



## GEOTHERMAL ENERGY EXTRACTION PERMIT APPLICATION

INDUSTRIAL COMMISSION OF NORTH DAKOTA  
GEOLOGICAL SURVEY  
SFN 11763 (4/07) (1-ge)

Please read the instructions on the back of the form			Date
Name of operator			
Address	City	State	Zip code

### DESCRIPTION OF FACILITY

Commercial \_\_\_\_ Residential \_\_\_\_ (Check one)

Name of facility or home owner			
Address	City	State	Zip code
Extraction well location			
Section: T: R:		County:	
Distance from proposed location to (N) (S) section line		Distance from proposed location to (E) (W) section line	
feet		feet	
Date well will be spudded	No. of wells	Drilling depth	Surface elevation above sea level
		feet	Feet
<b>Enclose a topographic map of the site and on this or another map show the planned location of all wells, piping, discharge points, etc.</b>			
Deep well ____ No ____ Yes	Shallow well ____ No ____ Yes	Closed-loop system ____ No ____ Yes (Describe the type and volume of solution below)	
Type of solution		Volume of solution	
Open-loop system ____ No ____ Yes (Describe the method of injection or disposal for the used groundwater)			
Remarks			
Date	Signature		

I certify that the statements made in this application are true, and understand (pursuant to Section 12.1-11.02, subsection 2 of the North Dakota Century Code) that it is a class A misdemeanor to make a false written statement, or to intentionally create a false impression in a written application, in a governmental matter when the author does not believe it to be true.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Permit Number:
Date Approved:
Signature (State Geologist)

## INSTRUCTIONS

The office of the State Geologist will retain two copies of this completed form. In submitting the form for approval, prepare a sufficient number of copies to provide the amount your organization requires. BE SURE THE FORM IS COMPLETE.

The signature of the person preparing the form is required in two places: at the bottom of "DESCRIPTION OF FACILITY" and again at the bottom of the form.

On the line marked "NAME OF FACILITY OR HOME OWNER" write the name of the person or organization owning the facility or home. Unless otherwise stated this is the name under which the well will be carried in the files of the Industrial Commission. If some other designation is desired by the operator this should be noted under "REMARKS". After the permit has been issued a fee of \$25 is required before a change in the well name can be made.

Unless the form is complete it will be returned without approval. NO OPERATIONS FOR THE DRILLING OF THE WELL SHALL BE COMMENCED UNTIL THE APPROVED APPLICATION IS RECEIVED.

This form must be accompanied by a \$100 (commercial) or \$20 (residential) permit fee payable to the Industrial Commission of North Dakota, Geological Survey, and a plat of the location.

BE SURE THAT YOU HAVE READ AND THOROUGHLY UNDERSTAND THE RULES AND REGULATIONS OF THE INDUSTRIAL COMMISSION OF NORTH DAKOTA GEOLOGICAL SURVEY.

FILE TWO COPIES OF THIS APPLICATION WITH THE STATE GEOLOGIST, 600 E. BOULEVARD AVENUE, BISMARCK, ND 58505-0840.