

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

E & P WASTE FACILITY QUARTERLY REPORT		5. SURFACE OWNER: _____
1. TYPE OF FACILITY: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-COMMERCIAL <input type="checkbox"/> LAND FARM <input type="checkbox"/> EVAPORATION PITS <input type="checkbox"/> EMERGENCY PIT <input type="checkbox"/> OTHER		6. FACILITY NAME: _____
2. NAME OF OPERATOR: _____		7. DISCHARGE PERMIT # (If Applicable): _____
3. ADDRESS OF OPERATOR: CITY _____ STATE _____ ZIP _____ PHONE _____ EMAIL _____		8. QUARTER / YEAR: _____
4. LOCATION OF FACILITY: QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN _____ COUNTY _____		

9. **CHECK APPROPRIATE BOXES TO INDICATE NATURE OF REPORT OR OTHER DATA**

LEAK DETECTION RESULTS	TYPE AND VOLUME OF WASTE RECEIVED
<input type="checkbox"/> NO FLUID IN LEAK DETECTION	<input type="checkbox"/> PRODUCED WATER _____ Barrels
<input type="checkbox"/> FLUID IN LEAK DETECTION (Explain Below)	<input type="checkbox"/> DRILLING MUD _____ Cubic Yards
	<input type="checkbox"/> SOLIDS _____ Cubic Yards
	<input type="checkbox"/> OTHER _____

10. DESCRIBE NATURE OF DISCREPANCY AND COURSE OF ACTION TO BE TAKEN. Clearly show all pertinent details including dates, depths, volumes, etc.

NOTE: All operators shall perform a weekly leak detection inspection. Documentation of weekly inspections shall be kept on site.

NAME (PLEASE PRINT) _____	TITLE _____
SIGNATURE _____	DATE _____

(This space for State use only)