STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF MINING AND RECLAMATION

CLASS 5, Type 5X13/Type 5G30
UNDERGROUND INJECTION CONTROL (UIC)
NEW PERMIT APPLICATION
For Coal Mines Non-Slurry Injections

Applicant: _____

Permit Number: _____ Date Assigned: _____

Well Type**:** ☐ 5X13 ☐ 5G30 (see Section IX – N & O)

GENERAL INFORMATION

Objective: The purpose of this UIC application is to gather detailed and technical information the WVDEP and the Division of Mining and Reclamation requires to make sound permitting decisions, within the regulatory framework of West Virginia Code of State Regulations and all other applicable state and federal mining regulations. All information requested is mandatory. Omission of required information, sparse or misleading presentation of information, will slow the review of this application; or lead to disqualification or denial of the application. Additional information may be requested at any time during the review of this application.

I. Applicant Information

Applicant Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____

II. Facility Information

Facility Name: _____
Address (Physical location of facility): _____
City, State, Zip: _____
Telephone: _____
County: _____ Quadrangle: _____ District: _____
Nearest Town: _____
Description of Operation: _____

SIC Codes: _____

Specific Directions to Facility: _____

III. Operator Information

Operator Name: _____
Telephone: _____

IV. Other Permit Information

Article 3(4) Permit Number(s): _____

_____

_____

NPDES Permit number(s): _____

Other UIC Applications/Permits associated with this site: ☐ Yes ☐ No
If yes, list by number, type, and date of issuance: _____

_____

_____

Other Permits associated with this site (**list all):**

A. Miners Safety and Health Act (MSHA): _____
B. Dredge or Fill Permits: _____
C. Other Relevant Permits: _____

V. Contact Information

Company Name: _____
Contact Person's Name: _____
Address: _____

_____

Telephone: _____ E-mail (Required): _____
Consultant Name: _____
Contact Person's Name: _____
Address: _____

_____

Telephone: _____ E-mail (Required): _____
Do you authorize WVDEP to communicate with consultant on the permitting activity? ☐ Yes ☐ No
Do you authorize the Consultant to be the Primary contact on this permitting activity? ☐ Yes ☐ No

VI. Receiving Void Information

A. Name of Formation: _____

B. Name of Mine Void: _____

C. Height of Coal Void (in feet): _____

D. Disposal Rate (gpd): Proposed Average: _____ Proposed Maximum: _____

E. Water Elevation in receiving void: (at present): _____ Proposed Maximum: _____

F. Is the receiving void UP DIP of other mine workings? ☐ **Yes** ☐ **No**
If yes, what mine(s) lie down dip? _____

VII. Material to be Injected (Pick One):

☐ AMD Sludge

☐ AMD

☐ Transfer Water

☐ Other (Explain):

PROJECT DETAILS

Provide the requested information below or attach additional worksheets as needed.

VIII. Site Specific Details

A. Provide a General Description of this Proposed Project:

B. List and provide a **detailed** description of all waste streams **proposed** for injection: i.e., comingled water, surface water, mine drainage water, etc. **and** relative proportions of each source.

C. Provide general chemistry characteristics of source water(s).

D. Describe how waste streams are **currently** managed; include any NPDES permit numbers and outlet numbers.

E. Provide **details** of the **proposed** injection system, including: collection methods, conveyance methods, number of boreholes and type of boreholes (drilled wells, shafts, drift openings, etc.).

F. Describe any treatment of waste **prior** to injection.

G. Provide **details** on the expected frequency of use and **expected** quantities to be injected: average and maximum (in gallons per day).

H. Describe expected injection pressure(s) at each injection point.

I. **Chemicals**: Provide a **list** of **all** chemicals and/or BCR treatment agents (i.e. peat moss, mushroom compost) expected to be used during this Permit period. UIC Permit application review procedures require that all chemicals, whether currently approved or proposed, must be presented and evaluated for use in this Permit. Provide copies of Material Safety Data Sheets (MSDS) for **each** of the chemicals currently approved or proposed for use in operations producing the injectate, including AMD treatment chemicals and any chemical used in any part of waste generation process.

"*The permittee has the burden of proof to demonstrate that human health effects will not occur related to the chemical components of the product and its usage will not affect any underground sources of drinking water.*

For parameters with existing MCLs published by US EPA: This information will be reviewed to determine whether monitoring requirements and/or effluent limitations for those parameter(s) are required to be placed in the permit.

