

United States Environmental Protection Agency Underground Injection Control Permit Application <i>(Collected under the authority of the Safe Drinking Water Act. Sections 1421, 1422, 40 CFR 144)</i>	EPA ID Number: MI-163-IW-C007 T/A: <input type="checkbox"/> C: <input type="checkbox"/>
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**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 Environmental Geo-Technologies, LLC.			Owner Name Environmental Geo-Technologies, LLC.		
Street Address 1216 Beaubien St		Phone Number (313) 962-9484	Street Address 28470 Citrin Dr		Phone Number (734) 946-1000
City Detroit	State Mi	ZIP CODE 48226	City Romulus	State Mi	ZIP CODE 48174

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	

VIII. Well Status (Mark "X")

<input type="checkbox"/> A. Operating	Date Started mo day year	<input checked="" type="checkbox"/> B. Modification/Conversion	<input type="checkbox"/> C. Proposed
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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 2	Number of Proposed Wells 0	Name(s) of field(s) or project(s) 1-12
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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)
1	W	Not Applicable	Not Applicable

XI. Location of Well(s) or Approximate Center of Field or Project													XII. Indian Lands (Mark "X")					
Latitude			Longitude			Township and Range												
Deg	Min	Sec	Deg	Min	Sec	Sec	Twp	Range	1/4 Sec	Feet From	Line	Feet From	Line					
42	14	35	83	19	02	12	3S	9E	SE	1066	N	303	W					
															<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

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) Dimitrios Papas, CEO	B. Phone No. (Area Code and No.) (313) 962-9484
C. Signature 	D. Date Signed 12/07/2007