

**SUPPLEMENT TO APPLICATION
PERMIT FOR A SOLUTION MINING PROJECT (Form 206)**

Ohio Department of Natural Resources, Division of Mineral Resources Management
2045 Morse Road, Bldg H3
Columbus, OH 43229-6693

AREA OF REVIEW. An application for a Solution mining project will be evaluated on the basis of an "area of review" surrounding the proposed well or project. For individual solution mining projects consisting of one well, the area of review shall be a fixed radius around the well or not less than one-quarter mile. For solution mining projects consisting of more than one well, the area of review shall be the project area plus a circumscribing area the width of which is not less than one-quarter mile.

31. **PROPOSED INJECTION ZONE**

Geological Formation: _____

Injection Interval: From: _____ feet to _____

For new projects where the proposed injection zone is a water bearing formation, determine fluid pressure, fracture pressure, and physical and chemical characteristics of the formation fluids. When the injection zone is not a water bearing formation, submit only the fracture pressure. Attach all calculations and analyses.

32. **WELL CONSTRUCTION AND OPERATION**

A. Description of the proposed casing and cement program for new wells, or of the casing, cementing or sealing with prepared clay for existing wells to be converted:

B. Proposed method for testing the casing:

C. Description of the proposed method for completion, stimulation and operation of the injection/withdrawal well:

33. Describe any expected changes in pressure, native-fluid displacement and direction of movement of injection fluids:

34. Description of existing or proposed monument grids and surveying methods to be used in obtaining yearly measurement of second order accuracy for the detection of ground surface movement. Describe monument types, construction and emplacement:

35. Describe plan for meeting the monitoring requirements of paragraph (B) of Rule 1501:9-7-09 of the Administrative Code:

36. **QUALITATIVE ANALYSIS OR RANGES IN CONCENTRATIONS.** Attach documentation in accordance with paragraph (G)(4)(b)(iii) of Rule 1501:9-7-07 of the Administrative Code.

37. **PROPOSED INJECTION VOLUMES:** Indicate the estimated volume of fluid to be injected per project or per well per day (individual or project basis; circle one):

AVERAGE: _____ MAXIMUM: _____

38. **PROPOSED INJECTION PRESSURES:** Indicate the estimated pressure to be used for injection of fluids into the proposed injection zone:

AVERAGE: _____ MAXIMUM: _____

39. **PROPOSED CORRECTIVE ACTION:** Explain any corrective action proposed for wells penetrating the injection formation or zone within the area of review:

40. **PROPOSED CONTINGENCY PLANS:** Explain any contingency plans to cope with all well failures or shut-ins so as to prevent the migration of the contaminating fluids into underground sources of drinking water:

41. **MAP.** Each application for a permit for a solution mining project shall be accompanied by a map or maps showing and containing the following information:

