



INSTRUCTIONS FOR THE REQUEST TO WAIVE WELL DEVELOPMENT IMPOUNDMENT RESTORATION REQUIREMENTS

The following instructions are designed to assist the applicant in properly completing the *Landowner Request to Waive Well Development Impoundment Restoration Requirements*, form 8000-FM-OOGM0140. Please type or print clearly when completing the form. Pursuant to 25 Pa. Code Sections 78.59b(g) and 78a.59b(g) well development impoundments shall be restored by the operator within nine months of completion of hydraulic fracturing of the last well serviced by the impoundment. An impoundment is restored under this subsection by the operator removing excess water and the synthetic liner, returning the site to approximate original conditions, including preconstruction contours, and supporting the land uses that existed prior to oil and gas operations to the extent practicable. Landowners can use this form to make a request to the Department of Environmental Protection (DEP) to waive the requirement to restore a well development impoundment site to approximate original conditions, provided that the liner is removed from the impoundment. Please note that the landowner may be held liable for conditions on the landowner's property.

A. Landowner Identification

Enter the information as required: name, address, telephone number, fax number, email, and tax parcel ID number.

B. Operator Identification

Enter the information as required: name, address, telephone number, fax number, email, and DEP ID No. The DEP ID No. is the applicant's unique eFACTS identification number provided by DEP.

C. Well Development Impoundment Identification

Enter the information as requested: impoundment name, date constructed, township, county, latitude, and longitude. Provide the true latitude and longitude in degrees, minutes, and seconds of the impoundment location. This should be North American Datum of 1983 (NAD 83) and must meet the current DEP policy regarding locational accuracy.

D. Landowner Request Signature and Notarization

Provide the signature and printed name of the landowner requesting the well development impoundment restoration requirements to be waived as well as the date signed. The signature must be notarized and all required notary information provided in the space provided.

Submit the *Landowner Request to Waive Well Development Impoundment Restoration Requirements* form to the appropriate DEP oil and gas district office:

Pennsylvania Department of Environmental Protection
 Oil and Gas Management Program
 Northwest District Office
 230 Chestnut Street
 Meadville, PA 16335-3481

Telephone No. 814.332.6860
 Fax No. 814.332.6120

Pennsylvania Department of Environmental Protection
 Oil and Gas Management Program
 Southwest District Office
 400 Waterfront Drive
 Pittsburgh, PA 15222-4745

Telephone No. 412.442.4024
 Fax No. 412.442.4328

Pennsylvania Department of Environmental Protection
 Oil and Gas Management Program
 Eastern District Office
 208 West Third Street
 Williamsport, PA 17701-6448

Telephone No. 570.327.3636
 Fax No. 570.327.3420



LANDOWNER REQUEST TO WAIVE WELL DEVELOPMENT IMPOUNDMENT RESTORATION REQUIREMENTS

A. LANDOWNER IDENTIFICATION			
Name			
Address			
City	State	Zip Code	
Telephone No.	Fax No.	Email	
Tax Parcel ID No.			
B. OPERATOR IDENTIFICATION			
Name		DEP ID (OGO No.)	
Address			
City	State	Zip Code	
Telephone No.	Fax No.	Email	
C. WELL DEVELOPMENT IMPOUNDMENT IDENTIFICATION			
Impoundment Name			Date Constructed
Township		County	
Latitude N ° ' "		Longitude W ° ' "	
<p>I, the undersigned landowner of the land on which above listed well development impoundment is constructed, request the Department of Environmental Protection (DEP) to waive the requirement to restore a well development impoundment site to approximate original conditions provided that the liner is removed from the impoundment in accordance with 25 Pa. Code Section 78.59b(g) and 78a.59b(g). I understand that I may be held liable to conditions on my property.</p>			
_____ Landowner Signature		_____ Print Name	_____ Date

NOTARIZATION

Sworn to and subscribed to before me this
_____ day of _____, 20____

Commonwealth of Pennsylvania

County of _____

My Commission expires

DEP USE ONLY

Approved

Denied

Conditions

YES, see below or attached.

NO

Date

DEP Representative _____

Conditions