For parameters with no existing MCLs published by US EPA: The permittee must provide information from any other source regarding effects on human health, including but not limited to Integrated Risk Information System (IRIS), World Health Organization, US PEA risk-based criteria (RBCs), ATSDR, and/or OSHA. This information will be reviewed to determine whether monitoring requirements and/or effluent limitations for those parameter(s) are required to be placed in the permit.

The permittee may also provide usage rates, flows, and calculations to demonstrate the expected maximum concentration of the parameters in the injectate, which can be used for comparison with MCLs or other published literature regarding effects on human health. If this information is not provided, then WVDEP must assume that the maximum concentration in the injectate is equal to the concentration or content set forth in the SDS provided with the UIC application".

NOTE: Addition of chemicals after the permit is issued will require a permit modification.

NOTE*:* A permit WILL NOT be issued to an operation using diesel fuel, kerosene, or any other substance listed or having a component(s) listed as a Hazardous Waste by Toxicity under RCRA. An exception to this may be the use of pH adjusting chemicals such as sodium hydroxide, which may require additional waste characteristic sampling and monitoring, upon request.

J. Proposed Injection Point Locations:

Injection Point Number*	Constructed (Y/N)	Injecting (Y/N)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Datum (NAD27/NAD83)

* Begin numbering injections points as 201, continue sequentially. If modifying existing permit, use next number in sequence. Attach additional sheets as necessary.

K. Groundwater Monitoring Points Locations:

Groundwater Monitoring Point (GWM#)	Constructed (Y/N)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Datum (NAD27/NAD83)

* Begin with the next available sequential 200-range number after existing permitted injection points.

L. Receiving Mine Pool Monitoring Locations:

Mine Pool Monitoring Point	Constructed (Y/N)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Datum (NAD27/NAD83)

M. Receiving Mine Pool Dewatering Site Locations:

Mine Pool Dewatering Site	Pumped (P) or Gravity (G)	Constructed (Y/N)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Datum (NAD27/NAD83)

Section IX – N & O – Class 5 – Type 5G30 – Mine Water Transfer Wells

Note: Complete the following sections, **Section IX - N and IX - O,** only to address Class 5, Type 5G30, and Mine Water Transfer Wells.

A Mine Water Transfer activity involves transferring mine water, by either pumping or gravity flow, from a mine void to the surface, transporting it across the surface via piping, and injecting it back into a mine void via a certified Class 5, Type 5G30 injection well, without treatment or processing of the mine water. A Class 5, Type 5G30 well is in the "Special Drainage Well" category and is also known as a

"Connector Well". This type of well is used for dewatering purposes to facilitate mining activities. Each Type 5G30 site will include a "Dewatering Transfer Well" site (DTW) where the source is exiting the mine void, and a "Injection Transfer Well" site (ITW) where the injectate is entering the receiving mine void. WVDEP-UIC will not require water quality monitoring of this water management activity as it will not result in alteration of the existing water quality. All Monitoring of the mine water and groundwater will be provided by the associated Article 3, NPDES, and MSHA permit requirements.

N. De-watering Transfer Well Locations

De-watering Transfer Well Identification (DTW#)	De-watering Well Status (Proposed/constructed)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Method of Determination (Datum)

* Begin numbering De-watering Transfer Wells as DTW-1, DTW-2…. continue sequentially.

O. Injection Transfer Well Locations

Injection Transfer Well Identification (ITW#)	Transfer Well Status (Proposed/constructed)	Latitude (deg/min/sec)	Longitude (deg/min/sec)	Surface Elevation (feet)	Method of Determination (Datum)	Add/ Delete

** Begin numbering Injection Transfer Wells as ITW-1, ITW-2…. continue sequentially.

P. Waste Baseline Characterization: Provide results of a baseline waste characterization sample, as described by list of parameters in Section XV, "Waste Characterization Analysis". (Attach certified lab report and fill in all results on supplied table.)

Q. Does the facility have one or more bath houses? ☐ Yes ☐ No
If yes, how many? _____ Also, indicate whether the discharge is to the surface or subsurface of each.

