



**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 \$150.00**

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:

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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.