STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

##### DIVISION OF MINING AND RECLAMATION

CLASS 5, TYPE 5G30

 UNDERGROUND INJECTION CONTROL (UIC)

MINE WATER TRANSFER PERMIT APPLICATION

For Coal Mines and Quarries

|  |  |
| --- | --- |
| Applicant: |        |
| Permit Number:  |       | Date Assigned: |       |

# **GENERAL INFORMATION**

**Objective:** The purpose of this UIC permit application is to gather sufficient information to review the “Mine Water Transfer” proposal. This 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. 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.

All information requested in this application is mandatory. This information is necessary for a thorough and complete review of the proposed activity and preparation of an accurate and detailed permit. Omission of required information, sparse or unclear presentation of information, may slow the review of this application, or lead to disqualification or denial of this application. Additional information may be requested at any time during the review of this permit application.

**I. Applicant Information**

|  |  |  |
| --- | --- | --- |
| Applicant Name:  |       |  |
| Address: |       |  |
| City, State, Zip: |       |  |
| Telephone: |       |  |
|  |  |  |

 **II. Facility Information**

|  |  |  |
| --- | --- | --- |
| Facility Information: |       |  |
| Facility Name:  |       |  |
| Address: |       |  |
| 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. Type of UIC Permit Requested (check one):**

 [ ]  Site Permit – One transfer point.

[ ]  Area Permit – More than one transfer point.

|  |  |
| --- | --- |
| Total Number of Transfer Points:  |       |

**V. 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):** |
| 1. Miners Safety and Health Administration (MSHA):
 |       |
| 1. Other Relevant Permits:
 |       |

**VI. Contact Information**

|  |  |
| --- | --- |
| Company 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 |

**VII. Receiving Void Information**

|  |  |  |
| --- | --- | --- |
| **A.** | Name of Formation: |       |
| **B.** | Name of Mine Void: |       |
| **C.** | Hight of Coal Void (in feet): |       |
| **D.** | Disposal Rate (gpd): |  |
|  | Proposed Average: |       | Proposed Maximum: |       |
| **E.** | Water Elevation in receiving void (at present): |       |  |  |
| **F.** | Proposed Maximum Water Elevation:  |       |  |  |
| **G.** | Is the receiving void Up Dip of other mine workings?  | [ ]  Yes [ ]  No  |
|  | If “Yes”, what mine(s) lie Down Dip?  |       |

**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, **and** relative proportions of each source. |
|  |       |
|  |  |
| **C.** | Provide general chemistry characteristics of source water(s). |
|  |       |
|  |  |
| **D.** | Describe how waste streams are currently managed; type of fluid, description of water source, general water chemistry, current disposal method, handling features, associated permits, and NPDES outlet numbers that discharge receiving mine pool water. |
|  |       |

|  |  |
| --- | --- |
| **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.** | Provide **details** on the expected frequency of use (hrs/day; days/week) and **expected** quantities to be injected: average and maximum (in gallons per day). |
|  |       |
|  |  |
| **G.** | Describe expected injection pressure(s) at each injection point. |
|  |       |
|  |  |

**IX. 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) | Datum(NAD27/NAD83/WGS84) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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

**X. 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) | Datum(NAD27/NAD83/WGS84) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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

**XI. 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 Article 3 and NPDES permit numbers(s): |
|  |       |
|  |  |
| **B.** | Provide **details** of current water levels in receiving void, expected water levels while injecting, proposed maximum water levels while injecting and **post-injection** water level. |
|  |       |
|  |  |
| **C.** | Provide **details on** 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, percentage of receiving void that is currently filled by injected material, 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.** | Provide **details** of in-place coal barriers around receiving void, emphasizing whether above or below drainage, include widths and identify 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 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. |
|  |       |
|  |  |
| **P.** | Provide **details** of mine water fate, quantities in/out/water balance and address elements associated with **Probable Hydrological Consequences (PHC).**  |
|  |       |

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

**XII. 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). |
|  |       |
|  |  |

**XIII. 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. | Show the extent of all adjacent/underlying/overlying, active/abandoned mine works within a 1-mile radius of the receiving mine void. Include company name, mine name and permit numbers. If NONE, state so. |
|  | 2. | Legibly show structural coal seam contours of receiving mine void. |
|  | 3. | Identify **current** and **maximum** mine pool elevations. |
|  | 5. | Show flow direction arrows in receiving mine pool. |
|  | 8. | Identify all **Receiving Mine Pool Monitoring Sites.** |
|  | 9. | Identify all **Receiving Mine Pool Dewatering Sites.** |
|  | 10. | Identify all **Class 5, Type 5G30** sites identified in Sections IX and X. |
|  | 11. | Identify all underground mine seals. |
|  | 12. | Identify mine barrier thicknesses between receiving mine void and adjacent mine voids on mapping. |
|  | 13. | Provide “Depth of Cover Map” with contour lines showing distance between receiving mine void and the surface. |
|  | 14. | Identify all surface and underground piping associated with the proposed injection activity. |
|  | 15. | Identify ¼-mile radius from each existing and proposed injection well. |
|  | 16. | Identify all groundwater supply sources within a radius of ¼-mile around injection point(s) (include public and private drinking water wells, springs, and seeps). If NONE, state so. |
|  | 17. | Identify all applicable details, including surface water features and NPDES outlets and permit numbers associated with this permitting activity. |
|  | 18. | 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).  |
|  | 19. | Include the local strike and dip on each map. |
|  | 20. | 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 existing and proposed underground injection activity. Drawing should include identification of injectate source, 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.  |
|  | 2. | Provide a detail drawing of each injection well including piping to the well head, sample port with coordinates, all valves and controls necessary to manage the injection flow rate, borehole and pipe dimensions, surface and mine void elevations, materials and details of the construction. |
|  | 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:** |
|  |  | Provide analyses (performed by a laboratory certified by the State of West Virginia) of all parameters on the Waste Characterization Analysis form (Section XIV) **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 currently on site. **This application will not be processed without the current, approved GPP.** |
|  |  |  |
| **G.**  | **Legal Right to Inject:** |
|  |  | Please present copies of signed and notarized 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.** |

|  |
| --- |
| **XIV. Waste Characterization Analysis** |

|  |  |  |  |
| --- | --- | --- | --- |
| **General Chemistry** |  | **Sample Source ID:** |  |
|  |
| Acidity |  |        | mg/1 CaCo3 |  |  |  |
| Alkalinity |  |       | mg/1 CaCo3 |  |  |  |
| 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/cm3 |  |  |  |
| 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 |
|  |

**XV. Permit Application Fee, Annual Permit Fees**

Complete this Permit Application Fee Worksheet and return it with the completed Permit Application and a check for the **Actual** **Permit Application Fee** amount. The minimum Permit Application Fee is $25.00, and the maximum Permit 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.

1. Permit Application Fee Calculation – For New Permit Application Only.

Formula for calculation of Permit Application Fee:

**Volume Fee (Table A) x Treatment Factor (Table B = 1 for Type 5G30 wells) x Well Type Factor (1 for Type 5G30 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: $** |       |

1. 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.***

**XVI. 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)** |

**XVII. 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 Original application along with 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** |  |

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