



west virginia department of environmental protection
601 57th Street SE
Charleston, WV 25304-2345

WATER MANAGEMENT PLAN/ WATER ADDENDUM

Centralized Impoundments and Pits

Office of Oil and Gas
Phone: (304) 926-0450

DEP Office Use only
Date Received by Oil & Gas:
Administratively Complete – Oil & Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No:
Date Received by Water Use:
Complete – Water Use: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section I - Operator Information

Identifier (assigned by Oil & Gas): _____
☐ Modification?

Operator Name:	
Operator ID:	*Registered in the Frac Water Reporting Website? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address:	Contact Name/Title (Water Resources Manager):
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 – Impoundment/Pit Overview

Impoundment/Pit Name:			
<input type="checkbox"/> Centralized Impoundment (Freshwater)	Location (decimal degrees, NAD 83)		
	Latitude:	Longitude:	County:
<input type="checkbox"/> Centralized Waste Pit			
Landowner name and address:		Phone:	

Section III – Source Water Overview (check all that apply)

<input type="checkbox"/> Streams/Rivers	<input type="checkbox"/> Lakes/Reservoirs/Pond	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Purchased Water (PSD)
<input type="checkbox"/> Purchased Water (Private)	<input type="checkbox"/> Recycled Frac Water	Other (describe):	
Total impoundment/pit capacity (gal):			

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

Source Name:		
Location (decimal degrees, NAD 83)		
Latitude:	Longitude:	County:
Landowner name and address:		Phone:
Obtained Landowner Permission? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Proposed Withdrawal Details

		Max. Pump Rate (gpm):
No. of Pump Trucks:	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.)

Aquatic Life Protection

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

Stream details

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<input type="checkbox"/> Contact Recreation	<input type="checkbox"/> Aquatic Life-Trout Water	<input type="checkbox"/> Aquatic Life-Warm Water	<input type="checkbox"/> Drinking Water Supply
<input type="checkbox"/> Industrial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Irrigation	Final Code:
<input type="checkbox"/> Gauged Stream	Reference Gauge:	Regulated by:	
<input type="checkbox"/> Trout?	<input type="checkbox"/> Endangered Species?	<input type="checkbox"/> Tier 3 Stream?	<input type="checkbox"/> Mussels?
Within 1 mile upstream of a PSD? Yes <input type="checkbox"/> No <input type="checkbox"/>		Upstream Drainage Area (sq. mi.)?	

Section III(b) - Ground Water Source (to be completed for each groundwater withdrawal location, print additional pages as necessary)

Well Permit # (if applicable):		Well name:	
Location (decimal degrees, NAD 83)			
Latitude:	Longitude:	County:	
Aquifer: (if known)			
Landowner name and address:		Phone:	
Obtained Landowner Permission? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> *New well (Drill date: _____) <input type="checkbox"/> 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

Section III(c)- Purchased Water Source (to be completed for each water supplier, print additional pages as necessary)

Supplier Name and Contact Information:		
Location(decimal degrees, NAD 83)		
Latitude:	Longitude:	County:
<input type="checkbox"/> Public Water Provider	<input type="checkbox"/> Waste Water Treatment Plant	<input type="checkbox"/> Industrial (provide intake location below)
<input type="checkbox"/> Commercial Supplier (provide intake location below)		<input type="checkbox"/> Private (provide intake location below)
Purchase Details		
		Max. daily purchase (gal):
Supplier intake details:		

Section III(d) - Lake/Reservoir/Pond Water Source (to be completed for each lake/reservoir)

Lake/Reservoir Name:		
Location (decimal degrees, NAD 83)		
Latitude:	Longitude	County:
Landowner name and address:		
Permission to withdraw obtained from owner: Yes <input type="checkbox"/> No <input type="checkbox"/>		Minimum release (cfs):
Withdrawal Details		
		Max. Pump Rate (gpm):

Section III(f) - Recycled Frac Water (to be completed for each source, print additional pages as necessary)

API # of Previous Well (or other descriptor):	Total volume from source (gal):
Date of Water Transfer	
Start Date:	End Date:

API # of Previous Well (or other descriptor):	Total volume from source (gal):
Date of Water Transfer	
Start Date:	End Date:

API # of Previous Well (or other descriptor):	Total volume from source (gal):
Date of Water Transfer	
Start Date:	End Date:

API # of Previous Well (or other descriptor):	Total volume from source (gal):
Date of Water Transfer	
Start Date:	End Date:

API # of Previous Well (or other descriptor):	Total volume from source (gal):
Date of Water Transfer	
Start Date:	End Date:

Section VI - Operator Comments

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Section VII – Plan Reviewed By

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API #		
Name:	Signature:	Date:
Comments		