Bureau of Mining Regulation and Reclamation

WATER POLLUTION CONTROL PERMIT APPLICATION INSTRUCTIONS
FORM M

GENERAL REQUIREMENTS: Chapter 445 of the Nevada Revised Statutes prohibits any person from discharging or injecting through a well into waters of the State unless the discharge or injection is authorized by the Division of Environmental Protection (Division).

REQUIREMENTS: If your mining, milling, or other beneficiation process activity has the potential to degrade waters of the State, you must file an application for a Water Pollution Control Permit. This requirement to file applies to all users even if no discharge is intended.

PROCEDURES FOR FILING: Copies of the application, Form M, are available at the Division of Environmental Protection, Bureau of Mining Regulation and Reclamation, 901 South Stewart Street, Suite 3002, Carson City, Nevada and online on the website of the Division at BMRR Applications and Fees. Additional information sufficient to describe and explain the proposed activity must be included with the completed form. Contents of the supporting information are detailed in the Regulations governing the design, construction, operation, and closure of mining operations, NAC 445A.350 through NAC 445A.447.

The completed Form M, application fee, and supporting information must be filed at the following address:

Bureau of Mining Regulation and Reclamation
Division of Environmental Protection
901 South Stewart Street, Suite 4001
Carson City, NV 89701-5249

SIGNATURE ON APPLICATION: The permit application must be signed by the owner or, for partnership or corporation, an executive officer whose name appears in Part I. If the owner does not operate the facility, the operator or his designated agent must also sign the application.

USE OF INFORMATION: All information contained in this application will, upon request, be made available to the public for inspection and copying. A separate sheet entitled "Confidential Information" must be used to set out information which is considered by the applicant to constitute trade secrets. The information must clearly indicate the item number to which it applies. Confidential treatment can be considered only for that information for which a specific written request of confidentiality has been made and the Division will make a final determination. However, in no event will identification of the contents, volume, and frequency of a discharge be recognized as confidential or privileged information, except in certain cases involving the national security.
DEFINITIONS

1. Person:
   A. The State or any agency or institution thereof, any individual, partnership, firm, 
      private corporation, trust, estate, commission, board, public or private institution, 
      utility, cooperative, municipality or other political subdivision of this State, any 
      interstate body or any other legal entity.
   B. Includes the United States, to the extent authorized by federal law.

2. Waters of the State: All waters situated wholly or partly within or bordering upon this State, 
   including but not limited to:
   A. All streams, lakes, ponds, impounding reservoirs, marshes, water courses, 
      waterways, wells, springs, irrigation systems, and drainage systems; and
   B. All bodies or accumulations of water, surface and underground, natural or artificial.

APPLICATION FEE

Applications for a Water Pollution Control Permit submitted to or required by the Administrator 
shall be accompanied by the appropriate fee. Review of the application consistent with NAC 
445A.400 will not commence until the required fee has been paid.

Updated 6/11/2021
STATE OF NEVADA

BUREAU OF MINING REGULATION AND RECLAMATION

WATER POLLUTION CONTROL PERMIT APPLICATION
FOR MINING, MILLING, DISCHARGE, OR OTHER PROCESS

PERMIT APPLICATION FORM M

Project Name:________________________________________

Permit Number:_____________________________________
(If new leave blank, assigned by Agency)

For Agency Use Only
Date Received (Year/Month/Day):____________________

PLEASE READ THE ACCOMPANYING GUIDANCE PRIOR TO COMPLETING THIS FORM
(Please print or type)

I. Owner: Person, partnership or corporation who owns and is responsible for the facility for
which this permit application is filed. For partnership or corporation, attach on a separate
sheet, the legal structure of the owner including the names, addresses, and phone numbers
of all officers.

A. Business Name:____________________________________

B. Mailing Address:
P.O. Box or Street:____________________________________

____________________________________________________

City:________________________________________________

State and Zip Code:___________________________________

C. Contact:___________________________________________

Telephone Number:______________________________

Other Number:______________________________

E-mail address:______________________________________
II. Operator/Permittee: Person, partnership or corporation who operates and is responsible for the facility for which this permit application is filed. For partnership or corporation, attach on a separate sheet, the legal structure of the owner including the names, addresses, and phone numbers of all officers.

A. Business Name:________________________________________________________

B. Mailing Address:
P.O. Box or Street:________________________________________________________

City:________________________________________

State and Zip Code:________________________________________________________

C. Contact:______________________________________________________________

Telephone Number:________________________

Other Number: __________________________

E-mail address:__________________________________________________________

III. Authorized Agent: Person authorized to act as the representative for all Division environmental matters (the site environmental contact).

A. Name:_______________________________________________________________

B. Mailing Address:
P.O. Box or Street:_______________________________________________________

City:________________________________________

State and Zip Code:_______________________________________________________

Telephone Number:________________________

Other Number: __________________________

E-mail address:__________________________________________________________
IV. Billing Contact: Person by whom the invoices and billing will be handled.

A. Name:_______________________________________________________________

B. Mailing Address:
  P.O. Box or Street:_____________________________________________________
  City:_______________________________________________________________
  State and Zip Code:___________________________________________________
  Telephone Number:____________________________________________________
  Other Number:________________________________________________________
  E-mail address:_______________________________________________________

V. Landowner: Person, partnership or corporation who owns the land, mining claim or claims on which the proposed activity is planned or occurs. For partnership or corporation, attach on a separate sheet, the legal structure of the land owner including the names, addresses, and phone numbers of all officers.

A. Name:_______________________________________________________________

B. Mailing Address:
  P.O. Box or Street:_____________________________________________________
  City:_______________________________________________________________
  State and Zip Code:___________________________________________________
  Telephone Number:____________________________________________________
  Other Number:________________________________________________________
  E-mail address:_______________________________________________________
VI. Location of facility

A. Facility Address:

P.O. Box or Street: ________________________________

__________________________________________________________

City: ________________________________

County or Counties: ________________________________

State and Zip Code: ________________________________

B. UTM Coordinates (meters, Zone 11, NAD83):

Township, Range, and Section: ________________________________

Type of facility

__ Large-scale (All information required by NAC 445A.394 must be submitted as supporting information to this form)

__ Small-scale (All information required by NAC 445A.410 must be submitted as supporting information to this form)

__ Physical separation (All information required by NAC 445A.414 must be submitted as supporting information to this form)

__ Infiltration or discharge to surface (pursuant to NAC 445A.228 through NAC 445A.263)

VII. Anticipated size, magnitude or extent of activity

Acres of surface disturbance: ________________________________

Amount of ore processed in tons per year, or
Amount of discharge in gallons per day: ________________________________

(If zero tons processed, indicate if the site is in closure or post-closure monitoring).
VIII. Method(s) of ore processing or discharge:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

IX. Expected lifetime of activity

__ less than one year

__ one to five years

__ more than five years

X. Any person who knowingly makes any false statement, representation or certification in any application, record, report, plan or other document filed or required to be maintained by the provisions of NRS 445A. 130 to 445A. 730, inclusive, or by any Permit, rule, regulation or order issued pursuant thereto, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under the provisions of NRS 445A. 130 to 445A. 730, inclusive, or by any Permit, rule, regulations or order issued pursuant thereto, is subject to remedies and sanctions as provided in NRS 445A. 675, to-wit, not more than $25,000 per day per violation or imprisonment for not more than one year or both.
XI. I certify that I am familiar with the information provided in this application and that to the best of my knowledge the information is true, complete, and accurate and that I have the authority to execute and sign this application.

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<th>Title or Authority of Signatory</th>
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