

FORM  
**28**  
Rev 6/09

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR ECMC USE ONLY

Surety ID: \_\_\_\_\_

**CENTRALIZED E&P WASTE MANAGEMENT FACILITY PERMIT**

Submit this Form and accompanying documents for each facility per Rule 908. Financial Assurance in the amount of \$50,000 is required to operate each facility.

ECMC Operator Number: \_\_\_\_\_

Name of Operator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name and Telephone:

No: \_\_\_\_\_

Fax: \_\_\_\_\_

**Complete the Attachment Checklist**

	Op	ECMC
Site description (topo, geol, hydro)		
Adjacent land use description		
Topographic map		
Site drainage map with structures		
Scaled drawing and survey map		
Facility design & engineering		
Operating plan		
Water analysis report		
Financial assurance		
Closure plan		
Local gov't zoning compliance		
Local gov't permits and notice		

Surface Owner (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Location (QtrQtr, Sec, Twp, Rng, Mer): \_\_\_\_\_

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

1. Is the site in a sensitive area? <input type="checkbox"/> Y <input type="checkbox"/> N	2. What are the average annual precipitation and evaporation rates for the site? Precipitation: _____ inches/year Evaporation: _____ inches/year	
3. Has a description of the site's general topography, geology and hydrology been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	5. Has a 1:24,000 topographic map showing the site location been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
4. Has a description of the adjacent land use been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	6. Has a site plan showing drainage patterns, diversion or containment structures, roads, fencing, tanks, pits, buildings and any other pertinent construction details been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
7. If site is not owned by the operator, is written authorization of the surface owner attached? <input type="checkbox"/> Y <input type="checkbox"/> N	8. Has a scaled drawing and survey showing the entire section(s) containing the proposed facility been attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
9. What measures have been implemented to limit access to the facility by wildlife, domestic animals or by members of the public? Briefly explain. _____ _____		
10. Is there a planned firelane of at least 10 feet in width around the active treatment areas and within the perimeter fence? <input type="checkbox"/> Y <input type="checkbox"/> N	11. Is there an additional buffer zone of at least 10 feet within the perimeter firelane? <input type="checkbox"/> Y <input type="checkbox"/> N	
12. Have surface water diversion structures been constructed to accommodate a 100-year, 24-hour event? <input type="checkbox"/> Y <input type="checkbox"/> N	13. Has a waste profile been calculated according to Rule 908.b.6? <input type="checkbox"/> Y <input type="checkbox"/> N	
14. Has facility design and engineering been provided as required by Rule 908.b.7? <input type="checkbox"/> Y <input type="checkbox"/> N	15. Has an operating plan been completed as required by Rule 908.b.8? <input type="checkbox"/> Y <input type="checkbox"/> N	
16. Has ground water monitoring for the site been provided? <input type="checkbox"/> Y <input type="checkbox"/> N	***Attach Water Analysis Report, Form 25, for each monitoring well installed.***	
17. Has financial assurance been provided as required by Rule 704? <input type="checkbox"/> Y <input type="checkbox"/> N	18. Has a closure plan been provided? <input type="checkbox"/> Y <input type="checkbox"/> N	
19. Have local government requirements for zoning and construction been complied with? <input type="checkbox"/> Y <input type="checkbox"/> N	20. Have permits and notifications required by local governments and other agencies been provided? <input type="checkbox"/> Y <input type="checkbox"/> N	

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ECMC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ **CONDITIONS**

OF APPROVAL, IF ANY: \_\_\_\_\_ Facility Number: \_\_\_\_\_