

**UNDERGROUND INJECTION CONTROL
CLASS V
APPLICATION FOR PERMIT BY RULE COVERAGE**

APPLICATION INSTRUCTIONS

The following instructions outline the procedures to follow and information needed to complete an application for permit by rule coverage as required by WWQRR Chapter 27. For other types of permit coverage, please contact the WDEQ. The WDEQ has sixty (60) days to determine application completeness.

For guidance or to resolve permit application submittal issues, please call (307)777-7072

- A. The applicant shall submit the application in duplicate (one (1) original and one (1) electronic copy) to the following address:

Wyoming Department of Environmental Quality
Water Quality Division
ATTN: UIC Program
200 W 17th St - 2nd Floor
Cheyenne, WY 82002

- B. Applications shall be signed as follows:

- 1) An application submitted by a corporation must be signed by a president, secretary, vice president or treasurer of the corporation in charge of a principal business function, or other person who performs a similar decision making function for the corporation.
- 2) An application submitted by a partnership or sole proprietorship shall be signed by a general partner or the proprietor, respectively.
- 3) An application submitted by a municipality, or a state, federal, or other public agency shall be signed by either the principal executive officer or ranking elected official. "For" or "by" signatures are not allowed. Electronic signatures are not allowed.

- C. Applications are reviewed for completeness and technical adequacy. During the completeness review, the applicant may be contacted for clarification or additional information. An application will not be processed until all required information has been submitted. Severely lacking applications, applications submitted solely as electronic forms, applications without original signatures, applications with illegible information, or applications with information not submitted in a timely manner shall be returned to the applicant. If your application is determined to be complete and technically adequate, you will receive a letter notifying you that your facility is Rule Authorized.

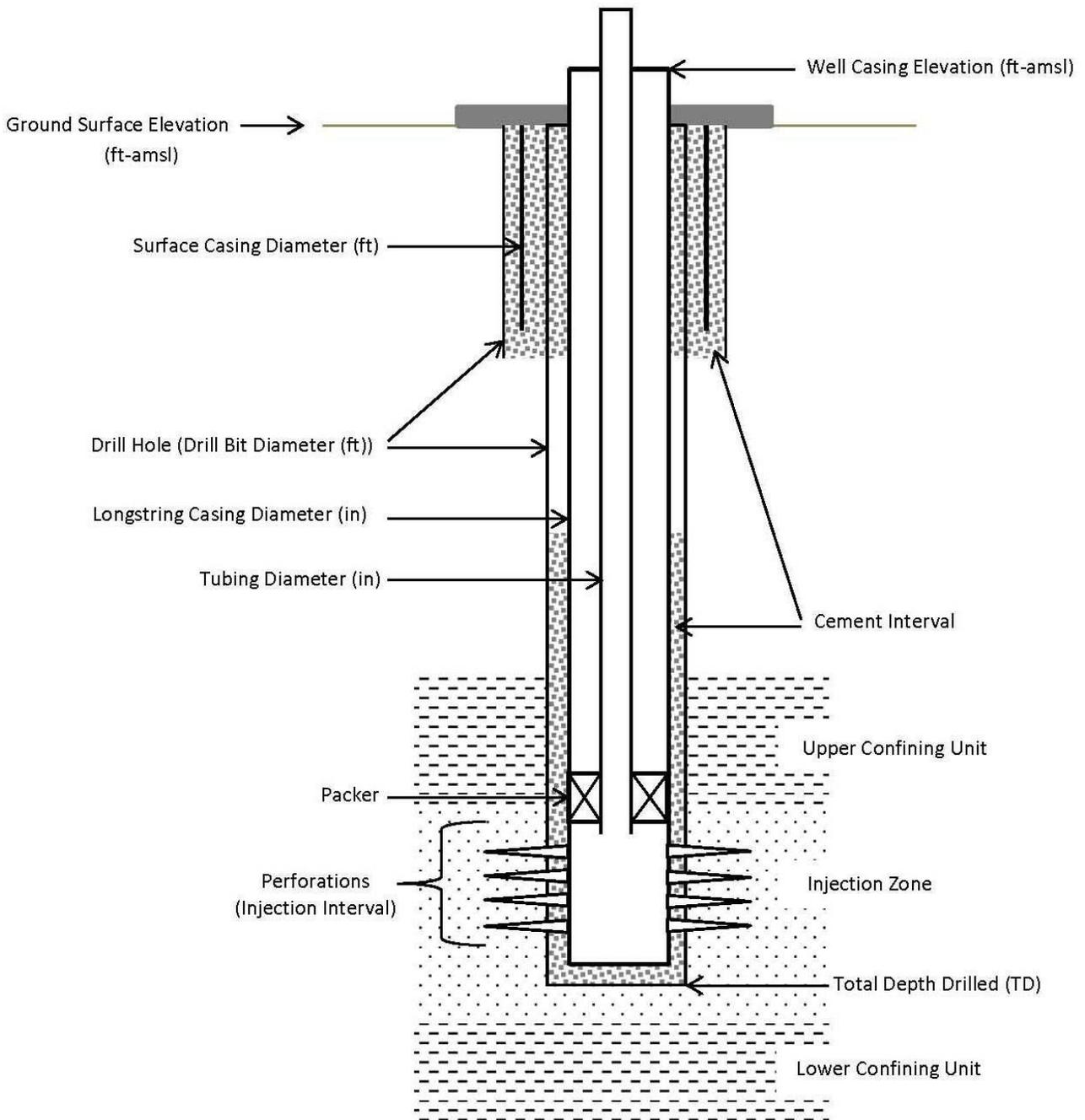
- D. Applicants shall complete the entire application form. If you feel that any portion of the application does not apply to your facility, respond "not applicable" and provide your rationale as to why you believe the requirement does not apply to your facility. Applicants are not required to submit the instruction/example pages (annotated in the footer) with their applications.

