**INSTRUCTIONS FOR FORM UIC-29: AUTHORIZATION FOR AFTER-HOURS RECEIPT OF EXPLORATION AND PRODUCTION WASTE**

In accordance with LAC 43:XIX.537.B., the Commissioner of Conservation may grant approval for after-hours receipt of exploration and production waste by a commercial facility or transfer station by truck when an emergency condition exists which may endanger public health or safety or the environment and to minimize the potential for the same. Generators are responsible for obtaining prior approval for after-hours disposal from the Office of Conservation. When such approval has been granted, the Office of Conservation shall notify the commercial facility or transfer station which will receive the E&P Waste and may notice the state police.

Requests for after-hours disposal are to be made by the **generator** by completion of the most recent version of Form UIC-29. The completed form is to be faxed to the Office of Conservation, Environmental Division at (225) 242-3505. Generators will be notified of the approval or denial of the request by fax at the fax number provided by the generator in Item No. 6 on the form. Generator must have an approved UIC-29 in advance of any after-hours shipments.

Questions regarding after-hours disposal requests may be directed to the Office of Conservation, Environmental Division at (225)342-8244 or by calling the emergency 24 hour number at (225)342-5515.

Item 1. Enter the name of the operator (generator).

Item 2. Enter the operator code (generator code) assigned to the company by the Office of Conservation.

Item 3. Enter the complete mailing address (including the city, state, and zip code) of the operator.

Item 4. Enter the name of the person to be contacted regarding this request.

Item 5. Enter the telephone number, including area code, for the contact person.

Item 6. Enter the fax number to which this form is to be faxed.

Item 7. Enter the name of the person to be contacted in the event of an emergency situation.

Item 8. Enter a 24-hour telephone number to be used in the event of an emergency situation.

Item 9. Enter the source of the waste. For waste generated at a well location, enter the well serial, well name, and well number. For waste generated at location other than a well location (i.e. facility location), enter the facility name, any applicable facility codes assigned to the location by the Office of Conservation, and the physical address of the location.

Item 10. Enter the field name.

Item 11. Enter the field code.

Item 12. Enter the parish.

Item 13. Identify the type of operation being conducted by the operator that is causing the waste to be generated. If the type of operation is not listed, provide an explanation of the operation.

Item 14. Identify the reason for the request. If the reason is not listed, provide a reason in the space provide.

Item 15. Enter the name of operator of the designated commercial facility or transfer station to which the waste is to be transported to.

Item 16. Enter the location of the commercial facility or transfer station.

Item 17. Enter the site code of the designated commercial facility or transfer station.

Item 18. Enter the estimated completion date of the operation identified in Item 13 (above).

Item 19. Enter the telephone to the rig if conducting a drilling operation.

Approval of a Form UIC-29 is limited to the specific operation type, source, and facility. A separate request must be submitted for each facility designated to receive after-hour shipments of waste from the generator. If approved, the authorization is limited to the time period set by the Office of Conservation.

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| DNRCONGOFFICE OF CONSERVATIONenvironmental division |  P.O. BOX 94275BATON ROUGE, LA 70804-9275DAYTIME PHONE (225) 342-824424 HOUR EMERGENCY PHONE (225) 342-5515 |
| TO BE COMPLETED BY OPERATOR  | TYPE OR PRINT ALL ENTRIES | REQUESTS MAY BE SUBMITTED BY FAX AT (225) 242-3505 |
| UIC-29 | **AUTHORIZATION FOR AFTER-HOURS RECEIPT OF EXPLORATION AND PRODUCTION WASTE** |
|  |  |  |  |
| 1. OPERATOR NAME | 2. OPERATOR CODE |
|  |  |
| 3. MAILING ADDRESS |  |
|       |  |
| 4. CONTACT PERSON | 5. TELEPHONE NO | 6. FAX NO (APPROVAL WILL BE SENT HERE) |
|       |       |       |
| 7. EMERGENCY CONTACT PERSON | 8. 24-HOUR EMERGENCY TELEPHONE NO |
|       |       |
| 9. SOURCE OF WASTE |
|  WELL SERIAL NO. :  WELL NAME:  WELL NO.:  PRODUCING FACILITY INFORMATION:       |
| 10. FIELD NAME | 11. FIELD CODE | 12. PARISH |
|       |       |       |
| 13.TYPE OF OPERATION (Check one.) |
| **[ ]**  DRILLING OPERATIONS **[ ]**  PRODUCTION OPERATIONS **[ ]**  PROCESSING OPERATIONS **[ ]**  PIPELINE PIGGING OPERATIONS [ ]  OTHER, EXPLAIN:       |
| 14. REASON FOR REQUEST (Check all that apply.) |
| **[ ]**  CLOSED LOOP MUD SYSTEM **[ ]**  LIMITED ONSITE STORAGE **[ ]**  ZERO DISCHARGE AREA **[ ]**  INSUFFICIENT RESERVE PIT CAPACITY DUE TO HEAVY RAINFALL**[ ]**  OTHER, EXPLAIN:       |
| 15. COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR | 16. COMMERCIAL FACILITY OR TRANSFER STATION LOCATION | 17. SITE CODE |
|       |       |       |
| 18. ESTIMATED COMPLETION DATE OF THE ABOVE IDENTIFIED OPERATION | 19. RIG TELEPHONE NO |  |
|       |       |  |

*I hereby acknowledge that all shipments of E&P Waste taken offsite for storage, treatment, and/or disposal must be transported by a company having proper authorization from the Louisiana Public Service Commission to transport such waste.*

*I hereby certify this request has been prepared under my supervision, that all information contained herein is accurate and complete to the best of my knowledge and that I am authorized to make this request from the Environmental Division of the Louisiana Office of Conservation.*

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|       |  |       /       |
| PRINT NAME OF COMPANY OFFICIAL |  | TITLE & COMPANY NAME |
|  |  |  |
| SIGNATURE |  | DATE |

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| --- |
| **FOR CONSERVATION USE ONLY**  AUTHORIZATION APPROVED AUTHORIZATION DENIED **AUTHORIZATION:** AFTER-HOUR SHIPMENTS OF E&P WASTE GENERATED AT THE ABOVE REFERENCED SOURCE BY THE ABOVE IDENTIFIED OPERATION MAY BE RECEIVED AT SITE CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNTIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AT 6:00 A.M.) BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON DENIED: |