8000-FM-OOGM0156U 7/2017
Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

WELL DEVELOPMENT IMPOUNDMENT RESTORATION EXTENSION REQUEST (UNCONVENTIONAL OPERATIONS ONLY)

A. OPERATOR INFORMATION

Well Operator	DEP ID / OGO No. (if any)	Contact Name
Address		
Email		
City	State	Zip Code
Telephone No.	Fax No.	

B. WELL DEVELOPMENT IMPOUNDMENT INFORMATION

Impoundment Name		Date Constructed
U.S. Well No. (API No.) of Last Well serviced 37- -	Date of Last Well serviced	Impoundment Registration ID (if any)
ESCGP No. (if any)	County	Municipality
Latitude (DD) .		Longitude (DD) - .

C. WELL DEVELOPMENT IMPOUNDMENT RESTORATION EXTENSION

The well development impoundment restoration period may be extended by the Department of Environmental Protection (DEP) for one of the following conditions. Check the appropriate box (only one box may be checked).

☐ 1) The restoration extension will result in less earth disturbance, increased water reuse or more efficient development of the resource. (**Note: If this box is checked, complete Sections D, E and F.**)

☐ 2) Site restoration cannot be achieved due to adverse weather conditions or lack of essential fuel, equipment, or labor. (**Note: If this box is checked, complete Sections D and F**)

D. REASON FOR EXTENSION REQUEST

Explain the reason for the request to defer restoration of the well development impoundment. The explanation should be consistent with the box that was checked in Section C (1 or 2) and should provide justification for the length of extension being requested.

Select the proposed duration of the requested extension in the space provided below. If box 1 is checked in section C, above, the requested extension will be presumed to be 24 months. If box 2 is checked in section C, above, the requested extension should reflect the amount of time reasonably needed to comply with well development impoundment restoration requirements.

Months

E. RESTORATION PLAN

Check one of the following that describes the approach the site restoration plan will use:

☐ A site restoration plan approved under either an ESCGP-1 or ESCGP-2 provides for returning the site to approximate original conditions and making them capable of supporting the uses that existed prior to oil and gas activities. The site restoration plan from the approved permit is attached.

☐ A site restoration plan that provides for returning the site to approximate original conditions and making the site capable of supporting the uses that existed prior to oil and gas activities is attached.

F. APPLICANT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. The responsible official's signature also verifies that the activity is eligible to participate in the restoration extension, and that the applicant agrees to abide by the terms and conditions of the restoration extension. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name and Title of Applicant	Print Name and Title of Co-Applicant (if applicable)
Signature of Applicant	Signature of Co-Applicant
Date Extension Request Signed	Date Extension Request Signed