- E. Use TABLE 1 (below) to determine your facility type (see Section 4 of permit application). Please note that 5C4 and 5E2 facilities are prohibited (banned), if you have one of these facilities, please contact our office to resolve the matter.

TABLE 1: UIC Permit by Rule (Rule Authorized) Facility Types:

RULE AUTHORIZED PERMITS (WWQRR Chapter 27, Section 11)		
Type	Description	Details
5B2	Aquifer Recharge Facility	Receive water specifically for storage of water underground. Must be coupled with the ability to withdraw stored water at a later date for beneficial use. Coal Bed Methane operators cannot dispose of their produced water in Class 5B2 injection wells.
5B4	Subsidence Control Facility	Receive fresh water for the purpose of controlling subsidence caused by an overdraft of water, oil, or natural gas.
5B6	Department Controlled Remediation Facility	Injection of fluids used to prevent, control, or remediate aquifer pollution, remediate subsiding mine sites, or produce other beneficial results at facilities which are owned or controlled by the DEQ. These facilities include, but are not limited to: Storage Tank Program, Abandoned Mine Lands, Solid and Hazardous Waste supervised sites.
5B7	Air Sparging Facility	Injection of air for the purpose of either encouraging microbial breakdown of hydrocarbons or removing volatile organic chemicals by vapor extraction.
5D2	Stormwater Drainage Facility	Receive stormwater runoff from paved areas, including parking lots, streets, residential subdivisions, building roofs, highways, etc.
5D5	Special Drainage Facility	Receive water from sources other than direct precipitation. Example drainage facilities include: landslide control, potable water tank overflow, swimming pool, and lake level control.
5F1	Cathodic Protection Facility	Constructed with coke breeze and dust control oil for use as a permanent anode in a cathodic protection system for a fluid conveyor or containment system composed of metallic materials.
BANNED (PROHIBITED) FACILITY TYPES (WWQRR Chapter 27, Section 20) – Contact WDEQ to resolve		
Type	Description	Details
5C4	Automotive Waste Disposal Facilities	Inject waste from floor drains or sinks where repair work is done on machinery of any description
5E2	Untreated Domestic Sewage Disposal Facilities	Receive untreated domestic sewage from single or multiple sources. Does not include subsurface fluid distribution systems with septic tanks ahead of the subsurface fluid distribution system. Includes all cesspools, regardless of capacity.

