



PERMIT APPLICATION - UNDERGROUND INJECTION CONTROL PROGRAM
 NORTH DAKOTA DEPARTMENT OF HEALTH
 WATER QUALITY DIVISION
 SFN 8294 (10/97)

I. Name of Facility			Application Date	
II. Name of Facility Contact Person			Title	
III. Mailing Address		City	State	Zip Code
IV. Facility Location - Street, Route, and Legal Description (Twp, Rng, Sec, Qtrs)				
County		City	State	Zip Code
V. SIC CODES: List in descending order of significance the four 4-digit Standard Industrial Classification (SIC) Codes found in the "Standard Industrial Classification Manual" which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words.	1st	SIC No.	Name	
	2nd	SIC No.	Name	
	3rd	SIC No.	Name	
	4th	SIC No.	Name	
VI. Name of Operator			Telephone No.	
STATUS: () F=Federal () S=State () P=Private () M=Public (Other than Federal or State) () O=Other (Specify)				
Mailing Address		City	State	Zip Code
VII. INDIAN LANDS: Is this facility located on Indian Land? () Yes () No				
VIII. EXISTING ENVIRONMENTAL PERMITS	UIC - Underground Injection of Fluids		Permit No.:	
	NPDES - Discharge to Surface Water		Permit No.:	
	RCRA - Hazardous Wastes		Permit No.:	
	PSD - Air Emissions from Proposed Sources		Permit No.:	
	Other (specify)		Permit No.:	
X. Brief Description of Nature of Business:				
IX. Certification: I certify, under penalty of the law, that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe the information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of imprisonment.				
SEE BACK OF FORM FOR DETAILS ON MAP AND ENGINEERING REPORT THAT MUST BE SUBMITTED WITH THIS APPLICATION.		NAME (Typed)		
		TITLE (Typed)		
		Signature		

**PERMIT APPLICATION - UNDERGROUND INJECTION CONTROL PROGRAM
ENGINEERING REPORT AND MAPS TO SUBMIT WITH APPLICATION**

MAPPING: Attach to this application, a topographic map of the area extending to at least **one mile** beyond property boundaries.
The map must show the following:

1. the outline of the facility;
2. the location of each of its existing and proposed intake and discharge structures;
3. each hazardous waste treatment, storage, or disposal facility;
4. each well where fluids will be or are injected underground; and
5. all springs, rivers, and other surface waterbodies in map area.

ENGINEERING REPORT: Attach to this application an **Engineering Report** containing the following information:

1. **Maps** showing the injection wells for which a permit is sought, and the applicable area of review. The map must show the number or name and location of all producing wells, injection wells, abandoned wells, dry holes, surface bodies of water, springs, mines, quarries, water wells, and other pertinent surface features, including residences and roads.
2. A **tabulation** of data on all wells within the area of review which penetrate into the proposed injection zone.
3. **Maps and cross-sections** indicating the general vertical and lateral limits of all underground sources of drinking water within the area of review, their position relative to the injection formation, and the direction of water movement, where known, in each USDW which may be affected by the proposed injection.
4. **Maps and cross-sections** detailing the geologic structure of the local area.
5. **Generalized maps and cross-sections** illustrating the regional geologic setting.
6. **Proposed operating data** which should include average and maximum daily rate and volume of fluid to be injected, average and maximum injection pressure, and source and analysis of chemical, physical, radiological, and biological characteristics of injection fluids.
7. **Proposed formation testing program** to obtain analysis of chemical, physical, and radiological characteristics and other information on the receiving formation, including estimated formation fracture pressure.
8. **Proposed stimulation program.**
9. **Proposed injection procedure.**
10. **Engineering drawings** of the surface and subsurface construction details of the system.
11. **Contingency plans** to cope with all shut-ins or well failures so as to prevent migration of fluids into any underground source of drinking water.
12. **Corrective action** proposed to be taken for wells within the area of review which penetrate the injection zone and are not properly completed or plugged.
13. **Construction procedures**, including the cementing and casing program, logging procedures, deviation checks, and a drilling testing and coring program.
14. Information on **expected changes** in pressure, native fluid displacement, and direction of movement of injection fluid.
15. **Discussion** of the qualifications and training of injection operations supervisory personnel.
16. A **certificate** that the applicant has assured, through a performance bond or other appropriate means, the resources necessary to close, plug, or abandon the well.
17. **Any other information** the staff requires to properly evaluate the application, such as proposed observation wells, etc.

SEND APPLICATION, MAPS, AND ENGINEERING REPORT TO:

North Dakota Department of Health
Division of Water Quality
PO Box 5520
1200 Missouri Ave., Rm. 203
Bismarck, ND 58506-5520