X. Geologic and Receiving Mine Void Details

A. Provide a **detailed** geologic description of receiving mine void(s), ie; mine name, seam name, elevation range, above or below drainage mine, and special geologic structural features (synclines/anticlines), strike/dip, mining history of receiving void, mining method and permit numbers(s):

B. Provide **details** of current water levels in receiving void, expected water levels while injecting, maximum water levels while injecting.

C. Provide **detail,** fate of mine water should maximum water level be exceeded while injection activities are occurring, i.e., discharge location(s), treatment options, NPDES permit numbers and outlets.

D. Provide **details** of geologic strata above and below receiving void, including coal seams or voids that will be influenced by, or have an influence on, the receiving void. Also, how will fluids in mine void interact with surrounding strata?

E. Provide **details** on the effects of subsidence, current and potential future, on the receiving void, from both below and above receiving void.

F. Provide **details** on the general depth of cover from receiving void to surface, emphasizing areas of low cover and high hydraulic head where surface or surrounding shallow groundwater could be influenced by injected fluid. Include "Depth of Cover Map" as an attachment.

G. Provide original volume of receiving void and the percentage of receiving void that is expected to be filled during the proposed 5 year permitting cycle based on normal operation of the facility.

H. Describe **details** of in-place coal barriers around receiving void, emphasizing whether above or below drainage, include widths and identify on widths on mapping.

I. If **above** drainage, provide **details** of barrier analysis, maximum hydraulic head on barriers, and seepage analysis. Provide barrier calculations. If below drainage, state "N/A – receiving void is below drainage".

J. If **above** drainage, provide a detailed map of potential areas for blow outs and contingency plans for blow outs. Show thicknesses of outcrop barriers, per "Rule of Thumb". Provide outcrop barrier calculations. If below drainage, state "N/A – receiving void is below drainage".

K. Provide **details** of any active mine works, adjacent, overlying or underlying, in the area surrounding receiving void. If none, state "N/A - There are no active mine works in the area surrounding receiving void".

L. Provide **details** of how this injection project could affect surrounding mining and potential future mining of coal reserves in the area?

M. Provide **details** of any **existing** underground mine seals and how they affect this project.

N. Provide **details** of any **proposed** mine seals and how they affect this project.

O. Provide **details** of **current** water levels of receiving void, **expected** water levels while injecting, and **post-injecting** water level.

P. Provide **details** of how mine pool water in receiving void will be managed, including; methods of controlling water elevation, locations of surface discharges, (either gravity or pumped), associated NPDES permit numbers, outlet numbers, general water chemistry, and treatment methods.

Q. Provide **details** of mine water fate, quantities in/out/water balance and address elements associated with **Probable Hydrological Consequences (PHC).**

R. Provide any additional comments or information the applicant feels is pertinent or noteworthy concerning this proposed project and is relevant to application review.

XI. Monitoring Plan

UIC Permits are required to monitor water quality **within** the receiving mine void, surrounding groundwater **outside** the mine void, and if needed, surface water.

A. Identify in Section VIII - L, and on mapping, the locations of permanent receiving mine pool **water quality monitoring sites.** These locations will be down dip of injection point. Mine dewatering pumps often are good locations for monitoring mine water quality while injecting. Site specific conditions may require installation of permanent monitoring wells.

B. Identify in Section VIII - K, and on mapping, the locations of hydrologically pertinent **groundwater monitoring** sites (GWM) **outside** the receiving mine void area. These monitoring points should be in locations that could be hydrologically influenced by the receiving mine pool water. An acceptable location could be an existing groundwater well, or the plan may require the drilling of a dedicated groundwater monitoring well(s). The use of an existing groundwater monitoring location will be dependent on it being in a hydrologically influenced location and the details of the existing well must be known.

C. Identify in this section and on mapping, **surface water** monitoring locations that could be expected to be impacted by receiving mine pool water. Surface water monitoring sites will consist of one upstream and one downstream location of a receiving stream. The need for surface water monitoring will be dependent on site-specific conditions.

D. Analysis of monitored water will be dependent on type of material injected. For instance: AMD treatment sludge will require at a minimum; heavy metals (NPDES Table IV C) and standard baseline chemistry for coal mining.

E. **Frequency of monitoring and reporting**: groundwater levels will be observed monthly and reported quarterly. Water quality monitoring will also be conducted quarterly and reported quarterly. Please state where monitoring results will be reported.

