

**COMMONWEALTH OF KENTUCKY**

DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
P.O. BOX 2244  
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http://oilandgas.ky.gov

FOR OFFICE USE ONLY  
RECORD NO \_\_\_\_\_  
FEE \_\_\_\_\_  
ATTACHED MAP \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

**NOTIFICATION/APPLICATION FOR A GATHERING LINE PERMIT:  
INSTALLATION, RECLAMATION AND OPERATION PLAN  
(ATTACH TOPOGRAPHIC MAP, IF APPLICABLE)**

Application Type:

Notification  Application for New Permit  Permit Modification (No fee required)  Transfer of Gathering Line Permit (No fee required)

Type of Operation:

Oil Production Flow Line (Include \$100 permit fee, if new)  Gas Production Flow Line (Include \$200 permit fee, if new)  Gathering Line (other than oil or gas production flow line) (Include \$500 permit fee, if new)

If an oil or gas production flow line or a permit modification of such, list the associated well permit number \_\_\_\_\_

If a permit modification or transfer of a gathering line permit, list the gathering line permit number \_\_\_\_\_

**Operator Information**  
Operator Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
**Registered Agent Information**  
Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Surface Owner Information**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attach additional sheet(s) for additional names and addresses, if applicable.

**If Transfer:**

Successor Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
**Registered Agent Information**  
Agent \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Location of Gathering Line:**  
County(s) \_\_\_\_\_ Quadrangle(s) \_\_\_\_\_

Type(s) of Pipeline:  Gas  Oil Gathering Line Material:  Steel  Plastic

Total length of proposed gathering line \_\_\_\_\_ feet. Provide details below.

Pipeline Size _____ Inches	Length of Proposed Pipeline _____ feet	Anticipated operating pressure _____ psig
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**A narrative description of the location of all areas to be disturbed, including the location of roads, any existing gathering lines, the well site, tanks or other storage facilities:**

**Describe steps to be taken to prevent erosion and sedimentation from the disturbed area along the gathering line route:**

**Proposed revegetation treatment, including fertilizers and soil amendments, seed or trees to be planted, and the types and amounts per acre of seed and trees to be planted:**

**Narrative of operator's plan for the timely and effective reclamation of all disturbed areas:**

**Does the operator have the authority (deed, lease, right-of-way) necessary to install and operate the gathering line?** YES  NO

**Does the operator maintain general liability insurance coverage which includes its gathering line operations?**  
(Required by 805 KAR 1:190, with Division of Oil and Gas listed as "certificate holder" on the policy) YES  NO

**Is this proposed gathering line on, or will it be necessary to cross, land which is currently under permit or bond required by KRS Chapter 350?** YES  NO

**If yes, list the name and address of current bonded operator:**

**Has the applicant met and conferred with, or offered to meet and confer with, the bonded operator?** YES  NO

**THE UNDERSIGNED HEREBY AFFIRMS THAT HE HAS EXECUTED ANY NECESSARY RIGHT-OF-WAY OR LEASE AGREEMENT WITH THE SURFACE OWNER AND AFFIRMS THAT THE FOREGOING FACTS SET OUT IN THIS APPLICATION ARE TRUE.**

**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_**

**IF A CORPORATION, SIGNATORY MUST BE AN OFFICER OF THE CORPORATION OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS. IF A PRIVATE INDIVIDUAL, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT / TITLE

\_\_\_\_\_  
PRINT OR TYPE NAME OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**If Transfer of Gathering Line Permit, successor signatory:**

\_\_\_\_\_  
SIGNATURE OF SUCCESSOR / TITLE

\_\_\_\_\_  
PRINT OR TYPE NAME OF SUCCESSOR

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_