



Storm Water Only Release Document

Operator Name: _____ Pad Name: _____

Pad Location - Q-Q: _____ Section: _____ Township: _____ Range: _____

Date & Time	Environmental Tester's Name & Number	Field Test Results (Benzene/Chloride/Salinity Meter)	Appearances (Visual, odor, etc.) Do Not discharge water containing contaminants	Quantity of water

Additional Information Required:

- A) Pad and site facility diagram of Location Pump Off (PO). _____
- B) Surface Owner of "Off Pad" land and confirmation of approved PO. _____
- C) Information on your Filtration System which will capture sheen and loose pad materials before PO.

- D) Photo of Pump off area *before* and *after* Pump off. Photo of Well Pad *before* and *after* Pump off. _____
- E) Discharge is only valid during the following date week range: _____
- F) Provide Company Representative and contact info who will be monitoring discharge for company.

- G) Prior to discharge:
 - Contact must be made to: Sal Beston, Compliance Manager – MHA Energy:
salbeston@mhanation.com; 701-421-8762.
 - This form must, be completed, signed and approved by MHA Energy Department.



Storm Water Testing

Date: _____

_____ Had water tested on the _____ Pad.

Testing was done by _____

_____ from MHA Energy witnessed the test.

Results OK YES NO

Inspector: _____

I hereby attest that I have read and understand the information provided to me regarding the standard and safety procedures for discharge storm water off the pad.

Signature: _____ Title: _____ Date: _____

A Company Employee must complete form. An authorized agent of MHA Energy Department may perform monitoring of discharge. Include the Company's individual(s) who is monitoring discharge at all times.

MHA Approval Signatures:

Kenny Lyson, MHA Energy Director