

# Application for Permit to Divert or Withdraw Surface Water from Waters of the State of Mississippi for Hydraulic Fracturing

**DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES**  
**P.O. BOX 2309, JACKSON, MS 39225-2309; Phone (601) 961-5328 or 5269, FAX (601) 961-5228**

THIS BOX IS FOR OFFICE USE ONLY:

FORM OLWR-FAP-01 (03/14)

Issued:	Expires:	Agenda:	Permit No.
Lat:	Long:	Quad:	Minimum Flow:
STAC:		HUC8:	AI No.
Remarks:			

**LANDOWNER:**

\_\_\_\_\_ (Name) \_\_\_\_\_ (E-mail address)

\_\_\_\_\_ (Mailing Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State & Zip) \_\_\_\_\_ (Telephone No.) \_\_\_\_\_ (Fax No.)

**APPLICANT, AGENT OR LESSEE:**

\_\_\_\_\_ (Name) \_\_\_\_\_ (E-mail address)

\_\_\_\_\_ (Company)

\_\_\_\_\_ (Mailing Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State & Zip) \_\_\_\_\_ (Telephone No.) \_\_\_\_\_ (Fax No.)

**LOCATION** of diversion or withdrawal point (A suitable **MAP** with location marked **MUST** accompany this application):

COUNTY \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_ ¼, of the \_\_\_\_\_ ¼, of Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

LATITUDE/LONGITUDE (Deg-Min-Sec): \_\_\_\_\_

**OIL WELL IDENTIFICATION** (Name and API Number): \_\_\_\_\_

LATITUDE of oil well (Deg-Min-Sec): \_\_\_\_\_ LONGITUDE of oil well (Deg-Min-Sec): \_\_\_\_\_

STREET ADDRESS of oil well: \_\_\_\_\_

**LOCATIONS DETERMINED BY:** \_\_\_\_\_ survey \_\_\_\_\_ handheld GPS \_\_\_\_\_ map interpolation \_\_\_\_\_ other

**SOURCE** of water is from \_\_\_\_\_ which drains into \_\_\_\_\_

which drains into \_\_\_\_\_ (major stream or river)

**ANTICIPATED DATE RANGE OF WATER WITHDRAWAL:** \_\_\_\_\_

**ANTICIPATED DATES OF HYDRAULIC FRACTURING PHASE:** \_\_\_\_\_

**REQUESTED VOLUME AND RATE OF WITHDRAWAL:**

\_\_\_\_\_ gallons at a maximum rate of \_\_\_\_\_ gallons per minute

**REMARKS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List below the person to be contacted for additional information, if required.

\_\_\_\_\_  
(Name) (E-mail address)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State & Zip) (Telephone No.) (Fax No.)

Application is hereby made for a permit or permits to authorize the work described in this application. I certify that the information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or that I am acting as the duly authorized agent of the applicant. The **ACCOMPANYING MAP** is hereby declared a part of this application. The **TEN DOLLAR (\$10.00) permit fee** is enclosed herewith.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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<b>APPROVED VOLUME:</b> _____ gallons
<b>APPROVED RATE OF WITHDRAWAL:</b> _____ gallons per minute
<b>APPROVED DURATION:</b> _____