

Recycling Facility Only

Type of action: Permit Registration Modification Closure Other (explain) _____

Be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.
Operator: _____ (For multiple operators attach page with information) OGRID #: _____
Address: _____
Facility or well name (include API# if associated with a well): _____
OCD Permit Number: _____ (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr _____ Section _____ Township _____ Range _____ County: _____
Surface Owner: Federal State Private Tribal Trust or Indian Allotment

2.
 Recycling Facility:
Location of recycling facility (if applicable): Latitude _____ Longitude _____ NAD83
Proposed Use: Drilling* Completion* Production* Plugging *
**The re-use of produced water may NOT be used until fresh water zones are cased and cemented*
 Other, *requires permit for other uses. Describe use, process, testing, volume of produced water and ensure there will be no adverse impact on groundwater or surface water.*
 Fluid Storage
 Above ground tanks Activity permitted under 19.15.17 NMAC explain type _____
 Activity permitted under 19.15.36 NMAC explain type: _____ Other explain _____
 Closure Report (required within 60 days of closure completion): **Recycling Facility Closure Completion Date:** _____

3.
Variances:
Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the environment.
Check the below box only if a variance is requested:
 Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the variance information on a separate page and attach it to the C-147 as part of the application.
If a Variance is requested, it must be approved prior to implementation.

4.
Operator Application Certification:
I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.
Name (Print): _____ Title: _____
Signature: _____ Date: _____
e-mail address: _____ Telephone: _____

5.
OCD Representative Signature: _____ **Approval/Registration Date:** _____
Title: _____ **OCD Permit Number:** _____
 OCD Conditions _____
 Additional OCD Conditions on Attachment