

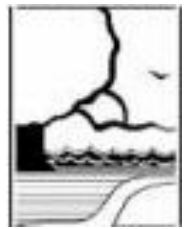


ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-16 APPLICATION FOR LIQUID OILFIELD WASTE
TRANSPORTATION SYSTEM PERMIT

Permittee #

NAME OF APPLICANT (must be same as on bond)

BUSINESS TELEPHONE

STREET, RURAL ROUTE, P.O. BOX

EMERGENCY TELEPHONE

CITY

STATE

ZIP CODE

COUNTY

CORPORATION? [] YES [] NO REGISTERED WITH STATE OF ILLINOIS? [] YES [] NO REGISTRATION #: _____

BONDING COMPANY (attach original \$10,000 bond)

BOND NUMBER

SYSTEM PERMIT FEE IS \$100.00

BRIEFLY DESCRIBE PROPOSED ACTIVITIES OF SYSTEM, COUNTIES OF OPERATION, TYPES OF LIQUID OILFIELD WASTE TO BE TRANSPORTED AND WHETHER VEHICLES (TANKS) ARE OWNED OR LEASED:

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE; AND THAT THE REMOVAL, TRANSPORTATION, DISPOSAL, AND STORAGE OR TREATMENT OF LIQUID OILFIELD WASTE WILL BE IN COMPLIANCE WITH THE 62 ILLINOIS ADMINISTRATIVE CODE SECTION 240.940.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

TITLE

DATE

APPLICANT FEIN # (required if applicable)

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.