F. EXAMPLE VERTICAL INJECTION WELL DIAGRAM





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AGENCY USE ONLY		
	PERMIT by RULE	
Date Application Received	Permit Number	Facility Number

Use this application for non-domestic wastewater Class V Permit by Rule injection wells (see attached Table 1 for a list of facility types that require permit by rule coverage). Please answer every item on this form to the best of your knowledge and attach the required documents. The WDEQ has sixty (60) days to determine application completeness.

SECTION 1: COMPANY/OWNER CONTACT INFORMATION

COMPANY NAME: _____

COMPANY MAILING ADDRESS: _____

COMPANY CONTACT: _____ PHONE NUMBER: _____

TITLE: _____ EMAIL ADDRESS: _____

CONTACT TYPE (Choose one or more)

- OPERATOR
 CONSULTANT
 OWNER (Please specify business type)
- OTHER (Please specify) _____

PRIMARY CONTACT
 YES
 NO
 CONTACT ROLE: _____

SECTION 2: FACILITY CONTACT INFORMATION

FACILITY NAME: _____

FACILITY MAILING ADDRESS: _____

FACILITY PHYSICAL ADDRESS: _____

FACILITY CONTACT: _____ PHONE NUMBER: _____

TITLE: _____ EMAIL ADDRESS: _____

CONTACT MAILING ADDRESS: _____

CONTACT TYPE (choose one or more)

OPERATOR CONSULTANT OWNER (Please specify type) _____

OTHER (Please specify) _____

PRIMARY CONTACT: YES NO CONTACT ROLE: _____

List all persons or firms authorized to act on behalf of the applicant during the processing of the application. Provide contact names, mailing addresses, phone numbers, and e-mail addresses for all additional contacts.

SECTION 3: FACILITY LOCATION INFORMATION

FACILITY LOCATION:
Township _____ Range _____ Section: _____ Quarter/Quarter _____

Latitude: NAD83, decimal degrees: _____

Longitude: NAD83, decimal degrees: _____

COUNTY: _____

LAND OWNERSHIP: _____ If Other, describe: _____

SECTION 4: WELL/FACILITY CLASSIFICATION AND PERMIT TYPE

A. Determine your Class V facility classification (select one, see Table 1, Item E in "Instructions"):

Well/Facility Classification _____

B. Select your permit type: Area Permit Single Permit

If the facility only has one injection well, select "Single Permit", if it has multiple injection wells, select "Area Permit", provided that:

- 1) The receiving formation is the same for all injection wells.
- 2) The wells are owned by the same person or company.
- 3) The injectate for all wells is similar in terms of chemistry and composition (similar waste streams).

If applying for an Area permit, provide information (as an attachment to this application) to satisfy all items in this application for each injection well.

- C. Attach a list of all other permits your facility has been required to obtain prior to construct and/or commencement of operations. Include permit number or permit designation and regulating authority.

SECTION 5: WELL/FACILITY PERMIT INFORMATION

- A. If the facility owner/operator is not the owner of the surface rights where the facility is located, attach copies of the access agreement between the owner(s) and the facility owner/operator. This requirement can be met by having the owner(s) of the property write a letter consenting to the activities proposed in this application. If there are more than one surface rights owners, attach a table detailing surface rights owner's names, mailing addresses, and telephone numbers.

- B. Provide a brief description of the nature of the business and the activities at the facility being permitted:

- C. Provide the types, sources, and general descriptions of the fluids proposed for injection, including chemical, physical, radiological, and toxic characteristics (attach analytical data to this application, if available, or SDS sheets).

