

**North Carolina Department of Environment and Natural Resources
Division of Energy, Mineral, and Land Resources
Energy Section - Oil and Gas Program**

| | |
|----------------------------|----------------------|
| Oil & Gas Program Use Only | |
| Date: | <input type="text"/> |
| Received by: | <input type="text"/> |
| Document ID: | <input type="text"/> |

**Form
4**

1612 Mail Service Center, Raleigh, NC 27699-1612
Phone: (919) 707-9220
Fax: (919) 715-8801
Email: DEMLRoilandgas@ncdenr.gov

Rev 03/2015

Water Management Plan

15A NCAC 05H .1901

| | | | |
|------------------------------|----------------------|------------------------------------|----------------------|
| Applicant or Permittee Name: | <input type="text"/> | Phone: | <input type="text"/> |
| Company Name: | <input type="text"/> | Fax: | <input type="text"/> |
| Address: | <input type="text"/> | Email: | <input type="text"/> |
| City: | <input type="text"/> | State: | <input type="text"/> |
| | | Zip: | <input type="text"/> |
| API Number: | <input type="text"/> | Nearest Town/City: | <input type="text"/> |
| Lease/Well Name: | <input type="text"/> | Well Site Ingress/Egress Location: | <input type="text"/> |
| Well Number: | <input type="text"/> | County: | <input type="text"/> |

Water Withdrawal Information:

| <u>Water Source Identification</u> | <u>Proposed Start Date of Water Withdrawal</u> | <u>Proposed End Date of Water Withdrawal</u> | <u>Daily Average Water Withdrawn From Each Source</u> <i>(mgd)</i> | <u>Maximum Daily Water Withdrawn From Each Source</u> <i>(mgd)</i> | <u>Expected Total Withdrawal</u> <i>(millions of gallons)</i> |
|------------------------------------|--|--|---|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Attach supplemental water source information in accordance with Rules 15A NCAC 05H .1902, .1903, .1904, and .1905 by email or hardcopy.

Check to indicate documentation is attached.

Provide file name if attached by email:

API Number:

Form 4 - Water Management Plan

Permittee Name:

Water Supply Owner Consent Information:

| <u>Name of Water Supply Owner</u> | <u>Address</u> | <u>Phone Number</u> | <u>Parcel Identification</u> | <u>Is Written Consent From the Water Supply Owner Attached to This Form?</u> |
|--|-----------------------|----------------------------|-------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Description of all potential sources of water, including flowback and produced water, that were evaluated and the reasons for rejecting those sources as required by 15A NCAC 05H .1905:

Attach topographic maps and aerial maps showing the latitude and longitude, in decimal degrees, of the following features and locations:

- (A) The proposed water source(s) and any existing hydrologic features within the area of influence of the proposed water source, including other streams, springs, and wetlands;
- (B) Any existing water supply, as defined in G.S. 113-389(15), within the area of influence;
- (C) Any areas with known environmental contamination within the area of influence;
- (D) Any current or proposed utility rights-of-way associated with the project area; and
- (E) Any current or proposed structure(s) or appurtenance(s) for the transport or storage of water.

Check to indicate documentation is attached by email or hardcopy.

Provide file name(s) if attached by email:

API Number:

Form 4 - Water Management Plan

Permittee Name:

List alternative water source(s) or practices to be used during times of drought or low flow conditions:

Describe a monitoring plan sufficient to accurately record the amount of water used from each source on a daily basis, including schedules of maintenance to ensure accurate measuring and recording of the water usage:

Any other information required by 15A NCAC 05H .1906:

Will this Water Management Plan apply to additional wells located at the well pad? Yes No

If Yes, list other wells by assigned API Number and Well Name:

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name: _____

Title: _____

Signature: _____

Date: _____