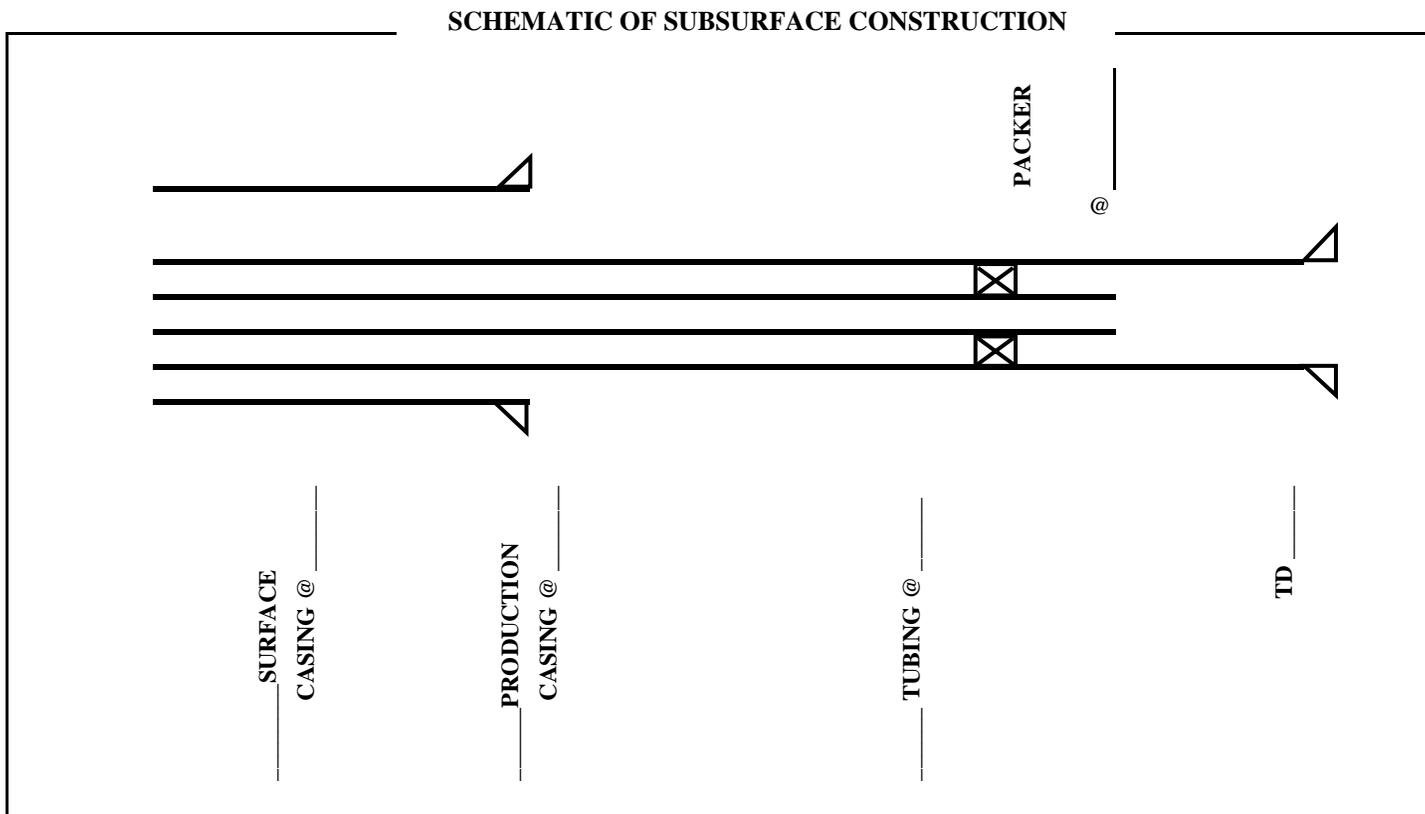
A. The subject tract of land on which the proposed solution mining project is to be located;

B. The location and designation of all injection, withdrawal and monitoring wells on the tract or tracts to be utilized in the project established by an Ohio registered surveyor showing the distances in feet from the proposed well sites to the boundary lines on the subject tracts as well as measurements from permanent land subdivisions;

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- C. The geographic location of all wells penetrating the formation proposed for injection, regardless of status within the area of review; and
- D. All tracts or parts thereof situated within the area of review labeled with the names of all owners or operators of record utilizing the same formations or zone for solution mining of minerals, storage or any other purpose as described in Public Notice (see item 43).

42. **SCHEMATIC DRAWING OF SUBSURFACE CONSTRUCTION.** Label the schematic drawing below indicating size and setting depth of surface casing, intermediate (if any) and production casings; amount of cement used, measured or calculated tops of cement; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone showing top and bottom of injection interval. If the proposed input well design is substantially different from the schematic below, attach on a separate sheet a schematic of your proposal labeled with the above information.



43. Public notice of an application for a solution mining project is required by rule. In addition, the applicant must submit, on an attached sheet, a list of the names and address of those persons required to receive personal notice in accordance with Public Notice procedures.

After submitting the application, and after a determination by the Division that it is complete as required by the rules of the Division, a legal notice must be published by the applicant in a newspaper of general circulation in the area of review. The legal notice must contain the information described in Rule 1501:9-5-05(E)(1) of the Ohio Administrative Code. A copy of the notice must be delivered to all owners or operators of wells within the area of review producing from or injecting into the same formation proposed as the injection formation. Proof of publication, publication date, and an oath as to the delivery to those entitled to receive personal notice under this method must be filed with the Division within forty days after the Division determines that the application is complete.

In addition, notice of all applications for enhanced recovery projects will be published in the Division's Weekly Circular.

The undersigned hereby agrees to comply with all provisions for an enhanced recovery project as required by Chapter 1501:9-5 of the Ohio Administrative Code. In addition, the undersigned deposed and says that he shall conform to all provisions of Section 1509.072 of the Ohio Revised Code, and to all orders and rules issued by the Chief, Division of Mineral Resources Management.

Owner/Authorized Agent (Type or Print): _____

Signature of Owner/Authorized Agent: _____ Title: _____

Permanent Address of Home Office: _____

If signed by Authorized Agent, a certified copy of appointment of agent must be on file with the Division.

SWORN to and subscribed before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public

Date Commission Expires