F. **Baseline Monitoring.** Provide a six-month baseline groundwater survey for the mine pool to receive injection and include as an attachment in the application.

XII. Groundwater User Survey

Applicant is required to submit a survey of all groundwater users within a ¼-mile radius of the receiving mine void. This survey will include all private and public users of groundwater. The availability of a municipal or privately supplied water source from a utility does not eliminate the requirement of conducting a groundwater user survey.

A. A survey of all groundwater users within a ¼-mile radius of the receiving mine void is required. This information must be provided as an attachment. If there are no groundwater users within ¼-mile, state "**None**".

B. A one-time water sample for all groundwater users is required. Analysis will consist of: TPH (Total Petroleum Hydrocarbons), GRO (Gasoline Range Organics), DRO (Diesel Range Organics), and ORO (Oil/Grease Range Organics), heavy metals (NPDES Table IV C) and standard baseline general chemistry for coal mining. This information must be provided as an attachment.

C. Collect information sufficient to interpret whether any neighboring groundwater user sources will, or have the potential to be, impacted by water quality changes associated with injection activities. This impact assessment will consider present and post-injection groundwater conditions.

XIII. Abandonment Plan

A. Provide **details** of expected life, or length of time of this proposed injection activity.

B. Provide **details** of expected post-injection mine pool water elevations.

C. Provide **details** of expected **post-injection** mine pool surface discharges, locations of discharges, pumped or gravity controlled, associated NPDES permit numbers, outlet numbers, treatment methods and expected general water chemistry characteristics.

D. Plugging and Abandonment of wells: Submit a description of the plan for the plugging and abandonment of each injection point, according to Title 47 CSR 13.13.7.f (Underground Injection Control).

XIV. Required Documentation

A. **Map Documentation - Note: All maps MUST be P.E. certified.** Submit a general site map (1" = 2000' [1:24,000] is acceptable); topographic map(s) providing the following:

Mine Maps must provide the following:

1. Showing the extent of at least one mile beyond the property boundary and all adjacement, active and/or abandoned underground mine workings within a one-mile radius of the receiving void. Include company name, mine name, and permit numbers. If NONE, state so.
2. Showing all active and/or abandoned mine works overlying and/or underlying the receiving mine void. Include company name, mine name, and permit numbers. If NONE, state so.
3. Legibly show structural coal seam contours of receiving mine void.
4. Identify **current, proposed,** and **proposed maximum** mine pool elevations.
5. Identify all Class 5 **Type 5X13** injection points identified in Section VIII - J.
6. Identify all **Groundwater Monitoring** Points identified in Section VIII - K.
7. Identify all **Receiving Mine Pool Monitoring Site** locations identified in Section VIII – L.
8. Identify all Receiving **Mine Pool Dewatering Site** locations identified in Section VIII – M.

9. Identify all **Class 5, Type 5G30** sites identified in Sections XV - N and XV – O.
10. Identify all underground mine seals.
11. Identify mine barrier thicknesses between receiving mine void and adjacent mine voids on mapping.
12. Provide "Depth of Cover Map" with contour lines showing distance between receiving mine void and the surface.
13. Identify all surface and underground piping associated with the proposed injection activity.
14. Identify ¼-mile radius from each existing and proposed injection well.
15. Identify all groundwater supply sources within a radius of ¼-mile of receiving mine void (include public and private drinking water wells, springs, and seeps). If NONE, state so.
16. Identify all applicable details, including surface water features and NPDES outlets and permit numbers associated with this permitting activity.
17. Identify the locations of current mine discharge points, future mine discharge points, portals, shafts, access points. Include surface elevation and status (proposed, existing, abandoned, sealed).
18. Include the local strike and dip on each map.
19. Include any other pertinent feature that will influence operations of injection activities.

B. Flow Chart – Submit the following:

1. A Flow Chart that details all elements of the proposed underground injection activity. Drawing should include identification of injectate source, treatment sites, injection sites, de-watering sites, monitoring sites, receiving mine voids, elevations, pipe diameters, flow direction, gravity or pumped flow, max flow rates, sample ports (with coordinates), mine void discharge sites, receiving streams, NPDES and Article 3 permit numbers.

