



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

LANDOWNER REQUEST TO WAIVE IMPOUNDMENT RESTORATION REQUIREMENTS

As per 25 Pa. Code §§ 78.59b(g) and 78a.59(g), Well Development Impoundments shall be restored by the operator within 9 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 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 Information				<i>Please read instructions on back before completing this form.</i>			
Name							
Address							
City		State		Zip Code			
Phone		Fax		e-mail			
Tax Parcel ID No.							
B. Operator and Impoundment Information							
Well Operator			DEP ID#		Well Development Impoundment Registration ID #		
Address				Associated Well Permit Number(s)			
City		State		Zip Code		GPS coordinates of existing impoundment	
Phone		Fax		Lat:		Lon:	
e-mail				County		Municipality	
C. Landowner Request							
<p>I, the undersigned landowner of the land on which above listed Well Development Impoundment is constructed, I request the Department 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 § 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)	

A. NOTARIZATION

Sworn to and subscribed to before me this

Commonwealth of Pennsylvania

_____ day of _____, 20____

County of _____

My Commission expires _____

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Approved

Denied

Conditions: YES, see below or attached.

Date

DEP Representative:

NO

Conditions:

DRAFT