



## UIC Permit Application - Form U200

Please review attached "Instructions for Completing UIC Permit Application – Form U200" before completing each item, or your application may be delayed. All sections must be completed.

1. Mark application status with an "X":  New  Temporary  Renewal  Major Mod  Permit Transfer

2. Facility/Site Name: \_\_\_\_\_

Address or Location of Wells: \_\_\_\_\_

Legal Description of Location of Well(s): Township \_\_\_ N S, Range \_\_\_ E, Sec. \_\_\_, ¼ Sec. \_\_\_, ¼ Sec. \_\_\_

Latitude \_\_\_ deg \_\_\_ min \_\_\_ sec Longitude \_\_\_ deg \_\_\_ min \_\_\_ sec Object: \_\_\_\_\_

Well Site/Field Land Status:  Private  Public - Agency \_\_\_\_\_

County \_\_\_\_\_ For wells on one parcel, enter APN # \_\_\_\_\_

Current/Previous UIC permit # \_\_\_\_\_ Other NDEP Permits # \_\_\_\_\_

3. Number of Injection Wells requested for next 5 years: \_\_\_\_\_ Number of current Injection Wells: \_\_\_\_\_

a. **For projects with existing injection wells**, attach a separate sheet with a list of each existing injection well with a name or description of well, location by Section T&R, depth, perforated or open interval, current well status.

4. Mark type of well applied for with an "X"; circle other types of existing/proposed injection wells at project.

<b>Class 2 Wells:</b> OIL and GAS PRODUCTION <input type="checkbox"/> Disposal <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage
<b>Class 3 Wells:</b> <input type="checkbox"/> Solution Mining <input type="checkbox"/> In-Situ Prod. Uranium/Metals <input type="checkbox"/> Fossil Fuel Recovery <input type="checkbox"/> Other

**Class 5 Wells:** (also enter Class 5 "Subclass Code" here \_\_\_\_\_ see [BWPC Forms website](#) for list)

<b>COMMERCIAL/INDUSTRIAL</b>  <input type="checkbox"/> Motor Vehicle Waste Disposal (floor drain or other drainage device) <input type="checkbox"/> Vehicle Washing (floor drain or other drainage device) <input type="checkbox"/> Contact/Non-contact <input type="checkbox"/> Industrial Process Water	<b>GEOTHERMAL REINJECTION</b>  <input type="checkbox"/> Energy production (25 or more megawatts) <input type="checkbox"/> Energy production (10 to less than 25 MW) <input type="checkbox"/> Energy production (less than 10 MW) <input type="checkbox"/> Direct Heat Reinjection (less than 250,000 gal/day) <input type="checkbox"/> Direct Heat Reinjection (250,000 gal/day or more)	<b>RECHARGE</b>  <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Aquifer Recharge <input type="checkbox"/> Mining Pit Dewatering <input type="checkbox"/> On-site Dewatering	<b>REMEDIATION</b>  <input type="checkbox"/> Remediation
<b>STORM WATER DRAINAGE</b>  <input type="checkbox"/> Commercial/Industrial Storm Water Drainage <input type="checkbox"/> Non-Commercial/Industrial Storm Water Drainage		<b>SEPTIC</b>  <input type="checkbox"/> Large capacity septic systems (≥5,000 gal)	<b>OTHER</b> <input type="checkbox"/> Describe _____ _____ _____

5. Based on 3 & 4 above, enter Application Fee Enclosed here: \$ \_\_\_\_\_

(Appropriate fee must be submitted as described in NAC445A.872; fee schedule available at <https://ndep.nv.gov/water/water-pollution-control/permitting/permitting-fees>)

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<b>6. Well Owner Information</b>			
Organization:		Contact person:	
Title:	Phone:	Email:	
Mailing Address, City, St & Zip Code:			
Billing Address? <input type="checkbox"/>			
<b>7. Operator Information</b>			
Organization:		Contact person(s):	
Title:	Phone:	Email:	
Mailing Address, City, St & Zip Code:			
Billing Address? <input type="checkbox"/>			
<b>8. Property Owner Information</b>			
If property owner is different from Well Owner or Operator, please include information here. See instructions for details.			
Name of owner:			Phone:
Mailing Address:			
City:	State	Zip Code:	
<b>9. Billing Information, if different from address under Item 6 or 7 (Annual invoice will be mailed to this address or the entity checked above)</b>			
Organization:		Email:	
Contact person:		Phone:	
Title:	Fax:		
Mailing Address, City, St & Zip Code:			
Federal Tax ID No.:			
<b>10. Other Contact, if different from Contact under Item 7, 8, or 9</b>			
Organization:		Email:	
Contact person:			
Phone, fax:			
Mailing Address, City, St & Zip Code:			

Identify from the names above:

Who owns the surface facilities related/connected to the injection well(s)? \_\_\_\_\_

Who operates these surface facilities? \_\_\_\_\_

NOTE: Correspondence shall be directed to the Owner/Operator of the injection well(s). In addition, major correspondence shall be sent to the property owner if the property owner is not the Owner/Operator of the injection well(s).