- D. Facility's average disposal capacity in gallons per day: _____
- E. Facility's maximum disposal capacity in gallons per day (includes one-time remedial injections): _____
- F. Depth interval of injection zone (feet below ground surface) _____
- G. Required permit application attachments:
- 1) Plan view of the facility and property showing the location of the injection well(s).
 - 2) A topographic map and other pertinent maps, extending at least one ¼ (one-quarter) mile beyond the project boundaries.

The topographic map shall depict all of the following:

- a) Property boundaries and surrounding land uses,
 - b) The facility and each of its intake and discharge structures,
 - c) Each well, drywell, or subsurface fluid distribution systems where fluids from the facility are injected underground,
 - d) Other wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant.
 - e) North arrow
 - f) Map scale
 - g) Topographic interval (feet)
- 3) Construction and engineering details in accordance with WWQRR Chapter 25 (septic systems), Chapter 26 (wells) and/or Chapter 27 (Class V systems):
- a) Vertical well construction information:
 - i.) For new wells, provide proposed total depth, proposed bit sizes, casing string details, tubing diameter, cementing plans, and wellhead type/description.
 - ii.) For existing wells, provide all the information in (i) above, and a copy of the daily drilling logs for the well.
 - iii.) Provide a detailed diagram that shows the following”
 1. Hole size(s)
 2. Casing string details
 3. Cemented portions of the well outside of each casing string (if any), include cement bond logs.
 4. Receiving formation
 5. Packer depth
 6. All underground sources of drinking water.
 - iv.) Include complete wellbore lithology and copies of any geophysical logs.
 - v.) Well information, including:
 1. Average injection rate (in barrels or gallons per day, please indicate units)
 2. Maximum injection rate (in barrels or gallons per day, please indicate units)
 3. Injection interval name, description, and thickness
 4. Surface well casing elevation

Details should be sufficient to show compliance with all applicable sections found in Chapters 26 and 27, Wyoming Water Quality Rules and Regulations.

- 4) For vertical injection well(s), complete Table 2, Section 5 and an injection well diagram (see example provided in Instructions, Section F) for each proposed, renewing, or modified injection well. Attach additional tables as needed.

TABLE 2: VERTICAL WELL DETAILS

Well ID				
SEO or WOGCC Permit # (if applicable)				
Latitude (NAD83, decimal degrees)				
Longitude (NAD83, decimal degrees)				
Well Location (T/R/S/Qtr/Qtr)				
Total Depth Drilled				
Packer Depth (if applicable)				
Well Casing Elevation				
Casing Diameter				
Drill Bit Diameter				
Tubing Diameter				
Receiving Formation(s) (Injection Zone(s))				
Injection Interval Top Depth				
Injection Interval Bottom Depth				
Upper Confining (UC) Formation				
UC Formation Top Elevation				

NOTE: All new facilities must complete and submit an Injection Well Notification of Construction Completion, Form UIC-5, to the UIC Program upon construction completion for each new injection well.

- H. Attach additional information as required by permit type:
 - 1) Facility types 5B2, 5B4, 5B5, 5B6, 5B7, see Chapter 27, Section 13(e)
 - a) A plan to ensure contaminants don't enter the waste stream.
 - b) Information showing that the injection will accomplish the goals stated in the permit application.
 - c) For 5B5 facilities, include the target restoration values for the groundwater in the affected areas.
 - d) For 5B6 facilities proposing to utilize a remediation method that has the potential to cause an exceedance of the Class of Use for the receiving formation/aquifer for any constituent listed in WWQRR, Chapter 8, Table 1, the permittee must also submit the following:
 - i) Background (ambient) groundwater quality data for the receiving formation/aquifer,

- ii) A proposal for monitoring the effect of the remediation on groundwater quality in the receiving formation/aquifer, to include, but not limited to:
 - 1. Downgradient groundwater monitoring well(s), including siting and construction details,
 - 2. A proposed monitoring schedule,
 - 3. A proposed sampling and analysis plan,
 - 4. A plan for altering/halting the remediation activities in the event the remediation causes a demonstrable negative change in formation/aquifer water quality.

