



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL & GAS MANAGEMENT PROGRAM

DEP USE ONLY	
Auth #	APS #
Site #	Facility #
FIX Client #	Sub-fac #

Consideration of Public Resources Form

Well Operator	DEP ID	
Address		
City	State	Zip Code
Phone	Fax	
A) Is the limit of disturbance of the proposed well located as follows:		
1) Within 200 feet of a publicly owned park, forest, game land or wildlife area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2) In or within the corridor of a State or National Scenic River? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Within 200 feet of a National Natural Landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4) That will impact other critical communities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Within 200 feet of a historical or archeological site on Federal/State list of historical places? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6) Within Zones 1 or 2 of a wellhead protection area approved under § 109.713? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7) Within 200 feet of common areas on a school's property or playground? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8) For unconventional wells , within 1000 feet of water wells, surface water intakes, reservoirs or other water supply extraction points used by a water purveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If all the answers to questions 1) thru 8) are "No", proceed to Section F).</i>		
B) List each public resource identified in paragraph A) above. Include the name, location and the public resource agency responsible for managing the public resource (if any). (Attach addition sheets if necessary)		
Public Resource 1		
Name:		
Location:		
Public Resource Agency:		

Public Resource 2 Name: Location: Public Resource Agency:
Public Resource 3 Name: Location: Public Resource Agency:
Public Resource 4 Name: Location: Public Resource Agency:
C. For each public resource listed in paragraph B) above, please describe the functions and uses of the public resource.
D. For each public resource listed in paragraph B) above, please describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.
E. For each public resource agency identified in paragraph B) above, please answer the following questions:
1) Has the applicant notified each public resource agency identified in paragraph B) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Has the applicant forwarded by certified mail a copy of a plat identifying the limit of disturbance of the well site to each public resource agency identified in paragraph B) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) Has the applicant forwarded by certified mail the information in paragraphs C) and D) above to each public resource agency identified in paragraph B) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) Has the applicant submitted the information in question 2) and 3) above to each public resource agencies identified in paragraph B) above at least 30 days prior to submitting the well permit application? <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Has the applicant included proof of notification to each public resource agency identified in paragraph B) above with the well permit application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proof of notification should be included with this form.
F) Signature of Applicant

Signature of Applicant / Well Operator	Print or Type Signer's Name and Title	Date
DEP USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied DEP Representative:	Conditions: <input type="checkbox"/> YES, see below or attached. <input type="checkbox"/> NO	Date
Conditions:		

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