



## POST – PLUGGING WELL SITE RESTORATION REPORT (Unconventional Operations Only)

A. OPERATOR AND WELL INFORMATION				
Well Operator Name	DEP ID / OGO No.	Well Pad Name and No.		
Address		U.S. Well No. (API No.) for Final Well Plugged 37- -		
City	State	Zip Code	Date of Final Well Plugged	ESCGP No.(If applicable)
Telephone No.	Fax No.		County	
Contact Name			Municipality	
B. OFFSITE WASTE DISPOSAL OR REUSE				
<b>All waste reporting has been completed using DEP's Oil and Gas Reporting Electronic (OGRE) Application.</b> Date of most recent waste report submitted to OGRE _____				
C. SITE RESTORATION				
<input type="checkbox"/> 1. All equipment, supplies, material, debris, and any other material not removed during demobilization has been removed from the site.				
<input type="checkbox"/> 2. All backfilling and grading necessary to return the well site to approximate original conditions has been completed.				
<input type="checkbox"/> 3. All earth disturbance activities at the site authorized by the well permit are completed and all disturbed areas have been permanently stabilized.				
<input type="checkbox"/> 4. Post construction stormwater management (PCSM) best management practices (BMPs) have been installed for all impervious areas. This box may only be checked if the <i>Landowner Consent of Responsibility for Well Site Restoration</i> form has been signed by the landowner, notarized, and attached to this form.				
_____ Acres of land incapable of being immediately used for agricultural use/reserve or forest reserve activities.				
		<b>DEP USE ONLY</b>		
<b>Well Operator's Signature</b>  _____  Date _____		Title _____  Reviewed by _____ Date _____  <input type="checkbox"/> Other		