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Form WW-8 (1-07)

Site Registration Form

1) Date: \_\_\_\_\_

2) Facility ID Number: \_\_\_\_\_

3) Date Received: \_\_\_\_\_

Agency Use Only


**STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS  
APPLICATION AND SITE REGISTRATION FOR  
LAND APPLICATION OF WATER PRODUCED FROM  
COALBED METHANE WELL**

4) Facility Operator: \_\_\_\_\_ 5) Facility Name \_\_\_\_\_

6) Operator's Facility Number \_\_\_\_\_ 7) Facility Elevation \_\_\_\_\_

8) Location:

(a) Watershed \_\_\_\_\_

(b) District \_\_\_\_\_ (c) County \_\_\_\_\_

(d) Quadrangle \_\_\_\_\_

9) Surface Owner\*: \_\_\_\_\_ 10) Acreage \_\_\_\_\_

Address \_\_\_\_\_

11) Designated Agent: \_\_\_\_\_

Address \_\_\_\_\_

**DESCRIPTION OF APPLICATION AREA**

12) Soil Type: \_\_\_\_\_ Soil Permeability: \_\_\_\_\_

Depth to Bedrock: \_\_\_\_\_ Depth to Water Table: \_\_\_\_\_

(Information from County Soil Survey Report)

13) Nearest Water Supply Distance\*\*: \_\_\_\_\_ Type: Stream ☐ Well: ☐ Spring: ☐

14) Nearest Surface Water \*: \_\_\_\_\_

15) Nearest Occupied Dwelling: \_\_\_\_\_

16) Average Slope of Proposed Area of Land Application: \_\_\_\_\_

17) Total Acreage of Proposed Application Area: \_\_\_\_\_

\* Attach additional pages as necessary.

\*\* If located within 1/4-mile of the land application area.

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**LOCATION AND DESIGN MAP**

18) Attach a map on the scale of 1" = 1,000' or smaller showing the acreage within the permitted site to be used for land application identifying all surface waters, wells, springs, natural rock outcrops and property lines in relation to the proposed area of land application. The map shall also delineate any buffer zones.

**DESCRIPTION AND METHOD OF LAND APPLICATION**

19) Provide a narrative describing the:

- (a) Number and API No. of all wells contributing to the discharge.
- (b) Coal seam or seams being produced.
- (c) Produced water treatment system and chemicals to be used (if any).
- (d) Method and rate planned for land application of produced water.
- (e) Vegetation study, to include both background and baseline conditions for the planned application area prior to any land application.
- (f) Groundwater monitoring plan, if necessary to exceed certain discharge limits as outlined in the permit and fact sheet.
- (g) Planned beginning date of land application.

**MONITORING PLAN**

20) Produced Water Discharge:

- (a) The point or area at which the produced water is to be discharged to the land application area is to be both identified in the narrative and shown on the design map. This discharge point or area is to be identified by a permanent marker with a sign attached identifying the discharge point.
- (b) The groundwater, soil, and vegetation monitoring points within the land application area are to be located by permanent marker. Each monitoring point is to be identified by a unique identifier, with this identifier shown upon the design map. Further, the individual monitoring points are to be identified in the land application area by a sign attached to each permanent marker.
- (c) A narrative is to be provided outlining the monitoring program of the land application area for contaminant concentrations in the soils within the application area, to assure that contaminants discharged are not adversely affecting soil quality. In addition, if groundwater monitoring is to be conducted a narrative is to be included describing the monitoring methods used to ensure that groundwater quality is not being adversely affected by the land application.

21) Coalbed Produced Water:

(a) Analytical Data

Attach sampling and laboratory analysis report to include sample date, time, method of collection, sampler, date received at lab, date of analysis, and method. Provide analysis for and include anticipated range of concentrations for the following parameters: Iron; Chloride; pH; TPH; Total Dissolved Solids; Aluminum; Manganese; Mercury; Selenium; and Sulfates.

(b) Daily Volumes

☐ Anticipated

Based On \_\_\_\_\_

☐ Actual

22) Provide calculations to support planned application rates given the soil conditions in the discharge area.

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## CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

OWNER/OPERATOR

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

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public of said County, do hereby certify that \_\_\_\_\_, who signed the writing above for \_\_\_\_\_ bearing date the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, has this day in my said County, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand and official seal this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

{SEAL}

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#### VOLUNTARY SURFACE OWNER STATEMENT OF APPROVAL

I hereby state that I have reviewed this application for coverage under general permit GP-WV-1-07 for the discharge of water produced from Coalbed Methane Well(s) onto my surface land. I understand that before the permit coverage can be granted, the operator must have my consent to the application of the produced water on the surface land.

I further state that I have no objection to the planned discharge of produced water to the land surface described in these materials, and I have no objection to coverage under general permit #GP-WV-1-07 being granted.

(For execution by natural person(s))

(For execution by corporation, etc.)

\_\_\_\_\_  
(Signature)      Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)      Date: \_\_\_\_\_

Name \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_