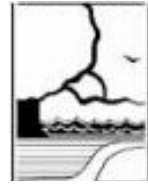




**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF OIL AND GAS RESOURCE MANAGEMENT**
ONE NATURAL RESOURCES WAY
SPRINGFIELD, ILLINOIS 62702-1271
(217) 782-7756



**OG-16A APPLICATION FOR LIQUID OILFIELD WASTE
TANK PERMIT**

NAME OF APPLICANT (must be same as on system permit) _____

ADDRESS _____

THIS IS A: NEW TANK RENEWAL _____

SYSTEM PERMIT NUMBER _____ COUNTY _____

TANK PERMIT FEE – \$150.00 PER TANK, VALID 2 YEARS FROM DATE OF ISSUANCE

TANK ID# (model, manufactures, serial)	TANK CAPACITY (bbls)	TANK DESCRIPTION describe construction materials of tank & equipment valves, etc.	DEPT. USE Pass or Fail

(IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF FORM)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE PERMITTEE HAS REVIEWED THIS APPLICATION TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITTEE’S KNOWLEDGE, THE REQUEST, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

SIGNATURE OF SYSTEM PERMITTEE _____ TITLE _____ DATE _____

DEPARTMENT USE:

<p>TANK / EQUIPMENT INSPECTION: ALL EQUIPMENT LISTED HAS BEEN INSPECTED AND IS IN COMPLIANCE.</p> <p>FIELD APPROVAL _____ Inspectors signature _____ Date _____</p>

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 PARS. 725 ET. SEQ. FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN THIS FORM NOT BEING PROCESSED.