



Date of Application: _____

Existing KDHE UIC Permit Number: _____

Well ID: _____

CLASS I NON-HAZARDOUS WASTE INJECTION WELL REPERMIT APPLICATION FOR SUBSURFACE DISPOSAL OF NON-HAZARDOUS LIQUID INDUSTRIAL WASTE

1. OWNER / OPERATOR

Owner's Name:		Telephone #:	
Mailing Address:		E-Mail Address:	

If different than above:

Operator's Name:		Telephone #:	
Mailing Address:		E-Mail Address:	

2. FACILITY NAME / CONTACT PERSON

Facility Name:			
Facility Contact:		Telephone #:	
Job Title:		E-Mail Address:	

3. WELL INFORMATION & COMPLETION

GPS Coordinates Latitude / Longitude:		County:	
Located on Indian Lands:	Yes No	Top Hole Elevation:	

Provide updated diagram of well completion; attachment name: _____

4. WASTE SOURCE

Describe in detail the sources of the waste(s) and additives or treatment chemicals directed to this well. Provide an attachment with an updated waste flow diagram depicting the point of generation of each individual waste stream and the relationship to the disposal well. Include all waste sources (drain lines, floor drains, pipelines, traps, tanks, etc.) and the estimated volume of waste produced by each source.

Waste flow diagram; attachment name: _____

5. WELL TABULATION

A. Submit a tabulation of data for all wells penetrating the injection zone and/or the confining zone within the area of review including the following:

1. current status
2. type
3. construction
4. date of drilling
5. location
6. depth
7. plugging or completion data

Key these wells to a map. Submit copies of plugging records for wells penetrating the injection zone and/or the confining zone if available. Submit a schematic indicating the current configuration of all wells penetrating the injection zone and/or confining zone. Submit proposed corrective measures required for wells in the area of review, if any

Attachment name: _____; or Reference: _____

B. Describe in the text box below the protocol used to identify, locate, and ascertain the condition of all wells within the area of review. At a minimum the records of the following shall be reviewed:

1. Kansas Department of Health and Environment
2. Kansas Geological Society
3. Kansas Geological Survey
4. Kansas Corporation Commission

Submit documentation that these sources were checked. Appropriately scaled aerial photos of the area of review shall also be examined for any indication of wells and the results reported. Submit copies of the aerial photos examined. In addition, the location of each abandoned well penetrating the injection zone shall be physically inspected; submit the results of this documented inspection.

Attachment name: _____; or Reference: _____

6. CONFINING ZONE

Formation(s) Name:	Estimated Depth to Top	Estimated Depth to Base

10. REQUESTED MAXIMUM DAILY VOLUME

Requested Maximum Daily Volume _____ barrels/day.

If this volume exceeds the maximum allowed by the existing permit, provide justification utilizing the attached procedure for requesting a daily injection volume increase - UICI#15 Procedure for Submitting a Request to Increase the Injection Volume for a Class I Underground Injection Control (UIC) Industrial Waste Injection Well Permit.

11. SPILL PREVENTION & SECONDARY CONTAINMENT

Describe in the text box below a detailed spill prevention and containment plan for the injection operation. Submit design plans for any spill containment structure(s).

Attachment name: _____ ; or Reference: _____

12. PLUGGING

Provide an updated plugging plan for the Class I disposal well utilizing UICI#11 Procedure for the Plugging and Abandonment of a Class I Non-Hazardous Waste Disposal Well – Long-string Cemented from Bottom to Surface. Attach an updated cost estimate for the plugging procedure plan.

Attachment name: _____

13. SIGNATORY AUTHORITY

Review the existing Signatory Authority documentation and provide updated information if necessary.

Attachment name: _____



In conformity with the provisions of K.S.A 65-171d, the undersigned, representing:

(name of company, corporation, partnership, person, government, or public agency applying)

hereby makes application to KDHE for a permit to dispose of liquid wastes into the subsurface by means of a disposal well.

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. K.A.R. 28-46-22 requires this certification and that this application be signed by an executive officer of a level of at least Vice-President or other authorized signatory as described at the Code of Federal Regulations 40 CFR 144.32 in effect on April 1, 1993.

Printed Name of Authorized Signatory

Signature of Authorized Signatory

Company

Job Title