



**REQUEST FOR APPROVAL OF PREVIOUSLY APPROVED
 ALTERNATIVE WASTE MANAGEMENT PRACTICES -
 DRAFT
 (Unconventional Operations Only)**

A. PROJECT IDENTIFICATION				
Well Operator		DEP ID No.	U.S. Well No. (API No.) 37- -	
Address			Well Farm Name	
City	State	Zip Code	Well No.(s)	
Telephone No.	Fax No.		County	Municipality
Consultant (If any)	Telephone No.		Project Name	Well Permit Issue Date
Email			Spud Date	ESCGP No.
Latitude (DD)			Longitude (DD)	
.			- .	
B. REQUEST TO USE PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICES.				
Check the appropriate box to identify the type of Alternative Waste Management Practice:				
<input type="checkbox"/> Temporary Storage -- <i>Include an engineer certified stability analysis (see below).</i>				
<input type="checkbox"/> Alternate Disposal Practices				
<input type="checkbox"/> Residual Waste Processing				
C. PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) INFORMATION				
Previous Authorization No.		Date		
D. STABILITY ANALYSIS				
Stability analysis has been completed and is attached.				
E. APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) VIOLATION AND COMPLIANCE				
Is the well operator in violation of any other prior approval of an alternative waste management practice issued by the Department of Environmental Protection (DEP) within the last five years?				
<input type="checkbox"/> Yes <input type="checkbox"/> No.				
If yes, provide a brief description of the violation, the compliance schedule and the current compliance status.				

F. CERTIFICATION AND SIGNATURE
<input type="checkbox"/> I do hereby under penalty of law state that the alternative waste management practice(s) requested herein will be used in the same manner as the prior approval. I am aware of our company's continuing duty to ensure that this certification remains current and valid at all times. I understand and acknowledge that under Pennsylvania law there are significant penalties for submitting false information, including the possibility of fines or imprisonment.

Signature Well Operator:/Representative

Print or Type Well Operator/Representative
Name and Title:

Date

DEP USE ONLY

Approved

Denied

Conditions: YES, see below or attached.

Date

DEP

NO

Representative:

Conditions:

DRAFT

REQUEST FOR APPROVAL OF PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICES INSTRUCTIONS- DRAFT (Unconventional Operations Only)

INSTRUCTIONS

The following instructions are designed to assist the applicant in properly completing the *Request for Approval of Previously Approved Alternative Waste Management Practices*, form 8000-PM-OG0071B. Use this form to request approval of alternative waste management practices under 25 Pa. Code Sections 78a.56, 78a.58, 78a.61, 78a.62, 78a.63, and 78a.63 that have been previously approved. The applicant should be the well operator or owner only. If a contractor is used for these activities, the applicant/operator should list the contractor's name, address, contact person, and contact information in the space provided with this approval request.

Type of Request for Approval of Alternative Waste Management Practices

Two types of alternative waste management practices approval requests are available:

1. Request for Approval of Alternative Waste Management Practice, form 8800-PM-OG0071A

- Submit a completed form to request approval for an initial approval of alternative waste management practices

2. Request for Approval of Previously Approved Alternative Waste Management Practices, form 8800-PM-OG0071B

- This may be utilized when a waste management practice has been previously approved and used at a different well site without resubmitting the same information submitted for the initial approval on the initial *Request for Approval of Alternative Waste Management Practice* form as long as the previously approved alternative management practice will be used in the same manner on the new site as it was on the old site.

A. PROJECT IDENTIFICATION

Provide the information that identifies the new project site at which the previously approved alternative waste management practices will be provided.

B. REQUEST TO USE PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICES

Check the appropriate box to identify the type of alternative waste management practice. Provide the following information that identifies the prior approval, where the alternative waste management practice was previously utilized. Provide information regarding compliance related to the prior approval. Certify that the previously approved alternative waste management practice will be operated in the same manner as previously approved.

Many constructed well sites contain cut and fill areas. Include an engineer certified stability analysis for installation of temporary storage systems on fill areas or where height exceeds the diameter or width of the storage facility to ensure the integrity of the structure at the proposed site.

C. PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) INFORMATION

Provide the Authorization(s) Number(s) and Dates(s) for all previously approved alternative waste management practices to be used.

Note: *An operator must revise its Preparedness, Prevention and Contingency (PPC) Plan to implement changes to the practices identified in the plan. See § 78a.55 (e). To the extent an operator's PPC Plan does not address the practices approved by the form, the operator must update its PPC Plan to reflect any changes to the plan required to implement the approved practices at the new site.*

D. STABILITY ANALYSIS

Include an engineer certified stability analysis for installation of temporary storage systems on fill areas or where height of the temporary storage system exceeds the diameter or width of the temporary storage system to be used to ensure the integrity of the structure at the proposed site. If necessary, complete and attach stability analysis.

E. PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) VIOLATION AND COMPLIANCE

If the applicant or operator has any violations related to previously approved alternate waste management practices, they must identify and describe those in this section. Provide the compliance schedule and the current compliance status. Violations and compliance status may impact the approval of the alternative waste management practice(s).

F. CERTIFICATION AND SIGNATURE

The Well Operator/Representative must certify that the approved alternative waste management practice(s) will be used in the same manner at the new location as in the prior approval. Provide the name, signature and date in the spaces provided.

Submit the completed application to the appropriate district oil and gas office.

Pennsylvania Department of Environmental Protection
Oil and Gas Management Program
Northwest District Office
230 Chestnut Street Telephone No. 814.332.6860
Meadville, PA 16335-3481 Fax No. 814.332.6120

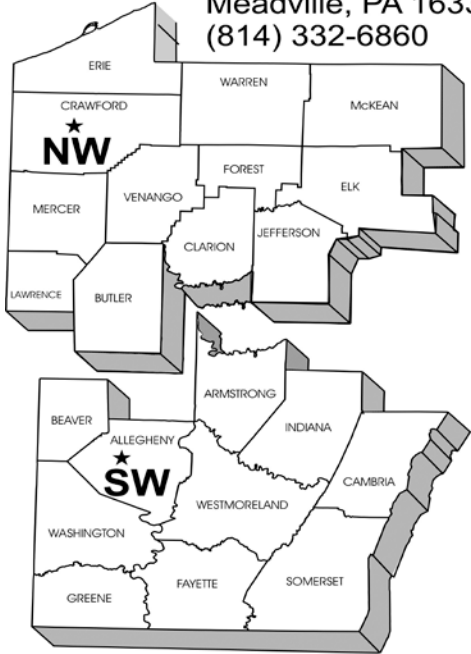
Pennsylvania Department of Environmental Protection
Oil and Gas Management Program
Southwest District Office
400 Waterfront Drive Telephone No. 412.442.4024
Pittsburgh, PA 15222-4745 Fax No. 412.442.4328

Pennsylvania Department of Environmental Protection
Oil and Gas Management Program
Eastern District Office
208 West Third Street Telephone No. 570.327.3636
Williamsport, PA 17701-6448 Fax No. 570.327.3420

Oil and Gas Regions

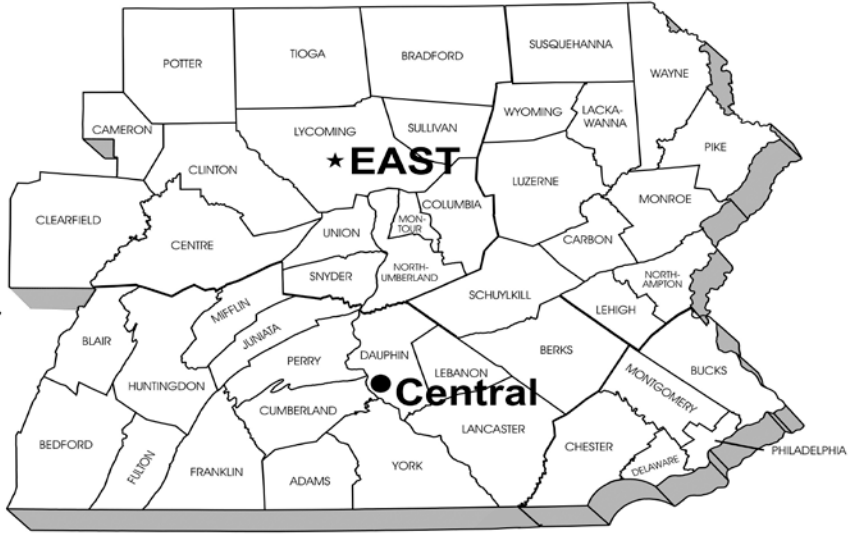
★ Northwest Region

230 Chestnut Street
Meadville, PA 16335-3481
(814) 332-6860



★ Eastern Region

208 West Third Street
Williamsport, PA 17701-6448
(570) 321-6550



★ Southwest Region

400 Waterfront Drive
Pittsburgh, PA 15222-4745
(412) 442-4024

● Central Office

Bureau of Oil and Gas Management
PO Box 8765
Harrisburg, PA 17105-8765
(717) 772-2199