C. Construction Details – Submit the following:

1. A geologic cross-section of **each** injection well showing the subsurface layers, identifying all aquifers, and designating the receiving void. Specify dimensions, elevations, materials, and details of the construction of all existing and proposed wells.
2. Provide a typical drawing of an injection well including the piping to the well head, sample port, and all valves and controls necessary to manage the injection flow rate.
3. If the injection point is other than a well (i.e. fan shaft, portal, etc.), describe the method by which the injectate will be conveyed in the receiving void. Include details such as dimensions of pipelines, materials, etc.

D. Drilling Plugging and Abandonment: Provide the following documents if applicable.

1. Well Installation Document.
2. Pre-Closure Notification Document.
3. Closure Notification Document.
4. Safety precautions for drilling into mine voids.

E. Baseline Chemistry Details:

1. Provide analyses (performed by a laboratory certified by the State of West Virginia) of all parameters on the Waste Characterization Analysis form (Section XV) **and** included certified lab sheets.

F. Submit a complete copy of the Groundwater Protection Plan (GPP)

If no GPP exists, please complete one in accordance with Title 38 CSR 2F of the Code of West Virginia. The GPP much include all UIC approved chemicals. **This application will not be processed without the <u>current, approved</u> GPP.**

G. Legal Right to Inject:

Please present copies of documents showing that, should this permit be issued, applicant has the legal right to inject into the proposed mine void including any, and all down dip workings likely to receive water from the target void. This document should provide specific approval from the mineral owner to allow the proposed injection activity to occur. **Without proper documentation, application will be denied.**

XV. Waste Characterization Analysis

General Chemistry **Sample Source ID:** _____

Acidity		_____	mg/1 $CaCo_3$			
Alkalinity		_____	mg/1 $CaCo_3$			
BOD		_____	mg/1			
Bicarbonate	Total:	_____	mg/1	Dissolved:	_____	mg/1
Calcium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Chloride	Total:	_____	mg/1	Dissolved:	_____	mg/1
COD		_____	mg/1			
Iron	Total:	_____	mg/1	Dissolved:	_____	mg/1
Magnesium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Nitrate	Total:	_____	mg/1	Dissolved:	_____	mg/1
Nitrite	Total:	_____	mg/1	Dissolved:	_____	mg/1
Potassium	Total:	_____	mg/1	Dissolved:	_____	mg/1
PH		_____	s.u.			
Sodium		_____	mg/1			
Specific Conductivity		_____	Umhos/cm_3			
Sulfate	Total:	_____	mg/1	Dissolved:	_____	mg/1
Total Dissolved Solids		_____	mg/1			
Total Suspended Solids		_____	mg/1			

Organics - Baseline

Acrylamide	_____	mg/1
(BTEX) Benzene	_____	mg/1
Toluene	_____	mg/1
Ethylbenzene	_____	mg/1
Xylene	_____	mg/1
Cumene (Isopropyl Benzene)	_____	mg/1
Ethylene Glycol	_____	mg/1
Benzo [A] Pyrene	_____	mg/1
Phenols	_____	mg/1
(TPH) GRO	_____	mg/1
DRO	_____	mg/1
ORO	_____	mg/1
TOC	_____	mg/1
Vinyl Chloride	_____	mg/1

Inorganics - Baseline

Aluminum	Total:	_____	mg/1	Dissolved:	_____	mg/1
Antimony	Total:	_____	mg/1	Dissolved:	_____	mg/1
Arsenic	Total:	_____	mg/1	Dissolved:	_____	mg/1
Barium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Beryllium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Boron	Total:	_____	mg/1	Dissolved:	_____	mg/1
Cadmium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Chromium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Copper	Total:	_____	mg/1	Dissolved:	_____	mg/1
Cyanide	Total:	_____	mg/1	Dissolved:	_____	mg/1
Fluoride	Total:	_____	mg/1	Dissolved:	_____	mg/1
Lead	Total:	_____	mg/1	Dissolved:	_____	mg/1
Manganese	Total:	_____	mg/1	Dissolved:	_____	mg/1
Mercury	Total:	_____	mg/1	Dissolved:	_____	mg/1
Nickel	Total:	_____	mg/1	Dissolved:	_____	mg/1
Selenium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Silver	Total:	_____	mg/1	Dissolved:	_____	mg/1
Thallium	Total:	_____	mg/1	Dissolved:	_____	mg/1
Zinc	Total:	_____	mg/1	Dissolved:	_____	mg/1

XVI. Permit Application Fee & Annual Fee Calculations

Complete this Fee Worksheet and return it with the completed Application and a check for the **Actual Application Fee** amount. The minimum Application Fee is $25.00, and the maximum Application Fee is $1,500. **Note:** Permits are in effect for a period of five years during which an Annual Permit Fee is due on each anniversary of the issuance of the Permit. The minimum Annual Permit Fee is $25.00, and the maximum Annual Permit Fee is $500.

