Nevada Division of Environmental Protection Bureau of Water Pollution Control - Underground Injection Control Program

901 S. Stewart St Ste 4001Carson City Nevada 89701 Ph: 775-687-9418 Fx: 775-687-4684

UIC Form U310 – Notice of Termination (NOT) for UIC Permits

Submission of this Notice of Termination constitutes notice the party identified below is no longer authorized to inject fluids associated with groundwater remediation under the Underground Injection Control (UIC) program. This form and other information are available at: http://www.ndep.nv.gov/bwpc/uic01.htm. Any questions should be directed to the UIC Program at (775) 687-9492. Submit form to the address above.

| I. PERMIT INFORMATION - ALL SECTIONS MUST BE COMPLETED | | | |
|---|---|---|---|
| A.) UIC Permit Number | General Permit ID# | | |
| B.) Date form completed: | Date termination requested: | | |
| C.) If activities are associated with groundwater remediation project, attach a notice from corrective action case officer that concurs with the termination of injection activities. | | | |
| D.) Has all injection associated wi | th this permit been termina | ated in accordance with applicable permit condit | ions? |
| Yes No | If Yes, Date inj | ection ceased: | |
| If No, provide reason for submission | of this Notice of Termination: | | |
| Number of wells already | plugged: Injection wells:_ | If not, 1) when? MWs | |
| | ngged: Injection wellsch injection well to be plug | MWs gged: | |
| II. FACILITY OWNER/OPERATOR | RINFORMATION | | |
| Business Name: | | | |
| Contact Person: | | Phone: | |
| Address: | | Email: | |
| City: | State: | ZIP Code: | |
| BCA Case # or Facility ID (if applicable | e): | Petro.Fund # | |
| III. FACILITY/SITE LOCATION II | NFORMATION | | |
| Name: | | Phone: | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| IV. CERTIFICATION | | | |
| that were authorized by a UIC general p by submitting this notice of termination activity under this UIC permit, and Administrative Code where the injection | permit have been eliminated or ton, I am no longer authorized injecting fluids associated won discharge is not authorized | ith groundwater remediation activity from the identified that I am no longer the operator of the facility. I understate to inject discharges associated with groundwater remediation is unlawful under the by a UIC permit. I also understand that the submittal y violations of this permit or the Nevada Administrative | and that ediation Nevada of this |
| Print Name: | Title: | Email: | |
| Signature: | | Date: | |

Nevada UIC Notice of Termination (NOT) - Form U310

Instructions

Who May File a Notice of Termination (NOT) Form

Permittees who are presently covered under a Nevada-issued Underground Injection Control Permit (UIC) permit for injection discharges may submit a Notice of Termination (NOT) form when their facilities no longer have any injection discharges as defined in the UIC regulations at NAC 445A.810 to 445A.925, or when they are no longer the operator of the facilities.

If injection activities are associated with groundwater remediation, the NOT form must include a <u>Letter of Concurrence</u> from the Bureau of Corrective Actions or the District Health Department Case Officer stating injection activities will not be necessary for remediation purposes in the future.

Upon receipt of the NOT form, the UIC Program shall determine whether there is a need to continue monitoring and reporting pursuant to the permit conditions at any given site. This is often the case with remediation projects where such permit conditions must remain in force for a minimum of one year following authorization to discontinue actual cleanup activities. If continued monitoring, reporting and inspections are not necessary, and the Permittee is no longer discharging, the permit may be cancelled.

Where to File NOT Form

Nevada Division of Environmental Protection Bureau of Water Pollution Control, Attention: UIC Program 901 S. Stewart Street, Suite 4001 Carson City NV 89701

Completing the Form

Type or print, using upper-case letters, in the appropriate areas only. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. If you have any questions about this form, write the UIC Program or telephone at (775) 687-9492.

Section I Permit Information

If all injection discharges at the facility or site identified in Section III have been terminated, check the corresponding box.

Enter the existing UIC Permit number assigned to the facility or site identified in Section III. If you do not know the permit number, contact the UIC Program. Indicate your reason for submitting this Notice of Termination by checking the appropriate box and submitting comments if necessary.

Section II Facility Owner/Operator Information

Give the legal name of the person, firm, public organization, or any other entity that owns or operates the facility or site described in this application. The name of the owner/operator may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility's operation, rather than the plant or site manager. Enter the complete address and telephone number of the owner/operator.

Section III Facility/Site Location Information

Enter the facility's or site's official or legal name and complete address, including city, state and ZIP code.

Section IV Certification

Federal statutes provide for severe penalties for submitting false information on this application form.

The owner/operator must sign this document: a private individual, a corporate officer, a general partner, a proprietor, a principal executive, or a ranking elected official.