



**APPLICATION TO LAND FARM
WATER BASED DRILLING AND
COMPLETION WASTES ON AN
ALTERNATE SITE**

State Form 56443 (12-17)

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Telephone number: (317) 232-4055
FAX number: (317) 232-1550

Internet: <http://www.in.gov/dnr/dnroil>

| FOR STATE USE ONLY | |
|----------------------------------|----------------------------------|
| Registration number | Date Received (month, day, year) |
| Date approved (month, day, year) | Approved by |

PART I GENERAL INFORMATION

| | | | |
|--|--|-------------------------|---------------|
| Name of Operator | | Telephone number - - | |
| Address of Operator (number and street) <input type="checkbox"/> Check here if this is a new address.) | | E-mail Address | |
| City | | State | ZIP code - |

PART II WASTE DISPOSABLE LAND APPLICATION INFORMATION

| | | | |
|---|-------|--|---------------|
| Name of Landowner | | Telephone number - - | |
| Address of Landowner (number and street) <input type="checkbox"/> Check here if this is a new address.) | | | |
| City | | State | ZIP code - |
| Township | Range | Land Type Land Number: | County |
| | | ¼ | ¼ |
| Type of Waste to be disposed | | Estimated amount of Waste to be disposed | |

PART III LANDOWNERS STATEMENT

I certify that I am the owner of land on which a facility regulated under 312 IAC 29-21-4 is located. By signing below, I am granting permission to the operator to land apply water based drilling and completion fluids and drill cuttings at the location shown above.

| | |
|---|--------------------------------|
| Printed name of Landowner | |
| Signature of Landowner | Date signed (month, day, year) |
| I affirm under the penalty for perjury that the foregoing is true to the best of our knowledge and belief. | |
| Printed name of Operator or Authorized Agent | |
| Signature of Operator or Authorized Agent | Date signed (month, day, year) |

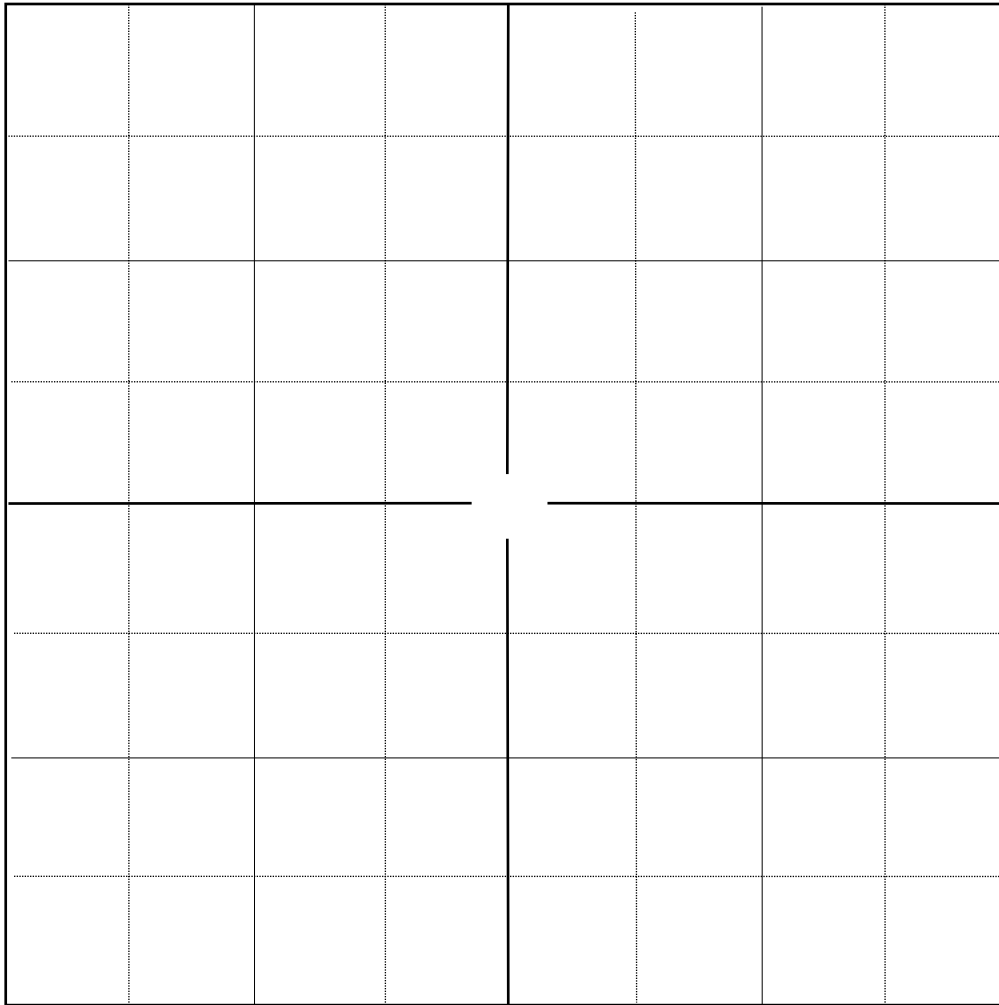
General Instructions

Use a 1"=100' scale

- Clearly indicate the section township, and range on the survey.

Operator or authorized agent must complete the following.

- Outline the boundary of the following:
 - All water wells within 100' of application area
 - Streams, ponds lakes or surface water bodies within 100' of the application area
 - Property lines



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or
S

R ___ E or W

SPECIAL REQUIREMENTS

1. A map or diagram showing the proposed application area and a demonstration that the site meets the requirements of 312 IAC 29-21-4 must be included with this application.
2. Only those persons whose names appear in PARTS V or VI of the Organizational Report may sign this form as the operator.
3. The signatures of the operator, landowner, and inspector **must** appear on this form before the Application to Land Apply completion wastes will be accepted.
4. The waste fluids or cuttings shall not be applied until authorized by the division.
5. The land application site cannot be located within one hundred (100) feet of any water well, stream, pond, lake or other surface water body.
6. The land application site cannot be located within fifty (50) of any unleased property line.
7. The operator is required to file with the division a report within thirty (30) days following the conclusion of the land farming operations which shall include a map or diagram showing the location of the area of land used for the land application and the total volume of waste disposed of at this location.