

State of Colorado  
**Oil and Gas Conservation Commission**



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Surety ID: \_\_\_\_\_

**CENTRALIZED E&P WASTE MANAGEMENT FACILITY PERMIT**

Submit this Form and accompanying documents for each facility per Rule 908. Financial Assurance in the amount of \$50,000 is required to operate each facility.

<b>OGCC Operator Number:</b> _____ <b>Name of Operator:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____		<b>Contact Name and Telephone:</b> _____ <b>No:</b> _____ <b>Fax:</b> _____		<b>Complete the Attachment Checklist</b> <table border="1"> <thead> <tr> <th></th> <th>Oper</th> <th>OGCC</th> </tr> </thead> <tbody> <tr><td>Site description (topo, geol, hydro)</td><td></td><td></td></tr> <tr><td>Adjacent land use description</td><td></td><td></td></tr> <tr><td>Topographic map</td><td></td><td></td></tr> <tr><td>Site drainage map with structures</td><td></td><td></td></tr> <tr><td>Scaled drawing and survey map</td><td></td><td></td></tr> <tr><td>Facility design &amp; engineering</td><td></td><td></td></tr> <tr><td>Operating plan</td><td></td><td></td></tr> <tr><td>Water analysis report</td><td></td><td></td></tr> <tr><td>Financial assurance</td><td></td><td></td></tr> <tr><td>Closure plan</td><td></td><td></td></tr> <tr><td>Local gov't zoning compliance</td><td></td><td></td></tr> <tr><td>Local gov't permits and notice</td><td></td><td></td></tr> </tbody> </table>			Oper	OGCC	Site description (topo, geol, hydro)			Adjacent land use description			Topographic map			Site drainage map with structures			Scaled drawing and survey map			Facility design & engineering			Operating plan			Water analysis report			Financial assurance			Closure plan			Local gov't zoning compliance			Local gov't permits and notice		
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<b>Surface Owner (if different than above):</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> _____		<b>Facility Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> _____		<b>Location (QtrQtr, Sec, Twp, Rng, Mer):</b> _____ <b>Latitude:</b> _____ <b>Longitude:</b> _____																																								

1. Is the site in a sensitive area? <input type="checkbox"/> Y <input type="checkbox"/> N		2. What are the average annual precipitation and evaporation rates for the site? Precipitation: _____ inches/year Evaporation: _____ inches/year	
3. Has a description of the site's general topography, geology and hydrology been attached? <input type="checkbox"/> Y <input type="checkbox"/> N			
4. Has a description of the adjacent land use been attached? <input type="checkbox"/> Y <input type="checkbox"/> N		5. Has a 1:24,000 topographic map showing the site location been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
6. Has a site plan showing drainage patterns, diversion or containment structures, roads, fencing, tanks, pits, buildings and any other pertinent construction details been attached? <input type="checkbox"/> Y <input type="checkbox"/> N			
7. If site is not owned by the operator, is written authorization of the surface owner attached? <input type="checkbox"/> Y <input type="checkbox"/> N		8. Has a scaled drawing and survey showing the entire section(s) containing the proposed facility been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
9. What measures have been implemented to limit access to the facility by wildlife, domestic animals or by members of the public? Briefly explain. _____ _____			
10. Is there a planned firelane of at least 10 feet in width around the active treatment areas and within the perimeter fence? <input type="checkbox"/> Y <input type="checkbox"/> N		11. Is there an additional buffer zone of at least 10 feet within the perimeter firelane? <input type="checkbox"/> Y <input type="checkbox"/> N	
12. Have surface water diversion structures been constructed to accommodate a 100-year, 24-hour event? <input type="checkbox"/> Y <input type="checkbox"/> N		13. Has a waste profile been calculated according to Rule 908.b.6? <input type="checkbox"/> Y <input type="checkbox"/> N	
14. Has facility design and engineering been provided as required by Rule 908.b.7? <input type="checkbox"/> Y <input type="checkbox"/> N		15. Has an operating plan been completed as required by Rule 908.b.8? <input type="checkbox"/> Y <input type="checkbox"/> N	
16. Has ground water monitoring for the site been provided? <input type="checkbox"/> Y <input type="checkbox"/> N ***Attach Water Analysis Report, Form 25, for each monitoring well installed.***			
17. Has financial assurance been provided as required by Rule 704? <input type="checkbox"/> Y <input type="checkbox"/> N		18. Has a closure plan been provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
19. Have local government requirements for zoning and construction been complied with? <input type="checkbox"/> Y <input type="checkbox"/> N		20. Have permits and notifications required by local governments and other agencies been provided? <input type="checkbox"/> Y <input type="checkbox"/> N	

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: Facility Number: \_\_\_\_\_