

Application for Permit to Withdraw Groundwater from Waters of the State of Mississippi for Hydraulic Fracturing

**DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 2309, JACKSON, MS 39225-2309; (601) 961-5200**

THIS BOX IS FOR OFFICE USE ONLY

FORM OLWR-GW-FAP-01 (12/17)

Issued:	Expires:	Agenda:	Permit No:
Lat:	Long:	Elev:	Aquifer:
Quad:	STAC:	AI No:	USGS No:

LANDOWNER:

(Name) _____
(E-mail address)

(Address) _____
(Cellular No.)

(City) _____
(State & Zip) _____
(Telephone No.) _____
(Fax No.)

APPLICANT:

(Name) _____
(E-mail address)

(Company)

(Address) _____
(Cellular No.)

(City) _____
(State & Zip) _____
(Telephone No.) _____
(Fax No.)

GROUNDWATER SOURCE

LOCATION of proposed groundwater well: (A suitable **MAP** with location marked **MUST** accompany this application):

_____ 1/4, of the _____ 1/4, of Section _____, Township _____, Range _____, County _____

Latitude(Deg-Min-Sec): _____ Longitude (Deg-Min-Sec): _____

DESCRIPTION of proposed groundwater well:

Aquifer: _____

Driller: _____ work will begin on (date) _____ completed by _____

Depth of Well:(ft) _____

Surface Casing: Length (ft) _____ Diameter(in) _____ Type _____
(steel, stainless, other)

Screen: Length(ft) _____ Diameter(in) _____ Type _____
(steel, stainless, other)

Pump: Type _____ Capacity _____ Setting depth _____
(submersible, turbine, jet, flowing, other) (gallons per minute) (feet)

Power unit: Type _____ Size _____
(electric, tractor, diesel, gasoline, butane, other) (horsepower)

IF A SURFACE WATER WITHDRAWAL/IMPOUNDMENT PERMIT IS ASSOCIATED WITH THIS HYDRAULIC FRACTURING OPERATION, PLEASE PROVIDE THE FOLLOWING:

Surface Water Withdrawal Permit Number: _____

Surface Water Impoundment Permit/Application Number: _____

Surface Water Source: _____

OIL WELL IDENTIFICATION (Name and API Number): _____

Location of Oil Well (Deg-Min-Sec): Latitude: _____ Longitude: _____

ANTICIPATED DATE RANGE OF WATER WITHDRAWAL: FROM: _____ TO: _____

ANTICIPATED DATES OF HYDRAULIC FRACTURING PHASE: FROM: _____ TO: _____

REQUESTED VOLUME AND RATE OF WITHDRAWAL:

_____ MILLION GALLONS AT A MAXIMUM RATE OF _____ GALLONS PER MINUTE

IF THIS GROUNDWATER WELL WILL BE USED FOR THE HYDRAULIC FRACTURING OF MORE THAN ONE OIL WELL, PLEASE ATTACH A LIST OF THE ABOVE INFORMATION FOR EACH OIL WELL.

REMARKS

List below the person to be contacted for additional information if required.

(Name) (E-mail address)

(Company)

(Address)

(City) (State & Zip) (Telephone No.) (Fax No.)

Application is hereby made for a permit or permits to authorize the work described in this application. I certify that the information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.

Date Signature

Printed Name

Title Telephone No.

THIS BOX IS FOR OFFICE USE ONLY

APPROVED TOTAL MAXIMUM VOLUME: _____ MILLION GALLONS
APPROVED MAXIMUM RATE OF WITHDRAWAL: _____ GALLONS PER MINUTE