



OFFICE OF CONSERVATION
ENVIRONMENTAL DIVISION

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WASTE RECEIVED FOR THE MONTH OF _____, 20_____

UIC-19A

COMMERCIAL FACILITY MONTHLY SUMMATION OF WASTE RECEIPTS

This form is to be completed and returned to the Environmental Division at the email address, fax number, or mailing address listed above no later than the 15th day of the following month.

Facility Name:	Site Code:
Facility Address:	Phone #:

Summation of Monthly Report of Waste Receipts				
E&P Waste Type	Waste Type Description	Total Amount (bbls)	Commercial Waste Disposal Fee	Fee Due
01	Produced Salt Water		0.00	
02	Oil Base Mud & Cuttings		0.02	
03	Water Base Mud & Cuttings		0.02	
04	Completion Fluids		0.02	
05	Production Pit Sludges		0.02	
06	Storage Tank Sludges		0.02	
07	Produced Sands & Solids		0.02	
08	Produced Fresh Water		0.02	
09	Ring Levee Rainwater		0.02	
10	Washout Water		0.02	
11	Washout Pit Water		0.02	
12	Gas Plant Waste Solids		0.02	
14	Pipeline Test Water		0.02	
15	Commercial Facility Waste		0.02	
16	Spill Clean Up Waste		0.02	
50	Salvagable Hydrocarbons		0.00	
99	Other E&P Waste		0.02	

TOTALS				
TOTAL WASTE RECEIVED				
<i>(all Waste Types)</i>				
TOTAL BILLABLE WASTE RECEIVED			TOTAL FEE DUE	
<i>(Excludes Waste Types 01 & 50)</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 personal knowledge or 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. I further acknowledge and agree that by typing my name or placing my mark in the signature space on this document it is my intention to electronically sign the document. Further, the electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Disposer Authorized Representative: _____ Title: _____
(Please Print Name)

Signature: _____ Date: _____