



OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS RESOURCES MANAGEMENT
 2045 Morse Road, F-2 • Columbus, OH 43229-6693
 (614) 265-6922 • Fax (614) 265-6910

FOR DIVISION USE ONLY	
DATE RECEIVED:	
DATE OF COMPLETED APPLICATION:	

Date:

PERMIT TO INJECT

Application for a Class II Disposal Well Permit to Inject Brine or Other Waste Substances Pursuant to Ohio Revised Code 1509.22(D)

Owner Name:	<input style="width: 95%; height: 25px;" type="text"/>	API Number:	<input style="width: 95%; height: 25px;" type="text"/>
Well Name:	<input style="width: 95%; height: 25px;" type="text"/>	Well Number:	<input style="width: 95%; height: 25px;" type="text"/>
County:	<input style="width: 45%; height: 25px;" type="text"/>	Township:	<input style="width: 45%; height: 25px;" type="text"/>
Date of Issuance of Permit to Drill:	<input style="width: 100%; height: 25px;" type="text"/>		

NOTE TO APPLICANT: Please attach copies and/or results for each of the items listed below.

- | | |
|---|--|
| <input type="checkbox"/> Records associated with any special permit conditions
<input type="checkbox"/> Verification of integrity as required by rule 1501:9-3-06 (D) of the Administrative Code | <input type="checkbox"/> Well construction records
<input type="checkbox"/> Well testing records
<input type="checkbox"/> Geophysical or electrical logs |
|---|--|

I, the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the facts stated herein are true, correct, and complete, to the best of my knowledge.

I, the undersigned, being first duly sworn, depose and state that the aforementioned well has met all special permit conditions attached to a permit issued pursuant to section 1509.06 of the Ohio Revised Code and all requirements pursuant to rule 1501:9-3-06 (G) of the Ohio Administrative Code.

I, the undersigned, being first duly sworn, depose and state that to the best of my knowledge the surface facility was constructed in accordance with the approved application and the verification of integrity performed and completed according to the accepted plan pursuant to rule 1501:9-3-06 (G)(1)(d) of the Ohio Administrative Code.

I am submitting the application to receive authorization of the aforementioned well to begin injection operations.

By signing below I hereby agree to conform with all provisions of Chapter 1509 of the Ohio Revised Code and Chapter 1501:9 of the Ohio Administrative Code, and all orders and conditions issued by the Chief of the Division of Oil and Gas Resources Management.

<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
SIGNATURE OF OWNER/AUTHORIZED AGENT	NAME <i>Type or Print</i>	TITLE

If signed by Authorized Agent, a certificate of appointment of agent must be on file.

Sworn to before me and subscribed in my presence on this

_____ day of _____, 20____.

MONTH YEAR

(NOTARY SEAL)

 NOTARY PUBLIC

My commission expires _____.