



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

	DEP USE ONLY	
Application tracking #		

Request for Variance from Distance Restriction from Existing Building or Water Supply

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

Describe your variance request. See instructions and requirements on back of form.

Describe the plan which you will employ to protect people, property, and waters of the Commonwealth.

<p>Signature of Applicant / Well Operator</p> <p>I certify that this request is part of the permit application I have filed for the above-referenced well and that all statements in that application are true and accurate, and are incorporated by reference into this request.</p>	Signature	Date
	Print or Type Signer's Name and Title	

DEP USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied DEP Manager: _____	Conditions: <input type="checkbox"/> YES, See Attached <input type="checkbox"/> NO	Date