

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

AUTHORIZATION OF SOURCE OF CLASS II WASTE FOR DISPOSAL

This form must be completed for any new disposal site and for any change in sources of produced water for an existing disposal site.

OGCC Operator Number: _____	Contact Name and Telephone
Name of Operator: _____	_____
Address: _____	No: _____
City: _____ State: _____ Zip: _____	Fax: _____

Complete the Attachment Checklist

	Oper	OGCC
Chemical analysis of fluids		

OGCC DISPOSAL FACILITY NUMBER: _____

Operator's Disposal Facility Name: _____ **Operator's Disposal Facility Number:** _____

Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

If more space is required, attach additional sheet.

ADD THIS SOURCE
 DELETE THIS SOURCE

One time disposal of this Class II Waste at this facility
 This Class II Waste to be disposed at this facility

Dates: From: _____ **To:** _____

Waste Generator: _____

Owner/Operator: _____ **Contact Name:** _____

Address: _____ **Telephone:** _____

City: _____ **State:** _____ **Zip:** _____

QtrQtr: _____ **Sec:** _____ **Twp:** _____ **Range:** _____ **Meridian:** _____

Description of Waste: _____

TDS: _____

Description of Process Which Generates This Waste: _____

Estimate of Frequency and Volume Produced: _____

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

Print Name: _____

Signed: _____ **Title:** _____ **Date:** _____

OGCC Approved: _____ **Title:** _____ **Date:** _____

CLASS II APPROVAL NO: _____

Use this number when reporting volume on Form 14.

CONDITIONS OF APPROVAL, IF ANY: