WMP#: _____

west virginia department of environmental protection
601 57th Street SE
Charleston, WV 25304-2345
Office of Oil and Gas
Phone: (304) 926-0450

WATER MANAGEMENT PLAN/ WATER ADDENDUM

- **Horizontal Oil and Gas Well Permits**
- **Horizontal Oil and Gas Well Pads**

DEP Office Use only
Date Received by Oil & Gas:
Administratively Complete – Oil & Gas: ☐ Yes ☐ No:
Date Received by Water Use:
Complete – Water Use: ☐ Yes ☐ No

API: 047-_____-_____
(for modification requests, list all wells in Section IIb)

Section I - Operator Information

Operator Name:	
Operator ID:	*Registered in the Frac Water Reporting Website? Yes ☐ No ☐
Contact Name/Title (Water Resources Manager):	Contact Mailing Address:
Contact Phone:	Contact Email:

*If no, the operator will be required to register with the WVDEP Water Use Section; contact dep.water.use@wv.gov

Section II(a)– Water Management Plan Overview

Plan Type
☐ Well (individual)
☐ Well Pad

Plan Status
☐ New (include full application)
☐ Co-pending (include full application)
☐ Approved (include previously approved pad plan plus sections I - III)
☐ Modification* (include full application)

*All modifications for well WMPs will be converted to Well Pad WMPs unless otherwise requested

Well Number:	Well Pad Name (if applicable):		
	Well/Well Pad Location (decimal degrees, NAD83)		
	Latitude:	Longitude:	County:

Section II(b) – Water Management Plan Coverage Detail (for pad plans only)

Well Pad Name (for all well and well pad plans):			County:	
			Location (decimal degrees, NAD83)	
WMP (old)	Well Number	API	Lat	Long

Section III(a) – Source Water Overview

Estimated Water Needs:

	Gallons
Construction (compaction)	
Drilling (cement, mud systems)	
Hydraulic Fracturing	
Post-Fracturing (coil tubing, drill-outs)	
Reclamation (hydroseeding)	
Incidental Use (dust suppression)	
Total	0
Onsite Storage Capacity	

Anticipated Withdrawal Dates
Pad Construction Start:
Pad Reclamation End:

Anticipated water sources (check all that apply)

☐ Streams/Rivers	☐ Groundwater	☐ Brokered Water	☐ Lake/Reservoir/Pond
☐ Centralized Freshwater Impoundment	☐ Centralized Waste Pit	☐ Aboveground Storage Tank	
☐ Other	☐ Recycled Frac Water		

Section III(b) — Aquatic Life Protection (if utilizing surface water, provide the following details)

Describe Entrainment and Impingement Prevention Plan:
Describe Invasive Species Transfer Prevention Plan:

Section IV(a) – Stream/River Source (to be completed for each surface water withdrawal location, print more pages as necessary)

Stream/River Name:		
Landowner name and address:	Phone:	
Intake Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:

Proposed Withdrawal Details

Stationary Pump:	Total Maximum Pump Rate (gpm)	
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:

Determination that sufficient flow is available downstream from proposed intake point

Allow passby to be calculated by the DEP (Preferred)? Yes ☐ No ☐ (If no, advance written authorization by DEP is required. Attach authorization and details.)

Stream details

DEP Office Use Only			
Contact Recreation ☐	Aquatic Life-Trout Water ☐	Aquatic Life-Warm Water ☐	Drinking Water Supply ☐
Industrial ☐	Agriculture ☐	Irrigation ☐	Reference Gauge:
Gauged Stream : ☐	Stream Final Code:	Regulated by:	
Trout ☐	Sensitive Aquatic Species ☐	Tier 3 Streams ☐	Within 1 mile upstream of a PSD? Yes ☐ No ☐
Upstream Drainage Area?		Within zone of critical concern? Yes ☐ No ☐	

Section IV(b) - Groundwater Source* (to be completed for each Ground water withdrawal location, print more pages as necessary)

Well Permit # (DHHR):	Well Name:
Landowner name and address:	Phone:

Well Location (decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Aquifer (if known):		
☐ *New well (Drill Date: _____) ☐ Existing well		

*If drilling a new well, please submit well logs to DEP's Water Use Section; Wells must be drilled and plugged in accordance with DHHR regulations

Total Depth:	Type of Casing:	Casing Diameter:	Screen Interval:	Screen Size:

Static Water Elevation:	Top of Casing Elevation:	Surface Elevation:	Type of Well Cap:

Withdrawal Details
Max. Pump Rate (gpm):

Analysis of potential groundwater impacts

Static Water Level Prior to Test:_____feet below grade
Drawdown (Water Level/Elevation During Pump Test):_____feet
Duration of Pump Test:_____hours
Gallons Per Minute During Pump Test:_____gpm
Time to Return to Static Water Level After Pump Test:_____hours

*All groundwater supply wells must be registered with the Office of Oil and Gas, §22-6A-8(g)(5), additional requirements may apply.

Section IV(c) - Brokered Water Source (to be completed for each water supplier; include each hydrant/tap location, print more pages as necessary)

Supplier Name:		
Supplier name and address:	Phone:	
Hydrant/Tap Location(decimal degrees, NAD83)		
Latitude:	Longitude:	County:
Supplier type		
☐ Public Water Provider	☐ Waste Water Treatment Plant	☐ Industrial (raw water intake locations must be provided below)
☐ Commercial Supplier (raw water intake location must be provided below)	☐ Private (raw water intake locations must be provided below)	
Purchase Details		
Max. total daily purchase (gal):	Additional location information:	

Section IV(d) - Lake/Reservoir/Farm Pond Water Source* (to be completed for each lake/reservoir, print more pages as necessary)

<table>
<tr><td colspan="4">Lake/Reservoir/Farm Pond Name:</td></tr>
<tr><td colspan="2">Owner name and address:</td><td colspan="2">Phone:</td></tr>
<tr><td colspan="4">Intake Location (decimal degrees, NAD83)</td></tr>
<tr><td>Latitude:</td><td colspan="2">Longitude</td><td>County:</td></tr>
<tr><td colspan="4">Minimum release, if applicable (cfs):</td></tr>
<tr><td colspan="4">Withdrawal Details</td></tr>
<tr><td>Stationary Pump:</td><td colspan="3">Total Maximum Pump Rate (gpm)</td></tr>
<tr><td>Direct Truck Withdrawal:</td><td colspan="2">Max. Pump Rate per Truck (gpm):</td><td>No. Trucks Simultaneously Pumping:</td></tr>
</table>

Section IV(e) – Centralized Impoundment/Waste Pit (to be completed for each source, print more pages as necessary)

<table>
<tr><td colspan="4">Centralized Impoundment/Pit Name:</td></tr>
<tr><td colspan="2">Referenced WMP#:</td><td colspan="2">COA ID:</td></tr>
<tr><td colspan="2">Landowner name and address:</td><td colspan="2">Phone:</td></tr>
<tr><td colspan="4">Facility Location (decimal degrees, NAD83)</td></tr>
<tr><td>Latitude:</td><td>Longitude:</td><td>County:</td><td>Registered LQU?
Yes ☐ No ☐</td></tr>
<tr><td colspan="2">Operator name and address (if different than applicant):</td><td colspan="2">Phone (if different than applicant):</td></tr>
<tr><td colspan="4">Withdrawal Details</td></tr>
<tr><td>Stationary Pump:</td><td colspan="3">Total Maximum Pump Rate (gpm)</td></tr>
<tr><td>Direct Truck Withdrawal:</td><td>Max. Pump Rate per Truck (gpm):</td><td colspan="2">No. Trucks Simultaneously Pumping:</td></tr>
</table>

DEP Office Use Only
Within 1 mile upstream of a PSD? Yes ☐ No ☐
Within zone of critical concern? Yes ☐ No ☐

Section IV(f) – Above Ground Storage Tanks (to be completed for each source, print more pages as necessary)

AST Name:			
Referenced WMP#:			
Landowner name and address:		Phone:	
AST Location (decimal degrees, NAD83)			
Latitude:	Longitude:	County:	Registered LQU? Yes ☐ No ☐
Operator name and address (if different than applicant):		Phone (if different than applicant):	
Withdrawal Details			
Stationary Pump:	Total Maximum Pump Rate (gpm)		
Direct Truck Withdrawal:	Max. Pump Rate per Truck (gpm):	No. Trucks Simultaneously Pumping:	

DEP Office Use Only
Within 1 mile upstream of a PSD? Yes ☐ No ☐
Within zone of critical concern? Yes ☐ No ☐

Section IV(g) - Reused Frac Water (to be completed for each anticipated source)

Well Pad (where water was obtained from):	Well Pad (where water was obtained from):
Well Pad (where water was obtained from):	Well Pad (where water was obtained from):
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Section V – Planned Disposal Method

			Estimate % each facility is to receive			
	Name	Location (decimal degrees, NAD83)	Permit #	Fracturing	Stimulation	Production
UIC		Lat: Long:				
NPDES (Treatment Plant)		Lat: Long:				
Re-Use		Lat: Long:				
Other		Lat: Long:				

Section VI - Planned Additives to be used in Fracturing or Stimulations (attach list to form)

Section VII - Operator Comments

Section VIII – Plan Reviewed By

DEP Office Use only		
API #		
Name:	Signature:	Date:
DEP Comments:		