LAND APPLICATION OF DRILLING FLUIDS AUTHORIZATION REQUEST

This form must be signed and stamped by a Professional Engineer registered in the State of Arkansas.

Permittee Name: ________________________________
Permit Number: ________________________ AFIN: ________________________

I. DESCRIPTION OF WASTE FLUIDS COLLECTED

Volume of holding pond after previous land application event: ________________________
Volume of fluids accepted since previous land application event: ________________________
Total volume of fluids in holding pond at time of sampling: ________________________

II. SOILS ANALYSIS (REVIEW AND ATTACH LAB ANALYSIS)

Number of acres requested for land application: ________________________________
Date samples collected: ________________________________
Number of soil samples collected: ________________________________
Description of vegetation growing on land application areas: ________________________________

III. DRILLING FLUID ANALYSIS (REVIEW AND ATTACH LAB ANALYSIS)

Date samples collected: ________________________________
Number of fluid samples collected: ________________________________

IV. CERTIFICATION

“I hereby certify that I am familiar with the information submitted herein and that the storage and sampling of drilling fluid waste and the sampling of soils were conducted in accordance with the permit and all applicable ADEQ regulations. I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature ________________________________
Date ____________________