**11. Financial Responsibility Information** (see instructions for more details)

Proof of Financial Responsibility is required for all injection wells in Nevada. Provide a copy of the Affidavit of Intent to Abandon or proof of financial responsibility such as a surety bond or financial statement to verify that resources necessary to plug and abandon the well are available (pursuant to NAC 445A.871). Copies of bonds filed with BLM or Nevada Division of Minerals may be submitted as evidence. Evaluation will be made to determine if additional bonding is required. For mining permits, show proof that the Mining Reclamation Bond will cover plugging and abandonment costs.

# Nevada UIC Permit Application – Form U200 (Cont.)

## 12. Certification by Owner/Operator

I certify under penalty of law that I have personally examined and am familiar with the information in this, and attached, document(s). I believe the information is true, accurate and complete, based on my inquiry of those individuals immediately responsible for obtaining the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**(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.)**

<b>Name of Responsible Official</b>	<b>Title</b>
<b>Signature of Responsible Official</b>	<b>Date</b>

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 NAC 445.131 to 445.354, 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 NAC 445.131 to 445.354, inclusive, or by any permit, rule, regulation or order issued pursuant thereto, is guilty of a gross misdemeanor and shall be punished by a fine of not more than \$10,000 or by imprisonment in the county jail for not more than 1 year, or by both fine and imprisonment.

**Nevada Division of Environmental Protection  
Bureau of Water Pollution Control Attention: UIC Program  
901 S. Stewart Street, Suite 4001  
Carson City, NV 89701-5249**

# Nevada UIC Permit Application – Form U200 (Cont.)

## INSTRUCTIONS FOR COMPLETING UIC PERMIT APPLICATION Form U200:

**This application form is the primary application form for UNEV and UIC general permit applications, and is required for all UIC permit application packages.**

**Please review attached “Instructions for Completing UIC Permit Application – Form U200” before completing each item, or your application may be delayed. All sections must be completed. If a section is not applicable, enter N/A.**

1. **APPLICATION STATUS** – Pursuant to NAC 445A.902, mark with an “X” if the application is a new application, renewal application (due 180 days before permit expiration), major modification, or permit transfer (minor modification). Permit Transfer requests must have the Transfer form attached. All other requests for minor modifications do not require the UIC Permit Application form.
2. **FACILITY/SITE NAME & LEGAL DESCRIPTION** – Enter the Facility/Site name where the injection wells are located. Enter the address, or enter the physical description of the location of the injection wells if there is not an address.

Each UIC permit must contain a legal description of the well locations. Enter the legal description of the location for each injection well: Township(s), Range(s), Section(s), ¼ Section(s), and ¼ Section(s). (Valid Township Numbers are 1N through 48N and 1S through 35S; valid Range Numbers are 17 ½ E through 71E; valid Section Numbers are 01 through 36) For an Area Permit (more than one injection well under a permit), the applicant may request as many sections as necessary within their legal right – please attach a separate sheet listing all sections being requested and provide the location information in the same format. If multiple wells are in different sections, please list each injection well with information on separate sheet. This will be the allowed area for injection wells on the permit.

Enter the latitude/longitude for each injection well, use separate sheet if more than one well. If the well(s) are not constructed, give a general location (center of property) of the facility or major component of the facility. The Lat/Long for the injection well(s) shall be provided upon completion of the well. For drain field system, identify the location as the point where the field starts/piping enters the field. For latitude in Nevada, the degrees must be between 35 and 42. For longitude, the degrees must be between 114 and 120.

Enter the Well Site/Field Land Status. If the well is owned by a public agency (e.g. BLM, Forest Service, County, or State), enter the agency here and enter the district/local office contact information under #8.

Enter the County where each injection well will/could be located.

For applications where all of the injection wells are located on one parcel, enter the APN #.

Enter all current permit numbers including UIC permits, BWPC permits, and other NDEP permits. Attach a description of all permits except UIC permits.

3. **NUMBER OF INJECTION WELLS** – Indicate the maximum number of proposed injection wells for the life of the permit (5 years). The application fee will be based on the number of proposed injection wells for all permits except where the regulations stipulate a flat fee. Indicate the number of current injection wells. As of 2001, a subsurface fluid distribution system (aka leach or drain field) is an injection well (per NAC445A.8355 and NAC445A.838).
4. **TYPE OF WELL** – Mark with an "X" the box that best describes the type of injection well for which the permit is requested. If none of the boxes apply, mark "Other" and explain in detail.

If a facility has multiple types of injection wells, please circle or list them all on the application.

