



COORDINATION OF A WELL LOCATION WITH PUBLIC RESOURCES (Unconventional Operations Only)

A. OPERATOR AND WELL INFORMATION				
Well Operator		DEP ID / OGO No.		Well Site Name and No.
Address			Well Pad Name and No.	
City	State	Zip Code	Latitude (DD)	Longitude (DD)
Telephone No.	Fax No.		Email	
B. WELL LOCATION PROXIMITY TO PUBLIC RESOURCES				
1) Within 200 feet of a publicly owned park, forest, game land, or wildlife area? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2) In or within the corridor of a state or national scenic river? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3) Within 200 feet of a national natural landmark? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4) Location will impact other critical communities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5) Within 200 feet of a historical or archeological site on a federal/state list of historical places? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6) Within Zones 1 or 2 of a wellhead protection area approved under Section 109.713. <input type="checkbox"/> Yes <input type="checkbox"/> No				
7) Within 200 feet of common areas on a school's property or playground? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8) Wells , within 1000 feet of water wells, surface water intakes, reservoirs, or other water supply extraction points used by a water purveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If <u>all</u> the answers to questions 1 thru 8 are "No," proceed to Section C</i>				
C. RESOURCE AGENCY COORDINATION				
List each public resource identified in SECTION B above with its name and location.				
Public Resource 1				
Public Resource Name			Location	
Public Resource Agency Name			Contact Person	
Contact Address and Telephone No.				
Contact Email				
Describe functions and uses of the public resource.				

Describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.		
Date of Notification Attach Proof of Notification		
Did the Public Resource Agency Respond <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the response with this form.		
Public Resource 2		
Public Resource Name	Location	
Public Resource Agency Name	Contact Person	
Contact Address and Telephone No.		
Contact Email		
Describe functions and uses of the public resource.		
Describe the measures proposed to be taken to avoid, minimize or otherwise mitigate impacts.		
Date of Notification Attach Proof of Notification		
Did the Public Resource Agency Respond <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the response with this form.		
D. APPLICANT SIGNATURE		
Signature of Applicant / Well Operator	Print or Type Signer's Name and Title	Date
DEP USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Conditions <input type="checkbox"/> YES, see below or attached <input type="checkbox"/> NO	Date
DEP Representative Conditions		