OFFICE OF CONSERVATION

ENVIRONMENTAL DIVISION

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Fax: 225-242-3505

WASTE RECEIVED FOR THE MONTH OF _____, 20_____

UIC-19

COMMERCIAL FACILITY MONTHLY REPORT 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 #:**	
Operator Code	**Operator Name**	**Waste Type**	**Amount (bbls)**
111	11111	**TOTAL**	0

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: _____

FORM UIC-19

Submit

Rev. 01/2024