



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 Panoche Energy Center, LLC			Owner Name Panoche Energy Center, LLC		
Street Address Three Charles River Place, 63 Kendrick Street		Phone Number (801) 253-1278	Street Address 2542 Singletree Lane		Phone Number (801) 253-1278
City Needham	State MA	ZIP CODE 02494	City South Jordan	State UT	ZIP CODE 84095

IV. Commercial Facility	V. Ownership	VI. Legal Contact	VII. SIC Codes
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	4911 4931

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 type="checkbox"/> A. Individual	<input checked="" type="checkbox"/> B. Area	Number of Existing Wells	Number of Proposed Wells	Name(s) of field(s) or project(s)
			Four (4)	Panoche Energy Center

X. Class and Type of Well (see reverse)			
A. Class(es) (enter code(s))	B. Type(s) (enter code(s))	C. If class is "other" or type is code 'x,' explain	D. Number of wells per type (if area permit)
I	I		I- Four(4)

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	Feet From	Line			
36	39	08	120	35	06	05	15S	13E	SW							

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) Gary Chandler, President	B. Phone No. (Area Code and No.) (801) 253-1278
C. Signature 	D. Date Signed 9/14/06