

OTHER INFORMATION	
39. IS THE WELL OR PROPOSED AOR BOUNDARY LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. IS THE WELL OR PROPOSED PLUME LOCATED ON STATE WATER BOTTOMS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF LOUISIANA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. IS THE WELL OR PROPOSED AOR BOUNDARY LOCATED ON LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF ARKANSAS, THE STATE OF MISSISSIPPI, OR THE STATE OF TEXAS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. DOES THE APPLICATION CONTAIN INFORMATION THAT IS REQUESTED TO BE HELD CONFIDENTIAL?	YES NO
43. DESCRIPTION OF THE NATURE OF THE BUSINESS ASSOCIATED WITH THE ACTIVITY (LAC 43:XVII.3607.B.6): 	
44. ACTIVITY OR ACTIVITIES REQUIRING A PERMIT UNDER THESE REGULATIONS (LAC 43:XVII.3607.B.7): 	
45. SIC CODES (UP TO FOUR) FOR PRINCIPAL PRODUCTS OR SERVICES (LAC 43:XVII.3607.B.8): 	
46. AGENT OR CONTACT AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT DURING THE PROCESSING OF THIS APPLICATION	
NAME: COMPANY: MAILING ADDRESS: PHONE: EMAIL:	
47. CERTIFICATION BY WELL OWNER/OPERATOR (LAC 43:XVII.3605.E)	
I certify that as the owner/operator of the injection well, the person identified in Item No. 46 above is authorized to act on my behalf during the processing of this application, to submit additional information as requested, and to give oral statements in support of this application. I will grant an authorized agent of the Office of Permitting and Compliance entry onto the property to inspect the injection well and related appurtenances as per LSA-R.S. 30:4. I agree to operate the well in accordance with Office of Permitting and Compliance guidelines. I further certify under penalty of law that I have examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment or both (LSA-R.S. 30:17).	
PRINT NAME OF WELL OWNER/OPERATOR	TITLE OF COMPANY OFFICIAL
DIGITAL SIGNATURE OF WELL OWNER/OPERATOR 	