

Well Name \_\_\_\_\_



DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF GAS AND OIL  
P.O. BOX 159, 135 HIGHLANDS DRIVE  
LEBANON, VA 24266  
(276) 415-9700

APPLICATION FOR EXEMPTION FROM INJECTION REQUIREMENT

WELL NUMBER \_\_\_\_\_

WELL LOCATION \_\_\_\_\_  
\_\_\_\_\_

WELL OPERATOR \_\_\_\_\_

GEOHERMAL AREA \_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUESTING EXEMPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES REQUEST REPRESENT DEVIATION FROM APPROVED OPERATION PLAN? \_\_\_ YES \_\_\_ NO

PROPOSED DISPOSAL METHOD:

- Evaporation pond \_\_\_\_\_
- Perculation basin \_\_\_\_\_
- Municipal wastewater treatment plant \_\_\_\_\_

ATTACHMENTS:

- \_\_\_\_\_ Plan for alternative disposal method
- \_\_\_\_\_ Copy of no-discharge permit
- \_\_\_\_\_ Effect of alternative disposal method on reservoir pressure and temperature
- \_\_\_\_\_ Effect of alternate disposal method on subsidence

WELL OPERATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_

DESIGNATED AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_