 - 2) Facility types 5D2 and 5D5 see Chapter 27, Section 13(h)
 - a) A plan to ensure contaminants don't enter the waste stream.
 - b) Copies of operation and maintenance manuals outlining required maintenance, procedures for reporting known spills and steps to be taken in the event of a spill to prevent spills from entering the waste stream.

 - 3) Facility type 5F1 see Chapter 27, Section 13(m)
 - a) A description of the makeup and location of the well seal and/or grout, including any post-emplacment procedures.
 - b) Well plugging and abandonment procedures.
 - c) A description of how aquifers encountered during the drilling of the well will be hydrologically isolated, if they were isolated prior to drilling the well, including breather pipe installation.
 - d) A description of the chemical makeup of the coke breeze proposed for use in the well, including the potential for the coke breeze to contaminate groundwater.
 - e) A description of how unauthorized access to the well anodes will be prevented.
 - f) A description of the type of water that will be used in the event well anodes are wetted.
 - g) A description of the type of field markers that will be used to identify the well, including the fate of the field markers upon well abandonment.
 - h) Maps showing the proposed 5F1 well(s) location, property or right-of-way boundaries, and a demonstration of at least a 200 foot separation distance between the location of all pipelines, wellhead, storage tanks, mud pits, and any other potential source of groundwater pollution. If the operator's surface rights prevent this requirement from being met, state this in the application.
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SECTION 6: CERTIFICATION REQUIREMENTS

A. Sage Grouse Core Determination Area:

Pursuant to the requirements of the Governor's Executive Order 2015-4 (SGEO), Greater Sage Grouse Area Protection, applicants for new UIC permits must determine if any part of their project falls within a Greater Sage Grouse Core Area (SGCA) *before* applying for permit coverage. If any part of the project falls within an SGCA, *the first point of contact for addressing sage grouse issues is the Wyoming Game and Fish Department (WGFD).* Please coordinate with the WGFD and obtain written confirmation of consistency with the Executive Order *prior* to applying for coverage under a UIC permit and submit this documentation as part of the permit application package. Note that the application will not be processed until a letter confirming consistency with the Executive Order has been obtained.

Additional information on SGCAs can be found on the Wyoming Game and Fish Habitat website, at: <https://wgfd.wyo.gov/Habitat/Sage-Grouse-Management>

Please check one of the following:

- Some part, or all, of my project falls within an SGCA and I have contacted the WGFD for an SGEO review. A letter from the WGFD confirming consistency with the Executive Order is attached.
- Some part, or all, of my project falls within an SGCA and I have contacted the WGFD for an SGEO review. It does not comply with the SGEO. I have valid and existing rights related to this permit. I have committed to the attached recommendations that will minimize impacts to sage grouse.
- By checking this box, I certify that I have reviewed the SGCA's available on-line, and determined that no portion of my project falls within an SGCA. *(No additional requirements apply.)*

Please note: Professional Engineer's and/or Geologist's Certifications are required for all new or modified facilities relying upon engineering or geological interpretations as a basis for any information required in this permit application.

CERTIFICATION OF THE OWNER/OPERATOR OF THE FACILITY:

"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 fines and imprisonment."

Printed Name of Applicant

Title

Signature of Applicant

Date Signed

CERTIFICATION OF ENGINEER:

"The engineering designs, plans, and specifications which are included in this application were all done by me or by someone working directly for me. I have reviewed the designs, plans, and specifications and certify that they are all done according to the highest standards of Professional Engineering."

Printed Name of Professional Engineer

P. E. Number

(SEAL)

Signature of Professional Engineer

Date Signed

CERTIFICATION OF GEOLOGIST:

“The geologic interpretations, cross sections, and hydrologic studies which are included in this application were all done by me or by someone working directly for me. I have reviewed that work and certify that they are all done according to the highest standards of Professional Geology.”

Printed Name of Professional Geologist

P. G. Number

(SEAL)

Signature of Professional Geologist

Date Signed