



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



**OG-16 APPLICATION FOR LIQUID OILFIELD WASTE
TRANSPORTATION SYSTEM**

NAME OF APPLICANT (must be same as on bond) BUSINESS TELEPHONE

STREET, RURAL ROUTE, P.O. BOX EMERGENCY TELEPHONE

CITY STATE ZIP CODE COUNTY

CORPORATION? YES NO
REGISTERED WITH STATE OF ILLINOIS? YES NO REGISTRATION #: _____

BONDING COMPANY (attach original \$10,000 bond) BOND NUMBER

SYSTEM PERMIT FEE IS \$100.00

BRIEFLY DESCRIBE PROPOSED ACTIVITIES OF SYSTEM, COUNTIES OF OPERATION, TYPES OF LIQUID OILFIELD WASTE TO BE TRANSPORTED AND WHETHER VEHICLES (TANKS) ARE OWNED OR LEASED:

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.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT TITLE DATE

APPLICANT FEIN # (required if applicable)

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.