

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

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

Request for Approval of Previously Approved Alternative Waste Management Practices

-	TION					
Well Operator	ell Operator D		DEP ID	Well Permit(s) or Registration	Well Permit(s) or Registration Number(s)	
Address				Well Farm Name		
City	\$	State	Zip Code	Well No.(s)		
Phone	Fax	Fax		County	Municipality	
Consultant (If any)	Phone			Project NameName	Permit Issue DateDate	
EMail	I			Spud Date	ESCGP#	
_atitude (decimal degrees)				Longitude (decimal degrees)		
N 0				W		
REQUEST TO USE PRE	EVIOUSI Y APPR	ROVEL) AI TERNA	TIVE WASTE MANAGEI	MENT PRACTICES	
Oh a alvida a ammunujata hav	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 4 N 14-		Management Describes		
Check the appropriate box	to identify the type	of Alte	rnative Waste	Management Practice:		
Temporary Storage I	Include an enginee	er certifi	ed stability an	alysis for installation of tem	nporary storage systems on fill areas o at the proposed site (see below).	
Temporary Storage I	Include an enginee diameter or width to	er certifi o be us	ed stability an	alysis for installation of tem		
Temporary Storage I where height exceeds the	Include an enginee diameter or width to gs or Residual Was	er certifi o be us	ed stability an	alysis for installation of tem		
Temporary Storage I where height exceeds the of Disposal of Drill Cutting Residual Waste Proces	Include an enginee diameter or width to gs or Residual Was ssing	er certifi to be us ste	ed stability an	alysis for installation of tem	e at the proposed site (see below).	
Temporary Storage I where height exceeds the original Disposal of Drill Cutting Residual Waste Proces	Include an enginee diameter or width to gs or Residual Was ssing	er certifi to be us ste	ed stability an	alysis for installation of tem the integrity of the structure	e at the proposed site (see below). RACTICES	
Temporary Storage I where height exceeds the original Disposal of Drill Cutting Residual Waste Processiste (S) OF PREVIOUS Well Operator	Include an enginee diameter or width to gs or Residual Was ssing	er certifi to be us ste	ed stability and ed to ensure	nalysis for installation of tem the integrity of the structure	e at the proposed site (see below). RACTICES	
Temporary Storage I where height exceeds the original Disposal of Drill Cutting Residual Waste Proces SITE(S) OF PREVIOUS Well Operator Address	Include an enginee diameter or width to gs or Residual Was ssing	er certifi to be us ste	ed stability and ed to ensure	ASTE MANAGEMENT P Well Permit(s) or Registration	e at the proposed site (see below). RACTICES	
Temporary Storage I where height exceeds the of Disposal of Drill Cutting Residual Waste Processiste (S) OF PREVIOUS Well Operator Address City	Include an enginee diameter or width to gs or Residual Was ssing	er certific o be us ste	RNATIVE W	ASTE MANAGEMENT P Well Permit(s) or Registration	RACTICES Number(s)	
Temporary Storage I where height exceeds the of Disposal of Drill Cutting Residual Waste Proces	Include an enginee diameter or width to gs or Residual Was ssing	er certific o be us ste	RNATIVE W	ASTE MANAGEMENT P Well Permit(s) or Registration Well Farm Name Well #(s)	RACTICES Number(s) Project#	

diameter or width to be used to ensure the integrity of the structure at the proposed site.

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 within the last five years?	ent practice issued by the Department					
Yes No.						
If yes, provide a brief description of the violation, the compliance schedule and the current compliance status.						
APPLICANT CETRIFICATION						
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. Print Name of Applicant Signature of Applicant Date Request Signed						
SIGNATURE OF APPLICANT						
Signature Well Operator: Print or Type Well Operator's Name and Ti	tle: Date					
DEP USE ONLY						
☐ Approved ☐ Denied ☐ Conditions: ☐ YES, see below or a ☐ DEP ☐ NO Representative:	attached. Date					
Conditions:						

Instructions

Use Form 8800-PM-OG0071B to request approval of alternative waste management practices under 25 Pa. Code §§ 78.56, 78a.56, 78a.61, 78a.61, 78a.62, 78a.62, 78a.63, 78a.63, 78a.63a and 78a.63a 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 Practice approval requests are available:

1) Initial request of an Alternative Waste Management Practice (Form 8800-PM-OG0071A)

 Submit a completed Form 8800-PM-OG0071A Rev 2/2016 to request approval for an Initial Request of Approval of Alternative Waste Management Practices

2) Previously Approved Alternative Waste Management Practices (Form 8800-PM-OG0071B)

 Submit a completed Form 8800-PM-OG0071B Rev 2/2016 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 Form 8800-PM-OG0071A, 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.

Project Identification

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

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 site 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 to be used to ensure the integrity of the structure at the proposed site with this submittal.

Site of Previously Approved Alternative Waste Management Practices

Provide the requested information that identifies the project site from which the previously approved alternative waste management practice(s) was/were located. If previously approved alternative waste management practices orginated from different sites provide the requested information for each site of origin.

Note: An operator must revise its Preparedness, Prevention and Contingency (PPC) Plan to implement changes to the practices identified in the plan. See § 78.55(d) or 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.

Previously Approved Alternative Waste Management Practice(s) Violation and Compliance

Identify and describe any violations associated with the alternative waste management practice(s) at the previously approved site. Provide the compliance schedule and the current compliance status. Violations and compliance status may impact the approval of the alternative waste management practice(s).

Applicant Certification

The applicant must certify than 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 requested name, signature and date in the spaces provided.

Signature of Applicant

Provide the signature of the operator, name, title and date of signature in the spaces provided

Submit your application to the District Oil and Gas Operations at the appropriate DEP district office:

Fax: 412-442-4328

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

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

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

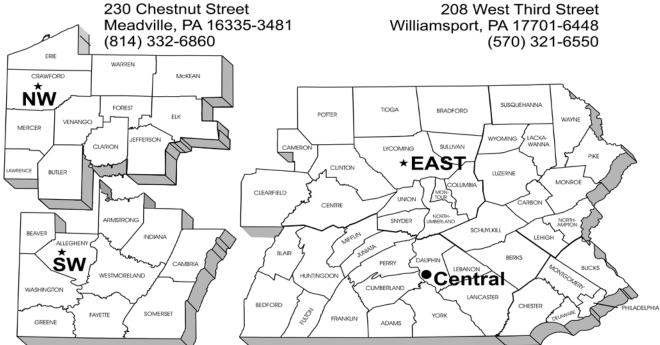
Fax: 570-327-3420

PA DEP

Oil and Gas Regions

★ Northwest Region

★ Eastern Region



★ 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