

New Mexico Environment Department Ground Water Quality Bureau

Produced Water Pilot Project Notice of Intent to Discharge

Agency Interest Number_

For Department Use Only:

| | | PRD Assigned |
|-----|---|--|
| 1. | Name and mailing address of person or group perfo | orming research (Responsible Person): |
| То | ny D. Haag | Work Phone: 317.778.1335 |
| 806 | 0 E. C.R. 725 N. | Cell/Home Phone: |
| Bro | wnsburg, IN 46112 | Fax: |
| Str | ongbox Water Solutions, LLC | Email: tdhaag@strongboxwater.com |
| 2. | Name and position of person completing form: | |
| | arla Michaels | Work Phone: 765.621.3883 |
| Ac | dministrative Assistant | Cell/Home Phone: |
| | | Fax: |
| | | Email: dmichaels@strongbox.co |
| | BGNDFR - outside | ace inside or outside of the oil and gas field? |
| 6. | Physical location of the research site including size township, range, section, county, distance from cloprovide as an attachment. BGNDFR - Alamogordo, NM | sest town or landmark, directions to facility. |
| 7. | Topographic and aerial map(s) showing: land status and adjacent land status 100-year flood plain, wellings and occupied establishment watercourses including irrigation ditch water wells (types) or springs site security site plan showing locations of relevant | nes, wetlands, lakes, karst and soils |
| 8. | List any regulatory, governmental and non-governmental that have authority on the testing location. Provide BGNDRF - NMPWRC | mental agencies, including municipalities or countie |
| 9. | Provide a description of your signage plan for the | testing site. Provide as an attachment. |
| 10. | Per BGNDFR Guidelines Provide a description of your site security plan, inc Per BGNDFR Guidelines | cluding training and site restriction methods. |

11. List of adjacent landowners and confirmation that adjacent landowners have been notified of the

12. List the source(s) of the produced water including basin of origin. Describe how the produced water will be transported to and from the site including origin and disposal locations and onsite storage safety

proposed pilot project. Provide as an attachment.

precautionary methods. Provide as an attachment.



As required

Per NMPWRC



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| 13. Provide the disposal and decommissioning plan for the expected byproducts, waste products and other potentially contaminated materials. Plan should include disposition of equipment, soils, plants and | |
|---|---|
| piping requiring disposal and the expected disposal locations for each. Provide as an attachment. Per NMPWRC | |
| 14. Describe the expected contaminants in the untreated produced water and the treated produced water (e.g. contaminants being studied, known contaminants, known additives). Include estimated concentrations if known, and copies of laboratory analyses of untreated and treated produced water. Provide as an attachment. | |
| 15. Describe all components of the produced water processing, treatment, storage, secondary containment, and produced water system (e.g., pre-treatment units, above ground storage tanks, etc.). Include sizes, site layout map, closed loop processing plans, and specifications. Provide as an attachment. Drawing attached to document | |
| 16. Describe your disposal plan for all produced water, treated produced water, permeate or brine concentrate into a SWD. Provide as an attachment. Per NMPWRC | |
| 17. Describe your final closure plan after completion of the pilot project. Provide as an attachment. | |
| 18. Estimated depth to ground water (ft): Source of information Direction of groundwater flow: Source of information Per BGNDFR | |
| 19. Current Total Dissolved Solids Concentration in Groundwater | |
| Per BGNDFR Signature: Date: 7-10-2024 Printed name: TUNY O-HPAG Title: PENUPLE | |
| Certification by Responsible Person I, | |
| Signed this 10 day of July Haynon my oath or affirmation, before a notary of the State of Indiana Taliyanda Van PELT-STAMAN M. Madded Van PUH-810. | _ |
| Signed this 10 day of 100 Jupon my oath or affirmation, before a notary of the State of ALIXANDRA VAN PELT-STAMAN NOTARY PUBLIC - SEAL STATE OF INDIANA | m |
| COMMISSION NUMBER NP0745742 | |

MY COMMISSION EXPIRES JAN. 5, 2031

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elephone: 505-827-2900

505-827-2965

Fax:



P.O. Box 5469

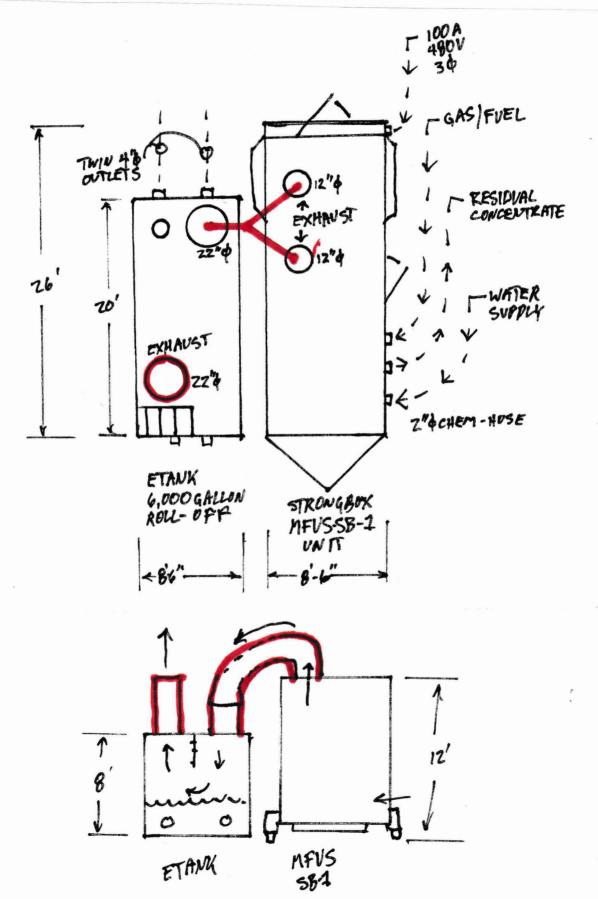
Please return this form to:

NMED Ground Water Quality Bureau

Santa Fe, New Mexico 87502-5469



STRONGBOX SOLUTIONS / BGNDFR VAPOR RECLAIM TESTING ARRANGEMENT



70H-21