Recycling Facility and/or Recycling Containment
<b>Type of Facility:</b> Recycling Facility Recycling Containment*
Type of action:     Permit     Registration       Modification     Extension
$\Box Closure \qquad \qquad$
* At the time C-147 is submitted to the division for a Recycling Containment, a copy shall be provided to the surface owner.
Be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.
1.         Operator: <u>Chevron U.S.A. Inc.</u> (For multiple operators attach page with information) OGRID #: <u>4323</u>
Address: _1400 Smith Street, Houston TX 77002
Facility or well name (include API# if associated with a well): "HH NM Sec 2 Frac Pond and Recycle Facility"
OCD Permit Number: <u>2RF-120 (A and B)</u> (For new facilities the permit number will be assigned by the district office)
U/L or Qtr/Qtr <u>N</u> Section <u>2</u> Township <u>26 South</u> Range <u>27 East</u> County: <u>Eddy</u>
Surface Owner: 🗌 Federal 🔀 State 🗌 Private 🗌 Tribal Trust or Indian Allotment
2.         ∑ Recvcling Facility:       (Location: U/L N, Section 2, T26S, R27E)         Location of recycling facility (if applicable):       Latitude _32.065644
<ul> <li></li></ul>

## **Bonding:**

4.

Covered under bonding pursuant to 19.15.8 NMAC per 19.15.34.15(A)(2) NMAC (These containments are limited to only the wells owned or

## operated by the owners of the containment.)

Bonding in accordance with 19.15.34.15(A)(1). Amount of bond \$\_\_\_\_\_ (work on these facilities cannot commence until bonding

### amounts are approved)

Attach closure cost estimate and documentation on how the closure cost was calculated.

### Fencing:

5.

Four foot height, four strands of barbed wire evenly spaced between one and four feet

Alternate. Please specify\_\_\_\_

#### 6. <u>Signs</u>:

7.

12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers

Signed in compliance with 19.15.16.8 NMAC

## Variances:

Justifications and/or demonstrations that the proposed variance will afford reasonable protection against contamination of fresh water, human health, and the environment.

Check the below box only if a variance is requested:

Variance(s): Requests must be submitted to the appropriate division district for consideration of approval. If a Variance is requested, include the variance information on a separate page and attach it to the C-147 as part of the application.

If a Variance is requested, it must be approved prior to implementation.

## Siting Criteria for Recycling Containment

Instructions: The applicant must provide attachments that demonstrate compliance for each siting criteria below as part of the application. Potential examples of the siting attachment source material are provided below under each criteria.

# **General siting**

<u>Ground water is less than 50 feet below the bottom of the Recycling Containment.</u> NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☐ No ☐ NA
<ul> <li>Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended.</li> <li>Written confirmation or verification from the municipality; written approval obtained from the municipality</li> </ul>	☐ Yes ☐ No ☐ NA
<ul> <li>Within the area overlying a subsurface mine.</li> <li>Written confirmation or verification or map from the NM EMNRD-Mining and Minerals Division</li> </ul>	🗌 Yes 🗌 No
<ul> <li>Within an unstable area.</li> <li>Engineering measures incorporated into the design; NM Bureau of Geology &amp; Mineral Resources; USGS; NM Geological Society; topographic map</li> </ul>	🗌 Yes 🗌 No
Within a 100-year floodplain. FEMA map	🗌 Yes 🗌 No
<ul> <li>Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse, or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).</li> <li>Topographic map; visual inspection (certification) of the proposed site</li> </ul>	🗌 Yes 🗌 No
<ul> <li>Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application.</li> <li>Visual inspection (certification) of the proposed site; aerial photo; satellite image</li> </ul>	🗌 Yes 🗌 No
<ul> <li>Within 500 horizontal feet of a spring or a fresh water well used for domestic or stock watering purposes, in existence at the time of initial application.</li> <li>NM Office of the State Engineer - iWATERS database search; visual inspection (certification) of the proposed site</li> </ul>	🗌 Yes 🗌 No
<ul> <li>Within 500 feet of a wetland.</li> <li>US Fish and Wildlife Wetland Identification map; topographic map; visual inspection (certification) of the proposed site</li> </ul>	🗌 Yes 🗌 No

<ul> <li>9.</li> <li><u>Recvcling Facility and/or Containment Checklist</u>: <i>Instructions: Each of the following items must be attached to the application. Indicate, by a check mark in the box, that the documents are attached.</i></li> <li>Design Plan - based upon the appropriate requirements.</li> <li>Operating and Maintenance Plan - based upon the appropriate requirements.</li> <li>Closure Plan - based upon the appropriate requirements.</li> <li>Site Specific Groundwater Data -</li> <li>Siting Criteria Compliance Demonstrations –</li> <li>Certify that notice of the C-147 (only) has been sent to the surface owner(s)</li> </ul>
10.         Operator Application Certification:         I hereby certify that the information and attachments submitted with this application are true, accurate and complete to the best of my knowledge and belief.         Name (Print):      Tony Vallejo         Title:      Senior Workforce Safety and Environmental Specialist – Factory         Signature:

OCD Permit Number: 2RF~120

OCD Representative Signature: \_\_\_\_\_\_\_ Victoria Venegas \_\_\_\_\_\_ Im \_\_\_\_\_ Approval Date: \_\_01/14/2021

Title: <u>Environmental Specialist</u>

X OCD Conditions

X Additional OCD Conditions on Attachment