ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management
One Natural Resources Way Springfield, Illinois 62702-1271

HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING PERMIT APPLICATION HVHHF-10

References to "1-xx" or "§1-xx" are to the Hydraulic Fracturing Regulatory Act., 225 ILCS 732/1-1 et seq. References to "240.xxx" and "245.xxx" are to 62 Ill. Admin. Code 240 and 245, respectively.

Attachment: BondMunicipalConsentRegistration

Please save attachment and use the file name above.

(1) Bond §1-65; 245.210(f), 245.220.
Please provide proof of bond as required by 245.220(b) and/or (c)

(2) Municipal Consent 245.210(c).
Will the well site be located within the limits of any city, village, or incorporated town ____ YES ____ NO
If "Yes," what city, village, or incorporated town? _____
If "Yes," attach a certified copy of the official consent for the high volume horizontal hydraulic fracturing operations to occur from the municipal authorities where the well site is proposed to be located.

(3) Registration Update 245.210(b)(1).
Do you certify that the applicant registration information previously provided to the Department pursuant to Section 245.200 is accurate and up to date? _____ YES _____ NO initial: _____

(4) **Additional Information** §1-53(a)(4); 245.300(c)(4).
Attach any other information you wish the Department to consider that will demonstrate you're your operations will be conducted in a manner that will protect the public health, public safety, property, wildlife, aquatic life and environment, and will prevent pollution or diminution of any water source.

ATTESTATION § 1-35(f) ; 245.210(h).

I, _____, affirm that I am the applicant or the applicant's designee who has been vested with the authority to act on behalf of the applicant, and that I have direct knowledge of the information contained in the application and its attachments. I certify, under penalty of perjury as provided by law and under penalty of refusal, suspension, or revocation of a high volume horizontal hydraulic fracturing permit, that this application and all attachments are true, accurate, and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Title