



OFFICE OF PERMITTING AND COMPLIANCE

MAILING ADDRESS
 OFFICE OF PERMITTING AND COMPLIANCE
 P.O. BOX 94275-CAPITOL STATION
 BATON ROUGE, LA 70804-9275

IMD-1 Request for Expedited Review				<i>(For Office Use Only)</i> DATE STAMP				
<input type="checkbox"/> UNDERGROUND INJECTION CONTROL PROGRAM <input type="checkbox"/> SURFACE MINING PROGRAM: PERMIT NO. _____								
OPERATOR NAME					OPERATOR CODE			
OPERATOR MAILING ADDRESS					CITY		STATE	ZIP CODE
CONTACT NAME			CONTACT TELEPHONE NUMBER		CONTACT EMAIL ADDRESS			
Well Data								
APPLICATION/PERMIT TYPE (CHECK THE APPROPRIATE BOX)								
<input type="checkbox"/> CLASS I		<input type="checkbox"/> CLASS II SWD		<input type="checkbox"/> CLASS II EOR		<input type="checkbox"/> CLASS II STORAGE		
<input type="checkbox"/> CLASS II SWD COM		<input type="checkbox"/> CLASS III		<input type="checkbox"/> CLASS V		<input type="checkbox"/> WORK PERMIT		
<input type="checkbox"/> OTHER _____				<input type="checkbox"/> CLASS VI				
WELL NAME AND NUMBER					SERIAL NUMBER			
APPLICATION/PERMIT NUMBER					CAVERN CODE			
FIELD NAME			FIELD NUMBER		SEC	TWN	RNG	
PARISH NAME			PARISH CODE					
Description of Expedited Review Request								
DATE PERMIT APPLICATION SUBMITTED TO IMD								
REQUESTED DATE FOR PERMIT ISSUANCE								
MAXIMUM AMOUNT APPLICANT IS WILLING TO PAY								
PRINT NAME				PRINT TITLE				
SIGNATURE				DATE				
OFFICE USE ONLY:								
ESTIMATED # HOURS TO COMPLETE REVIEW						COMMENTS:		
ESTIMATED COST								
ESTIMATED DATE OF COMPLETION								
SUFFICIENT WORK FORCE AVAILABLE?								
IF NOT, EXPECTED DATE PERSONNEL AVAILABLE FOR REVIEW								
DOES APPLICANT HAVE OUTSTANDING FEES OR PENALTIES?			YES		NO			