

Mississippi Oil & Gas Board
RADIATION SURVEY
for
Oil Field NORM

SURVEY

Purpose:
(Select One) Periodic Survey (Initial, Continuing Operations, Property/Equipment Transfer)
Maintenance/Special Activities (Description _____)
Unrestricted Release (Description _____)

Surveyed by _____ Company _____
Survey Date _____ Telephone _____ Address _____

SITE

Well Name & No. _____ Sec. _____ Twn. _____ Range _____
API Well No. _____ Field _____ County _____
Operator _____ Phone _____
Address _____

SURVEY INSTRUMENT(S)

µR Instrument Make/Model _____ Serial No. _____
Calibrated within past year? Yes NO Battery/Instrument check OK? YES NO
Pancake GM Make/Model _____ Serial No. _____ Calibrated within past
year? YES NO Battery/Instrument check OK? YES NO

EQUIPMENT MEASUREMENT SUMMARY

Location _____ Maximum _____ µR/h _____ c/m
Location _____ Maximum _____ µR/h _____ c/m
Location _____ Maximum _____ µR/h _____ c/m
Location _____ Maximum _____ µR/h _____ c/m

LAND MEASUREMENT SUMMARY

Background _____ µR/h
Location _____ Average _____ µR/h Max. _____ µR/h
Location _____ Average _____ µR/h Max. _____ µR/h
Location _____ Average _____ µR/h Max. _____ µR/h

MISSISSIPPI STATE OIL AND GAS BOARD
RADIATION SURVEY
for Oil Field NORM
OGB Form 21
Authorized by Order No. 73-96 Effective June 1, 1996
Revises Feb 27, 2013

Diagram of Site/Equipment Measurements:

- Show individual measurements and locations.
- Attach additional pages as needed.



1. Periodic radiation surveys of oilfield site and equipment NORM shall be documented on Mississippi State Oil and Gas Board (OGB) Form 21. OGB Form 21 is to be submitted to the UIC/Technical Group, 500 Greymont Avenue, Suite E, Jackson, Mississippi 39202 for review. Call (601) 354-7127 if you have any questions about completion of OGB Form 21.
2. This radiation survey shall be completed according to the practices recommended in Rule 69 of the Mississippi Oil and Gas Board, "Control of Oilfield NORM," and signed below by the person performing the survey, whose name is listed on the reverse side.
3. This survey form will be returned if not properly completed and signed.

STATE OF MISSISSIPPI

I have personally performed the radiation survey as described on this OGB Form 21 and hereby certify that it is true, correct, and representative of the site and/or equipment as intended by Rule 69 of the Mississippi State Oil and Gas Board.

(Signature) _____

(Date) _____