

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 landowner 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.

Printed Name of Owner

Title or Authority of Signatory

Legal Signature

Date of Signing

Printed Name of Operator

Title Authority of Signatory

Legal Signature

Date of Signing