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Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

POST-DRILLING LANDOWNER WAIVER OF WELL SITE RESTORATION (Unconventional Operations Only)

A. OPERATOR INFORMATION

Well Operator			DEP ID \ OGO No.
Address	City	State	Zip Code
Telephone No.	Email		
Well Pad Name and No.	U.S. Well No. (API No.) of Last Well Drilled 37- -		

B. LANDOWNER INFORMATION

Landowner Name		
Address		
City	State	Zip Code
Telephone No.	Email	Tax Parcel ID No.

C. LANDOWNER CONSENT

I, the under signed landowner of the land on which the above listed well site is constructed, consent the operator to not restore the land surface to approximate original conditions as defined in 25 Pa. Code § 78a.1 as "[r]eclamation of the land affected to preconstruction contours so that it closely resembles the general surface configuration of the land prior to construction activities and blends into and complements the drainage pattern of the surrounding terrain, and can support the land uses that existed prior to the applicable oil and gas operations to the extent practicable," provided the operator develops and implements a site restoration plan that complies with 25 Pa. Code §§ 78a.65(a) and (b)(2)-(7) and all PCSM requirements in 25 Pa. Code Chapter 102 until all the wells on the well site have been properly plugged and the site is permanently restored.

Print Name of Landowner	Landowner Signature	Date

D. OPERATOR CERTIFICATION

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 the named operator. I certify that I am responsible for long-term operation and maintenance of all PCSM BMPs installed at the above listed well site as per the Department-approved PCSM plans until the wells are properly plugged and the entire well site is permanently restored, as required by 25 Pa. Code §78a.65.

Print Name Operator or Representative	Operator or Representative Signature	Date

E. NOTARIZATION

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS

_____ DAY OF _____, 20_____

_____
Signature

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

_____

MY COMMISSION EXPIRES

_____