

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:					6. FACILITY NAME:
<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					7. DISCHARGE PERMIT # (If Applicable):
2. NAME OF OPERATOR:					8. QUARTER / YEAR:
3. ADDRESS OF OPERATOR:					
CITY	STATE	ZIP	PHONE	EMAIL	
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)