

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY DIVISION
WATER QUALITY RULES AND REGULATIONS, CHAPTER 13 (1993)

DEQ/WQD Application No: _____ date received: _____ (Agency Use Only)

Submit seven (7) copies of this application

PLEASE PRINT OR TYPE:

1. This application is being made for a class I injection well permit:

New Permit

Modified Permit

2. Name of Facility: _____

Location: T _____ N, R _____ W, Section _____ which is located
in _____ County, Wyoming. This well is located _____
feet from the north line and _____ feet from the east line of
Section _____ or _____

(bearing and distance) from the _____ corner of Section _____.

The exact latitude of this injection well is: _____

The exact longitude of this injection well is: _____

Mailing Address of the operator: _____

Street Address where the records will be kept: _____

Telephone Number: () _____ - _____

Name and title of responsible individual, address and telephone number if
different from above: _____

3. Name address and telephone number of the operator on site: _____

4. Description of the discharge:

This permit is for the injection of wastes which are non-hazardous under the Resource Conservation and Recovery Act.

The wastes injected may have hazardous constituents, but they are exempt from the requirements of the Resource Conservation and Recovery Act.

This permit is for the injection of wastes which are considered hazardous either by listing or by characteristic under the Resource Conservation and Recovery Act.

Provide up to 4 (four) Standard Industrial Classification (SIC) codes for this waste: _____

5. Area Permits. If this facility will inject only non-hazardous wastes, then more than one well may be included in one application. If this is the case, include all information from Section 2, and Attachments A, E, G, H, I and J for each well. Area permits will only be issued when the waste is similar for all points of injection and when a common injection plant serves all wells. For a system to be covered by an area permit, the receiver must be the same for all points of injection, and the owners and operators for all wells must be the same. Area permits cannot be issued for hazardous waste. Provide the name of each well covered by this application.

6. Summary of the ownership of all portions of the estate within the Area of Review where the well is located:

a. Owner of the oil and gas lease(s) within the Area of Review: (use additional sheets if necessary)

b. Owner(s) of surface rights within the Area of Review: (use additional sheets if necessary)

c. Copies of access agreements between land and mineral owners at the well site and the operator shall be attached. (If the operator is not the owner of these rights.)

d. Owner of record for any other property right within the Area of Review: This includes mineral rights, both patented and unpatented mining claims, leases on leasable minerals, water rights and grazing rights: (Use additional sheets as necessary.)

7. Status as Federal, State, private, public or other entity:

8. Facility on Indian land (Yes or No) _____

9. CERTIFICATION

I certify under penalty of law that I have personally 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 and imprisonment.

Printed name of person signing

Title

Signature of Applicant

Date Signed