



west virginia department of environmental protection  
 601 57th Street SE  
 Charleston, WV 25304-2345  
 Office of Oil and Gas  
 Phone: (304) 926-0450

**WATER MANAGEMENT PLAN/  
 WATER ADDENDUM**

- **Horizontal Oil and Gas Well Permits**
- **Horizontal Oil and Gas Well Pads**

DEP Office Use only
Date Received by Oil & Gas:
Administratively Complete – Oil & Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No:
Date Received by Water Use:
Complete – Water Use: <input type="checkbox"/> Yes <input type="checkbox"/> No

API: 047-\_\_\_\_\_-\_\_\_\_\_

(for modification requests, list all wells in Section IIb)

**Section I - Operator Information**

Operator Name:	
Operator ID:	*Registered in the Frac Water Reporting Website? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name/Title (Water Resources Manager):	Contact Mailing Address:
Contact Phone:	Contact Email:

\*If no, the operator will be required to register with the WVDEP Water Use Section; contact [dep.water.use@wv.gov](mailto:dep.water.use@wv.gov)

**Section II(a)– Water Management Plan Overview**

<b>Plan Type</b>	<b>Plan Status</b>
<input type="checkbox"/> Well (individual)	<input type="checkbox"/> New (include full application)
<input type="checkbox"/> Well Pad	<input type="checkbox"/> Co-pending (include full application)
	<input type="checkbox"/> Approved (include previously approved pad plan plus sections I - III)
	<input type="checkbox"/> Modification* (include full application)

\*All modifications for well WMPs will be converted to Well Pad WMPs unless otherwise requested

Well Number:	Well Pad Name (if applicable):		
	Well/Well Pad Location (decimal degrees, NAD83)		
	Latitude:	Longitude:	County:

**Section II(b) – Water Management Plan Coverage Detail (for pad plans only)**

Well Pad Name (for all well and well pad plans):			County:	
			Location (decimal degrees, NAD83)	
WMP (old)	Well Number	API	Lat	Long

**Section III(a) – Source Water Overview**

**Estimated Water Needs:**

	<b>Gallons</b>
Construction (compaction)	
Drilling (cement, mud systems)	
Hydraulic Fracturing	
Post-Fracturing (coil tubing, drill-outs)	
Reclamation (hydroseeding)	
Incidental Use (dust suppression)	
Total	
Onsite Storage Capacity	

<b>Anticipated Withdrawal Dates</b>
Pad Construction Start:
Pad Reclamation End:

**Anticipated water sources (check all that apply)**

<input type="checkbox"/> Streams/Rivers	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Brokered Water	<input type="checkbox"/> Lake/Reservoir/Pond
<input type="checkbox"/> Centralized Freshwater Impoundment	<input type="checkbox"/> Centralized Waste Pit	<input type="checkbox"/> Aboveground Storage Tank	
<input type="checkbox"/> Other	<input type="checkbox"/> Recycled Frac Water		

**Section III(b) — Aquatic Life Protection** (if utilizing surface water, provide the following details)

Describe Entrainment and Impingement Prevention Plan:
Describe Invasive Species Transfer Prevention Plan:

**Section IV(a) – Stream/River Source** (to be completed for each surface water withdrawal location, print more pages as necessary)

Stream/River Name:		
Landowner name and address:	Phone:	
Intake Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:

**Proposed Withdrawal Details**

Stationary Pump:	Total Maximum Pump Rate (gpm)	
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:

**Determination that sufficient flow is available downstream from proposed intake point**

Allow passby to be calculated by the DEP (Preferred)? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, advance written authorization by DEP is required. Attach authorization and details.)
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**Stream details**

DEP Office Use Only			
Contact Recreation <input type="checkbox"/>	Aquatic Life-Trout Water <input type="checkbox"/>	Aquatic Life-Warm Water <input type="checkbox"/>	Drinking Water Supply <input type="checkbox"/>
Industrial <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Reference Gauge:
Gauged Stream : <input type="checkbox"/>	Stream Final Code:	Regulated by:	
Trout <input type="checkbox"/>	Sensitive Aquatic Species <input type="checkbox"/>	Tier 3 Streams <input type="checkbox"/>	Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstream Drainage Area?		Within zone of critical concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Section IV(b) - Groundwater Source\*** (to be completed for each Ground water withdrawal location, print more pages as necessary)

