



UIC - 28

STATE OF LOUISIANA  
OFFICE OF CONSERVATION  
P.O. BOX 94275  
BATON ROUGE, LA 70804-9275Manifest No. NO 1- 4882103  
TRANSPORTER COPY

1957

## CODES

## PART I: TO BE COMPLETED BY GENERATOR

Generator

Address

City/State/Zip

ORIGINATION OF WASTE (see instructions on back)

Well Name &amp; No. / Description

Field Code

Field

Telephone No.

## WASTE IDENTIFICATION AND AMOUNT (IN 42 GALLON BARRELS)

01 Salt Water	130	07 Prod. Sands/Solids		14 Pipeline Water/Waste	
02 Oil Base Mud		08 Fresh Water		15 Com. Facility Waste	
03 Water Base Mud		09 Rainwater		16 Oil Spill Waste	
04 Completion Fluids		10 Washout Water		50 Salvage Hydrocarbons	
05 Prod. Pit Sludges		11 Washout Pit Water		99 Other*	
06 Storage Tank Sludges		12 Gas Plant Waste Solids		* (Written Approval Required)	

## SITE CODE

## DESTINATION OF WASTE

Facility (Company) Name

Site Name

CERTIFICATION: The waste described above was consigned to the carrier named below. I certify that the foregoing is true and correct to the best of my knowledge.

Signature of Generator's Authorized Agent

Date and Time of Shipment

☐ am  
☐ pm

## PART II: TO BE COMPLETED BY TRANSPORTER IN PRESENCE OF GENERATOR

## PSC PERMIT

Transporter

Address

City/State/Zip

Telephone No.

Truck License No.

Trailer License No.

If transported by barge, barge and tug identification

Barge and Tug Id.

CERTIFICATION: I certify that the waste in quantity above was received by me for shipment to the above destination.

Signature of Transporter's Agent

Date and Time Received

☐ am  
☐ pm

## SITE CODE

## PART III: TO BE COMPLETED BY COMMERCIAL FACILITY OR TRANSFER STATION OPERATOR

Facility (Company) Name

Site Name

## CHEMICAL ANALYSES

Chloride (Mg/l)

Conductivity (mmhos/cm)

pH

CERTIFICATION: I certify that the waste described in Part I was received by me via the transporter described in Part II.

Signature of Facility Agent