



west virginia department of environmental protection
 601 57th Street SE
 Charleston, WV 25304-2345
 Office of Oil and Gas
 Phone: (304) 926-0450

WATER MANAGEMENT PLAN/ WATER ADDENDUM

- **Centralized Pits or Impoundments**
- **Aboveground Storage Tanks**

DEP Office Use only
Date Received by Oil & Gas:
Administratively Complete – Oil & Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No:
Date Received by Water Use:
Complete – Water Use: <input type="checkbox"/> Yes <input type="checkbox"/> No

ID: _____ - _____ - _____

Section I - Operator Information

Operator Name:	
Operator ID:	*Registered in the Frac Water Reporting Website? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name/Title (Water Resources Manager):	Contact Mailing Address:
Contact Phone:	Contact Email:

*If no, the operator will be required to register with the WVDEP Water Use Section; contact dep.water.use@wv.gov

Section II– Water Management Plan Overview

Plan Type	Plan Status
<input type="checkbox"/> Centralized Freshwater Impoundment	<input type="checkbox"/> New
<input type="checkbox"/> Centralized Waste Pit	<input type="checkbox"/> Modification
<input type="checkbox"/> AST	

Storage Facility Name:			
	Storage Facility Location (decimal degrees, NAD 83)		
	Latitude:	Longitude:	County:
Landowner name and address:		Phone:	

Section III(a) – Source Water Overview

	Total volume (gallons)
Storage Capacity:	

Anticipated water sources (check all that apply):

<input type="checkbox"/> Streams/Rivers	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Brokered Water	<input type="checkbox"/> Lake/Reservoir/Pond
<input type="checkbox"/> Centralized Freshwater Impoundment	<input type="checkbox"/> Centralized Waste Pit	<input type="checkbox"/> Aboveground Storage Tank	
<input type="checkbox"/> Other	<input type="checkbox"/> Recycled Frac Water		

Section III(b) Aquatic Life Protection Plans (if utilizing surface water, provide the following details. Provide attachments if necessary)

Describe Entrainment and Impingement Prevention Plan:
Describe Invasive Species Transfer Prevention Plan:

Section IV(a) – Stream/River Source (to be completed for each surface water withdrawal location, print more pages as necessary)

Stream/River Name:		
Landowner name and address:	Phone:	
Intake Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:

Proposed Withdrawal Details

Stationary Pump:	Total Maximum Pump Rate (gpm)	
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:

Determination that sufficient flow is available downstream from proposed intake point

Allow passby to be calculated by the DEP (Preferred)? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, advance written authorization by DEP is required. Attach authorization and details.)
--

Stream details

DEP Office Use Only			
Contact Recreation <input type="checkbox"/>	Aquatic Life-Trout Water <input type="checkbox"/>	Aquatic Life-Warm Water <input type="checkbox"/>	Drinking Water Supply <input type="checkbox"/>
Industrial <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Reference Gauge:
Gauged Stream : <input type="checkbox"/>	Stream Final Code:	Regulated by:	
Trout <input type="checkbox"/>	Sensitive Aquatic Species <input type="checkbox"/>	Tier 3 Streams <input type="checkbox"/>	Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstream Drainage Area?		Within zone of critical concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section IV(b) - Groundwater Source* (to be completed for each Ground water withdrawal location, print more pages as necessary)

Well Permit # (DHHR):	Well Name:	
Landowner name and address:	Phone:	
Well Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Aquifer (if known):		
<input type="checkbox"/> *New well (Drill Date: _____) <input type="checkbox"/> Existing well		

*If drilling a new well, please submit well logs to DEP's Water Use Section; Wells must be drilled and plugged in accordance with DHHR regulations

Total Depth:	Type of Casing:	Casing Diameter:	Screen Interval:	Screen Size:
Static Water Elevation:	Top of Casing Elevation:	Surface Elevation:	Type of Well Cap:	
Withdrawal Details				
Max. Pump Rate (gpm):				

Analysis of potential groundwater impacts

Static Water Level Prior to Test: _____ feet below grade
Drawdown (Water Level/Elevation During Pump Test): _____ feet
Duration of Pump Test: _____ hours
Gallons Per Minute During Pump Test: _____ gpm
Time to Return to Static Water Level After Pump Test: _____ hours

*All groundwater supply wells must be registered with the Office of Oil and Gas, §22-6A-8(g)(5), additional requirements may apply.

Section IV(c) - Brokered Water Source (to be completed for each water supplier; include each hydrant/tap location, print more pages as necessary)

Supplier Name:		
Supplier name and address:		Phone:
Hydrant/Tap Location(decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Supplier type		
<input type="checkbox"/> Public Water Provider	<input type="checkbox"/> Waste Water Treatment Plant	<input type="checkbox"/> Industrial (raw water intake locations must be provided below)
<input type="checkbox"/> Commercial Supplier (raw water intake location must be provided below)		<input type="checkbox"/> Private (raw water intake locations must be provided below)
Purchase Details		
Max. total daily purchase (gal):	Additional location information:	

Section IV(d) - Lake/Reservoir/Farm Pond Water Source* (to be completed for each lake/reservoir, print more pages as necessary)

Lake/Reservoir/Farm Pond Name:		
Owner name and address:		Phone:
Intake Location (decimal degrees, NAD83)		
Latitude:	Longitude	County:
Minimum release, if applicable (cfs):		
Withdrawal Details		
Stationary Pump:	Total Maximum Pump Rate (gpm)	
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:

Section IV(e) – Centralized Impoundment/Waste Pit (to be completed for each source, print more pages as necessary)

Centralized Impoundment/Pit Name:			
Referenced WMP#:		COA ID:	
Landowner name and address:		Phone:	
Facility Location (decimal degrees, NAD83)			
Latitude:	Longitude:	County:	Registered LQU? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operator name and address (if different than applicant):		Phone (if different than applicant):	
Withdrawal Details			
Stationary Pump:	Total Maximum Pump Rate (gpm)		
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:	

DEP Office Use Only	
Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Within zone of critical concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section IV(f) – Above Ground Storage Tanks (to be completed for each source, print more pages as necessary)

AST Name:			
Referenced WMP#:			
Landowner name and address:		Phone:	
AST Location (decimal degrees, NAD83)			
Latitude:	Longitude:	County:	Registered LQU? Yes <input type="checkbox"/> No <input type="checkbox"/>
Operator name and address (if different than applicant):		Phone (if different than applicant):	
Withdrawal Details			
Stationary Pump:	Total Maximum Pump Rate (gpm)		
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:	

DEP Office Use Only
Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>
Within zone of critical concern? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section V - Operator Comments

--

Section VI – Plan Reviewed By

DEP Office Use only		
API #		
Name:	Signature:	Date:
DEP Comments:		