

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

E&P WASTE UNAUTHORIZED DISCHARGE/DISPOSAL NOTIFICATION

PART I - GENERAL INFORMATION						
Operator Name:					Operator Code:	
Mailing Address:						
Contact Name:				Phone: () -		
Facility Identification:						
Well Name & No. (Nearest Associated Well)					Serial No.:	
Field:					Field Code:	
Parish:					Parish Code:	
Location Description	Latitude ° ' "	Longitude ° ' "	Section	Township	Range	
PART II - DISCHARGE INFORMATION						
Discharge Date		Additional Comments:				
Report Date (See Back Page for Details)						
Type and Volume (Check all that apply/Report vol. & units):			Area of Impact:			
☐ OIL	Volume:		Length ft.	Width ft.	Ave. Depth ft.	
☐ SALTWATER	Volume:		Location of Discharge:			
☐ OTHER	Volume:					
If other, Describe:			Latitude ° ' "			
Total Volume Recovered:			Longitude ° ' "			
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, record Volume and specify appropriate Units)						
☐ Burial/Trenching (Must Submit Closure Data – See Instr. Page)			Volume:			
☐ Land Treatment (Must Submit Closure Data – See Instr. Page)			Volume:			
☐ Return to Production Facility			Volume:			
☐ Commercial Waste Facility (Must Submit Form UIC-28)			Volume:			
<i>Note: A list of approved offsite commercial waste facilities may be obtained from Injection & Mining Division by calling (225) 342-5515.</i>						
I attest that the cleanup in question was performed in accordance with LAC 43:XIX.311. If burial /trenching is checked above, I also attest that the burial cell is at least five (5) feet above the seasonal high water table, and at least five (5) feet below ground level and covered with native soil.						
Print or Type Name			Signature of Responsible Party		Date	