Well Permit # (DHHR):	Well Name:	
Landowner name and address:	Phone:	
Well Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Aquifer (if known):		
<input type="checkbox"/> *New well (Drill Date: _____) <input type="checkbox"/> Existing well		

\*If drilling a new well, please submit well logs to DEP's Water Use Section; Wells must be drilled and plugged in accordance with DHHR regulations

Total Depth:	Type of Casing:	Casing Diameter:	Screen Interval:	Screen Size:
Static Water Elevation:	Top of Casing Elevation:	Surface Elevation:	Type of Well Cap:	
Withdrawal Details				
Max. Pump Rate (gpm):				

**Analysis of potential groundwater impacts**

Static Water Level Prior to Test: _____ feet below grade
Drawdown (Water Level/Elevation During Pump Test): _____ feet
Duration of Pump Test: _____ hours
Gallons Per Minute During Pump Test: _____ gpm
Time to Return to Static Water Level After Pump Test: _____ hours

\*All groundwater supply wells must be registered with the Office of Oil and Gas, §22-6A-8(g)(5), additional requirements may apply.

**Section IV(c) - Brokered Water Source** (to be completed for each water supplier; include each hydrant/tap location, print more pages as necessary)

Supplier Name:		
Supplier name and address:		Phone:
Hydrant/Tap Location(decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Supplier type		
<input type="checkbox"/> Public Water Provider	<input type="checkbox"/> Waste Water Treatment Plant	<input type="checkbox"/> Industrial (raw water intake locations must be provided below)
<input type="checkbox"/> Commercial Supplier (raw water intake location must be provided below)		<input type="checkbox"/> Private (raw water intake locations must be provided below)
Purchase Details		
Max. total daily purchase (gal):	Additional location information:	

**Section IV(d) - Lake/Reservoir/Farm Pond Water Source\*** (to be completed for each lake/reservoir, print more pages as necessary)

Lake/Reservoir/Farm Pond Name:		
Owner name and address:		Phone:
Intake Location (decimal degrees, NAD83)		
Latitude:	Longitude	County:
Minimum release, if applicable (cfs):		
Withdrawal Details		
Stationary Pump:	Total Maximum Pump Rate (gpm)	
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:

**Section IV(e) – Centralized Impoundment/Waste Pit** (to be completed for each source, print more pages as necessary)

Centralized Impoundment/Pit Name:			
Referenced WMP#:		COA ID:	
Landowner name and address:		Phone:	
Facility Location (decimal degrees, NAD83)			
Latitude:	Longitude:	County:	Registered LQU? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operator name and address (if different than applicant):		Phone (if different than applicant):	
Withdrawal Details			
Stationary Pump:	Total Maximum Pump Rate (gpm)		
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:	

<b>DEP Office Use Only</b>	
Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Within zone of critical concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	



**Section IV(f) – Above Ground Storage Tanks** (to be completed for each source, print more pages as necessary)

AST Name:			
Referenced WMP#:			
Landowner name and address:		Phone:	
AST Location (decimal degrees, NAD83)			
Latitude:	Longitude:	County:	Registered LQU? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operator name and address (if different than applicant):		Phone (if different than applicant):	
Withdrawal Details			
Stationary Pump:	Total Maximum Pump Rate (gpm)		
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:	

DEP Office Use Only	
Within 1 mile upstream of a PSD?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within zone of critical concern?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section IV(g) - Reused Frac Water** (to be completed for each anticipated source)

Well Pad (where water was obtained from):	Well Pad (where water was obtained from):
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**Section V – Planned Disposal Method**

			<i>Estimate % each facility is to receive</i>			
	Name	Location (decimal degrees, NAD83)	Permit #	Fracturing	Stimulation	Production
UIC		Lat:  Long:				
NPDES (Treatment Plant)		Lat:  Long:				
Re-Use		Lat:  Long:				
Other		Lat:  Long:				

**Section VI - Planned Additives to be used in Fracturing or Stimulations** (attach list to form)

**Section VII - Operator Comments**

### Section VIII – Plan Reviewed By

DEP Office Use only		
API #		
Name:	Signature:	Date:
DEP Comments:		