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For Class 5 Wells, enter the Subclass Code (EPA Well Codes are listed on the *Subclasses of Class V Injection Wells* document on the website) to describe the type of injection well.

5. **APPLICATION FEE ENCLOSED** – All new, renewal, and Major Modification applications require a fee. Please make all checks to NDEP or the Nevada Division of Environmental Protection. See the UIC Fee Schedule for the appropriate fee which must be submitted as described in NAC 445A.872.
6. **DEFINITIONS (for Sections 6-10)**

**Well Owner** – legal owner (company or person) of the injection wells. The owner may or may not also own the facility, business and/or land where the injection wells are located.

**Operator** – company or person legally responsible for the overall operation of the facility/well, such as an oil company operating an injection well, or the responsible party (does not own the facility, business and/or land) of a corrective action site. Field operation personnel is not considered the “Operator” for an UIC permit application.

**Other Contact** – A contractor or consultant hired by the owner/operator to compile and submit technical information and/or operate an injection system/well.

**WELL OWNER INFORMATION** – Enter the legal owner (business or person) of the injection wells. A business name shall be a legal, active name registered with the Nevada Secretary of State, unless otherwise exempted by the regulations (please explain). All municipalities, utilities, etc. must be certified with the State of Nevada. For oil or geothermal wells, enter the name of the oil or geothermal field where the injection wells are located. Enter the Contact person(s) for this facility, their phone numbers, and street address. If this is also the Billing Address, place an “X” in the box.
7. **OPERATOR INFORMATION** - In the case where the property is owned by one or more entities but the facility is operated by another company (such as an oil company operating an injection well on public or private land), and the operator name and address are different than the property owner’s info in Section 8, **enter the legal entity or person’s name and address of the operator of the well/facility.**

If the operator of the well is the legal entity for the permit and well operation, and is different from the owner of the property, then the operator shall provide property owner information and indicate with a legal lease agreement the owner is aware of the injection well and operation of such well. The owner shall be notified of the permit application and issuance, and be made aware of the liabilities of the well and its use.
8. **PROPERTY OWNER INFORMATION** – **If the property owner is not the well owner, then the property owner information** (organization or private individual) **should be provided here or in an attachment if there are multiple owners.** For public land, enter the land management agency and the local/district office information. If a company, then enter a legal/corporate name (i.e., Acme Products, Inc.), contact information, and address of the owner of the company responsible for the facility’s activities. A company/corporation name shall be a legal, active name registered with the Nevada Secretary of State, unless otherwise exempted by the regulations (please explain). All municipalities, utilities, etc. must be certified by the State of Nevada. **Write “same” if the property owner is the operator under Section 7.**
9. **BILLING INFORMATION** – Provide the name and mailing address for all billing-related matters if different from the address for the Owner/Operator.
10. **OTHER CONTACT** - If a contractor/consultant is operating the injection system, the owner/operator shall indicate who the contractor is here and indicate there is a legally binding agreement to operate the system, and the owner/operator and the contractor are fully aware of all UIC rules and regulations. Note that all plans and specifications must be wet stamped by a State of Nevada registered Professional Engineer. If the owner/operator is planning to have the contractor/consultant submit and sign monitoring reports, a written Letter of Authorization to do so must be submitted with the application.

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**NOTE:** Correspondence shall be directed to the Owner/Operator of the injection well(s). In addition, major correspondence shall be sent to the property owner if the property owner is not the Owner/Operator of the injection well(s).

**NOTE:** The property owner is liable for the injection well if the business or facility owner/operator abandons the well.

11. **FINANCIAL RESPONSIBILITY INFORMATION** – Proof of Financial Responsibility is required for all injection wells in Nevada.
  - **Class 2 Wells:** Provide proof of financial responsibility such as a surety bond to verify that resources necessary to plug and abandon the well are available (pursuant to NAC 445A.871). Copies of bonds filed with BLM or Nevada Department of Minerals may be submitted as evidence. Evaluation will be made to determine if additional bonding is required.
  - **Class 5 Wells:** Provide a copy of the Division of Water Resources (DWR) Affidavit of Intent to Abandon or proof of financial responsibility such as a surety bond or financial statement to verify that resources necessary to plug and abandon the well are available (pursuant to NAC 445A.871). Copies of bonds filed with BLM or Nevada Department of Minerals may be submitted as evidence. Evaluation will be made to determine if additional bonding is required. For mining permits, show proof that the Mining Reclamation Bond will cover plugging and abandonment costs.
12. **OWNER/OPERATOR SIGNATURE** - An application submitted by a corporation must be signed by a principal executive officer of at least the level of vice president or his duly authorized representative, if such representative is responsible for the overall operation of the facility from which the activity described in the form originates. In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or the proprietor, respectively. In the case of a municipal, state, federal or other public facility, the application must be signed by either a principal executive officer, ranking elected official or other duly authorized employee. This person will be the responsible party named in any violations noted by the Division.