8000-FM-OOGM0139U Rev. 12/2018
Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

DEP USE	
Auth No.	APS No.
Site No.	Facility No.
Client No.	

OIL AND GAS OPERATIONS WELL DEVELOPMENT IMPOUNDMENT TRANSFER FORM

(Unconventional Operations Only)

A. TRANSFEROR IDENTIFICATION

Name	DEP ID / OGO No.	
Address		
City	State	Zip Code
Telephone No.	Email	

B. TRANSFEREE IDENTIFICATION

Name	DEP ID / OGO No.	
Address		
City	State	Zip Code
Telephone No.	Email	

C. WELL DEVELOPMENT IMPOUNDMENT IDENTIFICATION

Impoundment Name	Date Constructed
County	Municipality
Latitude (DD) .	Longitude (DD) - .
ESCGP No. (If applicable)	

D. CERTIFICATIONS AND SIGNATURES

1. CURRENT OPERATOR (TRANSFEROR)

Subject to the penalties of Title 18-PA C.S. §4904 (relating to unsworn falsification to authorities), I certify that I have the authority to submit this request for transfer of approvals listed herein on behalf of the named transferor. I have submitted an *Application for Transfer of the Erosion and Sediment Control General Permit (ESCGP) Approval*, form 8000-PM-OOGM0012 (if applicable) to the appropriate DEP Bureau of District Oil and Gas Operations office. I understand that I may be held jointly or severally liable for the well development impoundment. Further, I certify that the information provided on this form and attachments is true and correct to the best of my knowledge and information.

_____
(Print Name, Title and Contact Details)

_____ _____
(Signature) (Date)

2. SUCCESSOR OPERATOR (TRANSFEREE)

Subject to the penalties of Title 18-PA C.S. §4904 (relating to unsworn falsification to authorities), I certify that I have the authority to submit this request for transfer of approvals listed herein on behalf of the named transferee.

I have received and reviewed the information related to the well development impoundment, to be transferred, and accept responsibility to ensure proper operation and maintenance of the well development impoundment in compliance with all applicable laws. I understand that I may be held jointly and severally liable for the well development impoundment.

I certify that I have received the Department-approved long-term operation and maintenance plan for the Post Construction Stormwater Management (PCSM) Best Management Practices (BMPs) and accept the responsibility of long-term operation and maintenance of all PCSM BMPs.

Further, I certify that the information provided on this form and attachments is true and correct to the best of my knowledge and information.

_____
(Print Name, Title and Contact Details)

_____ _____
(Signature) Date)