

For Office Use Only		
PIT ID#	_____	P _____
Status	Date	Reviewed by

ENG-15 Rev 6/11
(Formerly UIC-15)
TYPE OR PRINT

E&P WASTE CONTAINMENT STRUCTURE NOTIFICATION

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:	
Section:	Township:	Range:	
Location Description of Center of Structure in Lambert Coordinates 1927 datum		Dimensions	
X=		Length: ft.	
Y=		Width: ft.	
		Ave. Depth: ft.	
Type of Pit			
<input type="checkbox"/> Produced Water	<input type="checkbox"/> Compressor Station	<input type="checkbox"/> Salt Dome Cavern	
<input type="checkbox"/> Test	<input type="checkbox"/> Vacuum Truck Washout	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Natural Gas Processing Plant		
<input type="checkbox"/> Burn	<input type="checkbox"/> Onshore Terminal		
Type of Liner (if applicable)			
<input type="checkbox"/> Natural Clay	<input type="checkbox"/> Manufactured: Manufacturer _____	Liner Style/Model # _____	
<input type="checkbox"/> Soil-Additive Mixture	<input type="checkbox"/> Combination of: _____		
<input type="checkbox"/> Re-compacted Clay	<input type="checkbox"/> Other: _____		
Status of Structure			
<input type="checkbox"/> <u>To Be Closed.</u> I certify that this containment structure will be closed within the time period ordered by the Office of Conservation in accordance with the closure criteria set forth in LAC 43.XIX.311 & 313. Upon completion of the closure operations, I will submit documenting evidence (closure letter, lab results, receipts, photos, etc.) that I have met said requirements.			
<input type="checkbox"/> <u>Existing Pit to be Utilized or New Construction.</u> I certify that the containment structure conforms to the requirements of LAC 43.XIX.303 and will supply documenting evidence if applicable that the construction and liner requirements of LAC 43.XIX.307 are met. If new construction, I will notify the Office of Conservation before first use.			
Print or Type Name		Signature of Responsible Party	Date