

I. Identification Information

READ INSTRUCTIONS ON REVERSE SIDE

1. Operator name as shown on P-5 Organization Report		2. P-5 Organization No.	3. RRC District No.
4. Operator Address (including city, state, and zip code)		5. Notification by <input type="checkbox"/> Generator <input type="checkbox"/> Transporter	6. Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Subsequent
7. Name and Title of Contact Person	8. Phone No.		9. EPA ID No. for this site, if known _____
10. Name of generating site		11. RRC site ID No.	12. NAICS Code

II. Generation Information

Complete this section for generation sites only.

13. Type of Generation Facility/Site (Indicate one or more as appropriate.)

<u>A. Production and saltwater disposal</u>	<u>B. Natural gas treatment</u>	<u>C. Pipeline system</u>
<input type="checkbox"/> tank battery (including treatment vessels and associated oil or natural gas wells)	<input type="checkbox"/> natural gas treatment or processing plant	<input type="checkbox"/> pump station <input type="checkbox"/> breakout station <input type="checkbox"/> compressor station
<input type="checkbox"/> injection or disposal facility	<input type="checkbox"/> natural gas liquids processing plant	<input type="checkbox"/> nat'l gas treatment station <input type="checkbox"/> drip pot
<input type="checkbox"/> offshore platform	<input type="checkbox"/> other natural gas treatment facility (specify)	<input type="checkbox"/> pigging station <input type="checkbox"/> rupture
<input type="checkbox"/> other production/disposal facility (specify)		<input type="checkbox"/> other pipeline equipment station (specify)

III. Transporter Information

Complete this section if you are a RRC permitted waste hauler.

14. List all RRC districts (by number) where you will pick up, transport, transfer, or deliver hazardous oil and gas wastes.

IV. Certification

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this notification, that this notification was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct, and complete, to the best of my knowledge.

Signature: _____ Name (type or print): _____
 Title: _____ Phone: _____ Date: _____

RRC USE ONLY

H-20 data entry date: _____ H-20 date received: _____
 EPA 8700-12 date received: _____
 EPA ID No. _____