A. Application Fee Calculation

Formula for calculation of Permit Application Fee:

Volume Fee (Table A) x Treatment Factor (Table B = 1 for Type 5G30 wells; 3 for Type 5X13 wells) x Well Type Factor (1 for Type 5G30 wells; 3 for Type 5X13 wells) = Fee

Table A – Volume Fees

Volume (gallons per day)	Fee
<250	$ 50.00
250 – 500	$ 75.00
501 – 1000	$150.00
1001 – 5000	$200.00
5001 – 50,000	$400.00
50,001 – 100,000	$600.00
>100,001	$850.00

Table B – Treatment Factors

Level of Treatment	Factor
No Treatment	3
Primary Treatment	2.5
Secondary Treatment	2
Tertiary Treatment	1.5
>Tertiary Treatment	1

Calculate the Permit Application fee for this facility below:

$ _____ X _____ X _____ = $ _____
(Table A) (Table B) (Well Type Factor) (Calculated Permit Fee)

Note: If the Calculated Fee is less than $25.00, the **Actual Fee** is $25.00; if the Calculated Fee is greater than $1500.00, the **Actual Fee** is $1500.00.

Actual Permit Application Fee for this Facility: $ _____

B. Annual Permit Fee Calculation

Formula for calculation of Annual Permit Fee: **Actual** Permit Application Fee x 0.333 = Fee

Calculate the Annual Permit Fee for this facility here:

$ _____ X 0.333=$_____
(Permit Application Fee) (Calculated Fee)

Note: If the Calculated Fee is less than $25.00, the **Annual Fee** is $25.00. If it is greater than $500.00, the **Annual Fee** is $500.00. This fee will be billed on the anniversary date of permit after issuance. Do not pay this amount now.

Actual Annual Permit Fee for this facility: $ _____

Please be advised that, in accordance with the Code of West Virginia, Title 47 Series 55, Groundwater Protection Act Fee Schedule, Section 3.5.17, a Groundwater Protection Fee of $15.00 per year will be assessed for every Class 5 injection well permit. This is a separate fee and is in addition to the Annual Permit Fee.

XVII. Certification

All permit applications must be signed by an authorized signatory authority, i.e.: a corporate officer for a corporation, a general partner for a partnership, the proprietor of a sole proprietorship, a principal executive or ranking elected official for a public agency, or any person who has been granted signatory authority by an existing signatory authority.

A. Name and Title of authorized signatory authority: _____

_____

(Please type/print/)

B. Signature and Date:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment."

_____ _____

(Signature) **(Date)**

XVIII. Financial Responsibility

A. Name and title of person(s) who will:

1. **Assume financial responsibility in the event of environment contamination.**
2. **Maintain resources necessary for proper closure of injection point(s).**

_____ _____

Name (Type or Print) **Title**

_____ _____

Name (Type or Print) **Title**

B. Signature(s) and date:

_____ _____

Signature **Date**

_____ _____

Signature **Date**

Please submit one (1) complete <u>Original</u> paper application along with a CD containing the complete application with all attachments, and the appropriate fee to:

West Virginia Department of Environmental Protection

Division of Mining and Reclamation
UIC Mining Program
601 57th Street SE
Charleston, WV 25304-2345

Also

Please send Two (2) complete copies of this Application to appropriate MSHA office:

Carlos Mosley, District Manager **District 3, MSHA** **604 Cheat Road** **Morgantown, WV 26508**	**Brian Dotson, District Manager** **District 12, MSHA** **4499 Appalachian Hwy.** **Pineville, WV 24874**
David (Scott) Mandeville, District Manager **District 4, MSHA** **100 Bluestone Road** **Mount Hope, WV 25880**	