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

DNR/OFFICE OF CONSERVATION

ENGINEERING DIVISION

ENG-15c Rev 6/11

(See Instruction Page)

TYPE OR PRINT

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: | |  | | |  |  | | | |  | | | | | |  | | | |
| OTHER | | | | | | | Volume: | |  | | |  | Location of Discharge: | | | | | | | | | | | | | |
| If other, Describe: | | | | |  | | | | | | | | Latitude       °     ’      ” | | | | | | | Longitude       °     ’      ” | | | | | | |
| Total Volume Recovered: | | | | | | | | |  | | |  |  | | | | | | |  | | | | | | |
| 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 select 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: | | | | | |  | | | | |  | | |
| ***Note: A list of approved offsite commercial waste facilities may be obtained from Injection & Mining Division by calling (225) 342-5515.*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | |