



United States Environmental Protection Agency  
**Underground Injection Control  
 Permit Application**  
 (Collected under the authority of the Safe Drinking  
 Water Act. Sections 1421, 1422, 40 CFR 144)

I. EPA ID Number		T/A	C
U			

Read Attached Instructions Before Starting  
 For Official Use Only

Application approved mo day year	Date received mo day year	Permit Number	Well ID	FINDS Number

II. Owner Name and Address			III. Operator Name and Address		
Owner Name Sammy-Mar LLC			Owner Name Sammy-Mar LLC		
Street Address 255 Airport Road		Phone Number (724) 349-7170	Street Address 255 Airport Road		Phone Number (724) 349-7170
City Indiana	State PA	ZIP CODE 15701	City Indiana	State PA	ZIP CODE 15701

IV. Commercial Facility	V. Ownership	VI. Legal Contact	VII. SIC Codes
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	Type D

VIII. Well Status (Mark "x")			
<input type="checkbox"/> A Operating	Date Started mo day year	<input type="checkbox"/> B. Modification/Conversion	<input checked="" type="checkbox"/> C. Proposed

IX. Type of Permit Requested (Mark "x" and specify if required)			
<input checked="" type="checkbox"/> A. Individual	<input type="checkbox"/> B. Area	Number of Existing Wells 0	Number of Proposed Wells 1
		Name(s) of field(s) or project(s) Povlick	

X. Class and Type of Well (see reverse)			
A. Class(es) (enter code(s)) Class II	B. Type(s) (enter code(s)) D	C. If class is "other" or type is code 'x,' explain	D. Number of wells per type (if area permit)

XI. Location of Well(s) or Approximate Center of Field or Project												XII. Indian Lands (Mark 'x')	
Latitude			Longitude			Township and Range						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Deg	Min	Sec	Deg	Min	Sec	Sec	Twp	Range	1/4 Sec	Feet From	Line		
41	10	58	78	34	59								

XIII. Attachments  
 (Complete the following questions on a separate sheet(s) and number accordingly; see instructions)  
 For Classes I, II, III, (and other classes) complete and submit on a separate sheet(s) Attachments A--U (pp 2-6) as appropriate. Attach maps where required. List attachments by letter which are applicable and are included with your application.

XIV. Certification	
I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32)	
A. Name and Title (Type or Print) W. Daniel Sinclair, President	B. Phone No. (Area Code and No.) (724) 349-7170
C. Signature <i>W. Daniel Sinclair</i>	D. Date Signed 7/18/2013