ANY CORRESPONDENCE (INCLUDING NOTICES OF DEFICIENCIES) GENERATED DURING THE REVIEW PROCESS OF THIS APPLICATION WILL BE SENT TO WHOMEVER IS LISTED IN THIS BOX. THE FINAL WRITTEN DECISION ON THIS APPLICATION WILL BE SENT TO THE OPERATOR NOTED IN BOX 3 OF THIS FORM.

NAME:

COMPANY:

MAILING ADDRESS:

TELEPHONE (WITH AREA CODE):

EMAIL:

**CERTIFICATIONS  
(HAZARDOUS WASTE DISPOSERS ONLY)**

56. FOR DISPOSERS OF SELF GENERATED HAZARDOUS WASTE, INCLUDE AS AN ATTACHMENT A CERTIFICATION AS REQUIRED BY STATEWIDE ORDER NO. 29-N-2 §205.D.4 (LAC 43:XVII.205.D.4) THAT:

- A. THE GENERATOR OF THE HAZARDOUS WASTE HAS A PROGRAM TO REDUCE THE VOLUME OR QUANTITY AND TOXICITY OF SUCH WASTE TO THE DEGREE DETERMINED BY THE GENERATOR TO BE ECONOMICALLY PRACTICABLE, AND
- B. INJECTION OF THE WASTE IS THAT PRACTICABLE METHOD OF DISPOSAL CURRENTLY AVAILABLE TO THE GENERATOR WHICH MINIMIZES THE PRESENT AND FUTURE THREAT TO HUMAN HEALTH AND THE ENVIRONMENT.

**CERTIFICATION BY OPERATOR  
(HAZARDOUS & NONHAZARDOUS WASTE DISPOSERS)**

*The signature below must be obtained from a duly appointed employee of the operating company.*

*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 (La R.S. 30:17).*

57. NAME (PRINT)

58. TITLE (PRINT)

59. SIGNATURE

60. DATE

# FORM UIC-1

## PERMIT APPLICATION FOR

CLASS I NONHAZARDOUS WASTE INJECTION WELL  
(Statewide Order No. 29-N-1; LAC 43:XVII, Subpart 1)

CLASS I HAZARDOUS WASTE INJECTION WELL  
(Statewide Order No. 29-N-2; LAC 43:XVII, Subpart 2)

Applicants should consult with the Injection & Mining Division staff prior to initiating an application for a Class I waste injection well to discuss the proposed project and review the requirements and information to be developed for the technical portion of the application. This information should be submitted in the form of a TECHNICAL REPORT.

A TECHNICAL REPORT for the proposed project must be submitted as an attachment to the application form and contain the information required by the appropriate set of regulations from either:

1. Statewide Order No. 29-N-1 (LA43:XVII, Subpart 1) for Class I Nonhazardous waste injection wells, or
2. Statewide Order No. 29-N-2 (LA43:XVII, Subpart 2) for Class I Hazardous waste injection wells.

The completed Application Form and TECHNICAL REPORT should be submitted to:

### Mailing Address

Office of Conservation  
Injection & Mining Division  
617 North 3<sup>rd</sup> St., 9<sup>TH</sup> Floor  
Baton Rouge, LA 70802

The Injection & Mining Division staff may be reached by phoning 225-342-5515 or by email at [Injection-Mining@LA.GOV](mailto:Injection-Mining@LA.GOV).