

OFFICE OF CONSERVATION

**MAILING ADDRESS**

Office of Conservation

P.O. Box 94275-Capitol Station

Baton Rouge, LA 70804-9275

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IMD-1 Request for Expedited Review  **underground injection Control Program**  **Surface mining program: Permit No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | ***(For Office Use Only)***  **DATE STAMP** | | | | | | |  | | | | |
| **OPERATOR NAME** | | | | | | | | | | | | | | | | | **OPERATOR CODE** | |
|  | | | | | | | | | | | | | | | | |  | |
| **OPERATOR MAILING ADDRESS** | | | | | | **CITY** | | | | | **STATE** | | | | | | **ZIP CODE** | |
|  | | | | | |  | | | | |  | | | | | |  | |
| **CONTACT NAME** | | | | | **CONTACT TELEPHONE NUMBER** | | | | | | **CONTACT EMAIL ADDRESS** | | | | | | | |
|  | | | | |  | | | | | |  | | | | | | | |
| **Well Data** | | | | | | | | | | | | | | | | | | |
| **application/pERMIT Type**  (CHECK THE APPROPRIATE BOX) | | | | | | |  | | | | | | |  | | | | |
| Class I | Class II SWD | | | | | | Class II EOR | | | | | | | Class II storage | | | | |
| Class II SWD Com | Class III | | | | | | class v | | | | | | | work Permit | | | | |
| other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | |  | | | | | | |  | | | | |
| **WELL NAME AND NUMBER** | | | | | | | | | | | **SERIAL NUMBER** | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | |
| **APPLICATON/PERMIT NUMBER** | | | | | | | | | | | **CAVERN CODE** | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | |
| **FIELD NAME** | | | | | | | | **FIELD NUMBER** | | | | **SEC** | | | | **TWN** | | **RNG** |
|  | | | | | | | |  | | | |  | | | |  | |  |
| **PARISH NAME** | | | | | | | | **PARISH CODE** | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |
| **Description of Expedited Review Request** | | | | | | | | | | | | | | | | | | |
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| **DATE PERMIT APPLICATION SUBMITTED TO IMD** | | | |  | | | | | | | | | | | | | | |
| **REQUESTED DATE FOR PERMIT ISSUANCE** | | | |  | | | | | | | | | | | | | | |
| **MAXIMUM AMOUNT APPLICANT IS WILLING TO PAY** | | | |  | | | | | | | | | | | | | | |
| **PRINT NAME** | | | | | | | **PRINT TITLE** | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| **SIGNATURE** | | | | | | | **DATE** | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| ***OFFICE USE ONLY:*** | | | | | | | | | | | | | | | | | | |
| **ESTIMATED # HOURS TO COMPLETE REVIEW** | | |  | | | | | | **COMMENTS:** | | | | | | | | | |
| **ESTIMATED COST** | |  | | | | | | |  | | | | | | | | | |
| **ESTIMATED DATE OF COMPLETION** | |  | | | | | | |  | | | | | | | | | |
| **SUFFICIENT WORK FORCE AVAILABLE?** | | | | | | | | |  | | | | | | | | | |
| **IF NOT, EXPECTED DATE PERSONNEL AVAILABLE FOR REVIEW** | | | | | | | | |  | | | | | | | | | |
| **DOES APPLICANT HAVE OUTSTANDING FEES OR PENALTIES?** | | | | | | | | | |  | | --- | |  | | YES | | |  | | NO | | | |