

DEP USE ONLY	
Site ID	Primary Fac ID
Client ID	Subfacility ID

**POST - PLUGGING
 WELL SITE RESTORATION REPORT**

A. OPERATOR AND WELL INFORMATION		Please read instructions before completing this form.			
Well site restoration report for: (select single or multi-well pad)	<input type="checkbox"/> multi-well pad	Well Pad ID No.			
Date of plugging of final well	<input type="checkbox"/> single-well pad	Well Farm Name and Well No.	Serial No.	Well API No. (Permit / Reg) 37- -	
Well Operator			DEP ID No.		
Address			County	Municipality	
City	State	Zip Code	Phone No.	Fax No.	
B. OFFSITE WASTE DISPOSAL OR REUSE					
For waste disposed prior to January 1, 2016, use this section to identify the waste types.					
<input type="checkbox"/> Drilling Fluid (803)	Amount (bbl)	<input type="checkbox"/> Drill Cuttings (810)	Amount (tons)		
<input type="checkbox"/> Hydraulic Fracturing Fluid (805)	Amount (bbl)	<input type="checkbox"/> Waste Treatment Sludge (804)	Amount (bbl)		
<input type="checkbox"/> Other, specify	Qty (bbl or tons)	<input type="checkbox"/> Other, specify	Qty (bbl or tons)		
Method of Disposal or Reuse	Waste Type Disposed		Amount Disposed	Units	
<input type="checkbox"/> Disposal Well (04)				bbl or tons	
<input type="checkbox"/> Landfill (05)				bbl or tons	
<input type="checkbox"/> Beneficial Reuse				bbl or tons	
<input type="checkbox"/> Brine Treatment Plant (12)				bbl or tons	
<input type="checkbox"/> Other (08)				bbl or tons	
<input type="checkbox"/> Other, Specify				bbl or tons	
For waste disposed on or after January 1, 2016, use this section to identify the waste types.					
<input type="checkbox"/> Drilling Fluid Waste (803)	Amount (bbl)	<input type="checkbox"/> Drill Cuttings (810)	Amount (tons)		
<input type="checkbox"/> Hydraulic Fracturing Fluid (805)	Amount (bbl)	<input type="checkbox"/> Waste Treatment Sludge (804)	Amount (bbl)		
<input type="checkbox"/> Synthetic Liner Material (806)	Amount (tons)	<input type="checkbox"/> Soils Contaminated by Spills (811)	Qty (bbl or tons)		
<input type="checkbox"/> Other, specify	Qty (bbl or tons)	<input type="checkbox"/> Other, specify	Qty (bbl or tons)		
Method of Disposal or Reuse	Waste Type Disposed		Amount Disposed	Units	
<input type="checkbox"/> Disposal Well (04)				bbl or tons	
<input type="checkbox"/> Landfill (05)				bbl or tons	
<input type="checkbox"/> Beneficial Reuse				bbl or tons	
<input type="checkbox"/> Brine Treatment Plant (12)				bbl or tons	
<input type="checkbox"/> Other (08)				bbl or tons	
<input type="checkbox"/> Other, Specify				bbl or tons	
Disposal Facility Information					
Name			Permit No.		
Name			Permit No.		
Name			Permit No.		

Hauler Information

Name _____

Address _____

City _____

State _____

Zip Code _____

Name _____

Address _____

City _____

State _____

Zip Code _____

C. SITE RESTORATION

- All equipment, supplies, material, debris, and any other material not removed during demobilization has been removed from the site.
- All backfilling and grading necessary to return the well site to approximate original contours has been completed.
- All seeding and mulching to stabilize all disturbed areas has been completed.
- All earth disturbance activities at the site authorized by the well permit are completed, the site has been permanently stabilized, and Post Construction Stormwater Management (PCSM) BMPs have been installed for all earth disturbance activities, if applicable.

Acres of land incapable of being immediately used for agricultural use/reserve or forest reserve activities.

DEP USE ONLY**Well Operator's Signature**

Date _____

Title _____

Reviewed by _____

Date _____

 Other

POST- PLUGGING WELL SITE RESTORATION REPORT INSTRUCTIONS

Use this form to file the Well Site Restoration Report as required under 25 Pa. Code § 78.65(3) (relating to Site Restoration). The report is to be filed with the Pennsylvania Department of Environmental Protection (DEP) within 60 days of the restoration of the well site at the appropriate Oil and Gas District Office, listed below.

SECTION A. OPERATOR AND WELL INFORMATION

Enter the name, address, and telephone number of the well operator/permittee.

Provide the requested well information. Select either single well pad or multi-well pad. If this report is being prepared for a single well pad, provide the well farm name and well number, serial number and well API number. If this report is being prepared for a multi-well pad, provide the well pad ID number from eFacts.

SECTION B. OFFSITE WASTE DISPOSAL OR RE-USE

If disposing of residual waste offsite, complete this section.

The Department revised the existing Residual Waste Codes (RWC) to clarify existing definitions and enhance usefulness of reported data and DEP's waste tracking efforts. The new RWCs became effective on January 1, 2016. Waste disposed of on January 1, 2016 or later should be categorized using the new RWCs. Two separate sections are included in the form to report the waste disposal and the operator needs to choose the section based on the date of disposal.

Check the box next to each type of waste taken offsite for disposal, more than one box may be checked. Identify the number of barrels of liquid waste and/or tons of solid waste removed. If checking "other," identify the waste and show the amount in barrels or tons. Circle the appropriate unit of measurement.

Check the box next to the type of facility or site receiving the waste. Provide the name and permit number of the facility. Provide the name and address of the person or company hauling the waste.

SECTION C. SITE RESTORATION

Check boxes to confirm that earth disturbance activities are completed; site restoration, including installation of any post construction stormwater best management practices (BMP); and permanent stabilization have been established as required by §§ 78.65 & 78a.65.

Enter the acres of the well site that although restored, will not be immediately available for agricultural use, agricultural reserve, or forest reserve under The Pennsylvania Farmland and Forest Land Assessment Act of 1974 (72 P. S. § 5490.1—5490.13)(Clean and Green Act); include roadway, pad areas, and related compressor areas.

If more room is needed to complete any section, provide the information on 8 ½ by 11 in. sheets of paper and attach to this form. Indicate the sections for which the information applies.

PA DEP Oil and Gas Operations District Offices;

PA DEP
District Oil & Gas Operations
Northwest District Office
230 Chestnut Street
Meadville, PA 16335-3481
Phone: 814-332-6860
Fax: 814-332-6120

PA DEP
District Oil & Gas Operations
Southwest District Office
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Phone: 412-442-4000
Fax: 412-442-4328

PA DEP
District Oil & Gas Operations
Eastern District Office
208 West Third Street
Williamsport, PA 17701-6448
Phone: 570-327-3636
Fax: 570-327-3420