DOMESTIC WASTEWATER APPLICATION WORKSHEET

OPERATOR NAME (as shown on P-5, Organization Report)			OPERATOR P-5 NUMBER
OPERATOR ADDRESS (including city, state, and zip code)			TYPE OF FACILITY
RRC DISTRICT NO.	COUNTY	FIELD NAME	LEASE NAME AND NUMBER
WELL NUMBER AND DRILLING PERMIT NUMBER		LATITUDE/LONGITUDE (Decimal Degrees)	
NAME OF CONTRACTOR PROVIDING THE TREATMENT SERVICES			

DESCRIPTION OF THE WASTE STREAM AND ESTIMATED VOLUME OF WASTE RECEIVED (gallons per day, GPD)

☐ Domestic Wastewater (DW) Volume of DW (GPD):

☐ Mobile Drinking Water Treatment System Wastewater (MDW) Volume of MDW (GPD):

STORAGE METHOD OF WASTEWATER BEFORE RECYCLING ☐ Lined Pit ☐ Above-Ground Tank

Provide details for pits (liner material, liner thickness, manufacturers' specifications, pit capacity, berms, etc.) and/or tanks (tank material, tank volume, tank pad, berms, etc.). Liner permeability must be less than or equal to 1×10^{-7} cm/s.

RE-USE METHOD OF WASTEWATER AFTER TREATMENT	ESTIMATED TREATED EFFLUENT VOLUME (GPD)
☐ Down-hole Application	Down-hole:
☐ Controlled Irrigation ☐ Dust Suppressant	Surface Application:

PRECAUTIONS TAKEN TO MINIMIZE EXPOSURE TO THE WASTE

ADDITIONAL OR COMPLIMENTARY TECHNICAL INFORMATION (include estimated time frame and dates necessary for use of the permit)

PROOF OF LANDOWNER NOTICE (required for wastewater re-use as controlled irrigation or dust suppressant)

☐ Attached ☐ Not Attached

"I certify that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge."

Date: _____

Signature: _____

Email: _____

Name (print or type): _____

Phone: _____

* Attachments may be used to explain or clarify any additional information