

# State of Colorado Oil and Gas Conservation Commission

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OGCC RECEPTION

Document Number: \_\_\_\_\_

## EARTHEN PIT REPORT / PERMIT

This form is to be used for both reporting and permitting pits. Rule 903 describes when a Permit with prior approval, or a Report within 30 days is required for pits. Submit required attachments and forms.

Form Type:     **PERMIT**     **REPORT**                      OGCC PIT NUMBER: \_\_\_\_\_

NOTE: Operator to provide OGCC Pit Number only if available on an existing pit for pit report

OGCC Operator Number: _____	Contact Name: _____
Name of Operator: _____	
Address: _____	Phone: (    ) _____
City: _____	State: _____ Zip: _____ Email: _____

**Pit Location Information**

Operator's Pit/Facility Name: _____	Operator's Pit/Facility Number: _____
API Number (associated well): 05- _____	
OGCC Location ID (associated location): _____	Or Form 2A # _____
Pit Location (QtrQtr, Sec, Twp, Rng, Meridian):    -    -    -    -    _____	
Latitude: _____	Longitude: _____ County: _____

**Operation Information**

Pit Use/Type (Check all that apply):	Pit Type: <input type="checkbox"/> Lined <input type="checkbox"/> Unlined
<input type="checkbox"/> Drilling: (Ancillary, Completion, Flowback, Reserve Pits)	<input type="checkbox"/> Oil-based Mud; <input type="checkbox"/> Salt Sections or High Chloride Mud
<input type="checkbox"/> Production:	<input type="checkbox"/> Skimming/Settling; <input type="checkbox"/> Produced Water Storage; <input type="checkbox"/> Percolation; <input type="checkbox"/> Evaporation
<input type="checkbox"/> Special Purpose:	<input type="checkbox"/> Flare; <input type="checkbox"/> Emergency; <input type="checkbox"/> Blowdown; <input type="checkbox"/> Workover; <input type="checkbox"/> Plugging; <input type="checkbox"/> BS&W/Tank Bottoms
<input type="checkbox"/> Multi-Well Pit:	Construction Date: _____ Actual or Planned: _____
Method of treatment prior to discharge into pit: _____	
Offsite disposal of pit contents:	<input type="checkbox"/> Injection; <input type="checkbox"/> Commercial; <input type="checkbox"/> Reuse/Recycle; <input type="checkbox"/> NPDES;    Permit Number: _____
Other Information: _____	

**Site Conditions**

Distance (in feet) to the nearest surface water: _____	Ground Water (depth): _____	Water Well: _____
Is this location in a Sensitive Area? _____	Existing Location? _____	

**Pit Design and Construction**

Size of Pit (in feet):	Length: _____	Width: _____	Depth: _____	Calc. Volume (barrels): _____
Flow Rates (in bbl/day):	Inflow: _____	Outflow: _____	Evaporation: _____	Percolation: _____
Primary Liner. Type:	Thickness (mil): _____			
Secondary Liner (if present):	Type: _____	Thickness (mil): _____		
Is Pit Fenced? _____	Is Pit Netted? _____	Leak Detection? _____		
Other Information: _____				

Operator Comments: \_\_\_\_\_

**Certification**

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval**

Signed: _____	Title: _____	Date: _____
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ATTACHMENTS	
Detailed Site Plan	_____
Design/Cross Sec	_____
Topo Map	_____
Calculations	_____
Sensitive Area Info	_____
Mud Program	_____
Form 2A	_____
Form 26	_____
Water Analysis	_____

**BMP**

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)

<b>CONDITIONS OF APPROVAL:</b>