



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

Request for the Use of Alternative Pit Liner

Please read instructions on back before completing this form.

Well Operator		DEP ID#	Well Permit or Registration Number	
Address			Well Farm Name	
City	State	Zip Code	Well #	Serial #
Phone	Fax	County		Municipality

TYPE OF ALTERNATIVE LINER

- Check here if requesting approval of an alternate synthetic flexible liner. Complete **Section A**.
- Check here if requesting approval of a material other than a synthetic flexible liner. Complete **Section B**.

A. SYNTHETIC LINER Complete this section if applying for approval of a synthetic flexible liner. See 25 Pa. Code § 78.62.

Waste Material	Waste description:			
Liner Material	Type:	Manufacturer:		
Liner Material Property	Test Method	Tear:	lb	ASTM D1004
Thickness:	mils	ASTM D1593	Bursting strength:	lb/sq. in. ASTM D751
Strength at Break:	lb/in	ASTM D882	Vapor Transmission:	g/m ² -day ASTM D96

Compatibility of Liner and Waste Attach documentation showing that the waste and liner material are compatible.

B. OTHER LINER MATERIAL Complete this section if requesting approval of liner material other than a synthetic flexible liner. See 25 Pa. Code § 78.56 or § 78.62.

Waste Material	Waste description:			
Liner Material	Material:	Thickness:	Coefficient of Permeability:	
How was Coefficient of Permeability determined?				

Compatibility of Liner and Waste Attach documentation showing that the waste and liner material are compatible.

Installation Describe procedures for installation of the liner material.

SIGNATURE OF APPLICANT

Signature of Applicant / Well Operator	Print or Type Signer's Name and Title	Date
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<input type="checkbox"/> Approved DEP Representative:	<input type="checkbox"/> Denied	Conditions: <input type="checkbox"/> YES, see attached. <input type="checkbox"/> NO	Date
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Instructions

Form 5500-PM-OG0073

Use this form to apply for approval of an alternative liner material for a pit used to dispose of residual waste and drill cuttings from below the casing seat, under 25 Pa. Code § 78.62.

Complete this form and submit it with all other necessary documentation. Label each attachment with applicant's name and the information item it refers to.

Send your application to the Oil and Gas Management Program at the appropriate DEP regional office:

PA DEP
Oil & Gas Management Program
Northwest Regional Office
230 Chestnut Street
Meadville, PA 16335-3481
Phone: 814-332-6860
Fax: 814-332-6121

PA DEP
Oil & Gas Management Program
Southwest Regional Office
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Phone: 412-442-4015
Fax: 412-442-4328

PA DEP
Oil & Gas Management Program
Northcentral Regional Office
208 West Third Street
Williamsport, PA 17701-6448
Phone: 570-321-6550
Fax: 570-327-3565



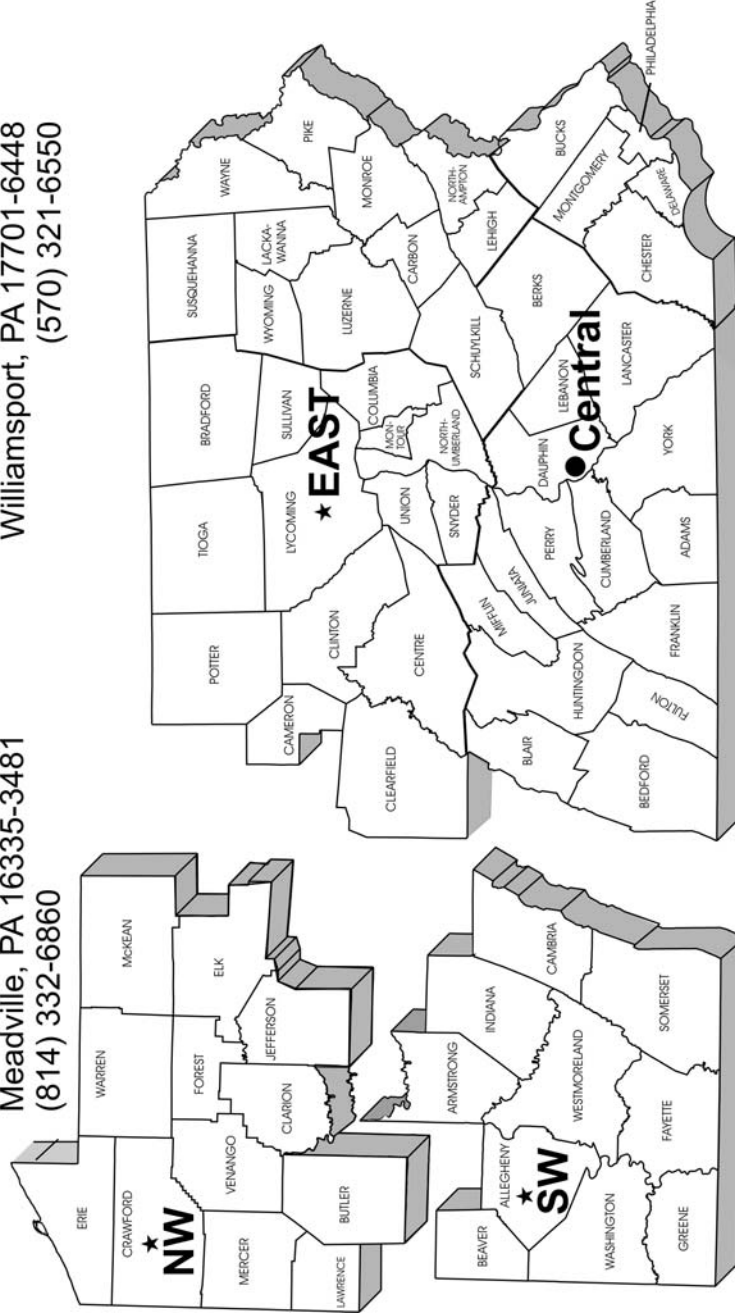
Oil and Gas Regions

★ Northwest Region

230 Chestnut Street
Meadville, PA 16335-3481
(814) 332-6860

★ Eastern Region

208 West Third Street
Williamsport, PA 17701-6448
(570) 321-6550



★ 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