



OFFICE OF CONSERVATION

P & A AFFIDAVIT FOR CLASS V REMEDIATION PROJECTS

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

UIC-45R

GENERAL INFORMATION					
1. OPERATOR NAME	2. OPERATOR CODE	3. TELEPHONE NUMBER			
4. OPERATOR MAILING ADDRESS	5. CITY	6. STATE	7. ZIP CODE		
8. EMAIL ADDRESS	9. EPA PROJECT NUMBER	10. DEQ AGENCY INTEREST NUMBER			
11. PARISH NAME	12. PARISH CODE	13. SECTION-TOWNSHIP-RANGE			
14. NAME OF WATER WELL CONTRACTOR				15. LICENSE NUMBER	

WELL INFORMATION					
WELL NAME	WELL NUMBER	WELL SERIAL NUMBER	WELL APPLICATION NUMBER	WAS WELL PLUGGED BY A LICENSED WATER WELL CONTRACTOR AND IN ACCORDANCE WITH LAC 56:I.CHAPTER 5?	DATE WELL WAS PLUGGED
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
24.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
25.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
27.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION BY WATER WELL CONTRACTOR		
<p><i>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 stated in Items 16 through 27 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 or imprisonment or both (LSA -R.S. 30:17).</i></p>		
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		
<p><i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report 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).</i></p>		
PRINT NAME AND TITLE	EMAIL ADDRESS	PHONE NUMBER
SIGNATURE	PRINT COMPANY NAME	DATE