



ENVIRONMENTAL GOOD SAMARITAN PROJECT PROPOSAL FOR ABANDONED WELL PLUGGING

A. APPLICANT	
1. Applicant Name Mailing Address _____ Telephone No. _____ Email _____	Applicant Classification (check appropriate blocks) <input type="checkbox"/> Individual <input type="checkbox"/> Authority <input type="checkbox"/> Association <input type="checkbox"/> Other Body of Local Gov't <input type="checkbox"/> Business <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other describe _____
2. Project Coordinator Name	
Mailing Address _____ Telephone No. _____ Email _____	3. Provide the names and addresses of project landowners on Attachment A and project participants on Attachment B. Provide the names and addresses of adjacent and downstream landowners on Attachment C.
B. LOCATION	
Municipality _____	USGS 7.5-Minute Quad Map Name _____
County _____	
1. Narrative description of the boundaries of the project. Identify the properties and their owners within and adjacent to the project area. The applicant may attach a map that provides this information instead of the narrative.	
2. Newspaper with general circulation in the locality of the project Name _____ Address _____ Telephone No. _____ Do you plan to publish newspaper notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. DESCRIPTION OF PROJECT	
1. Project Name _____ Is this a CFA OAWP grant Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Project Area _____ acres Project Duration _____ months	

3. Project Description - Describe the objective of the project including, but not limited to the problem to be addressed by the project (e.g., the plugging of an abandoned gas well and the abatement of pollution resulting from the communication of an abandoned gas well with groundwater or surface water, if any), and also provide a description of the work that will be performed to accomplish the objective. Identify the sequence of project activities. Identify how the project will improve water quality and is not likely to make it worse, if applicable. Include the U.S. Well Number (API No.) in the table below and, if known, the approximate dates of operation for the former site where the project is to take place. Indicate the status (Orphan or abandoned) of the gas or oil well, as well as the diligence performed to identify the owner or confirm the abandoned status of the well.

U.S. Well Number(s) (API No.(s)) and Location

API No.	Lat (DD)	Lon (DD)	API No.	Lat (DD)	Lon (DD)	API No.	Lat (DD)	Lon (DD)

4. Right of Entry - Attach documentation that each landowner has given the applicant, the participants, and DEP permission to enter onto the project area to Attachment D.

D. APPLICANT AND CONTRACTOR RESPONSIBILITIES	
1. Qualified Contractor	
Name	
Address	
Telephone No.	
2. Qualified Contractor	
Name	
Address	
Telephone No.	
3. Qualified Contractor	
Name	
Address	
Telephone No.	
4. Qualified Contractor	
Name	
Address	
Telephone No.	
5. Qualified Contractor	
Name	
Address	
Telephone No.	
6. Qualified Contractor	
Name	
Address	
Telephone No.	

Attachment A List of Landowners

DEP ID

Project Name _____ **Municipality** _____ **County** _____

The following landowners have or will have provided access to their land for the well plugging project identified above. Landowner liability is addressed in the Environmental Good Samaritan Act of 1999.

Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____

Attachment B List of Project Participants

DEP ID

Project Name	Municipality	County
---------------------	---------------------	---------------

The following participants will be involved in the well plugging project identified above. Participant liability is addressed in the Environmental Good Samaritan Act of 1999.

Do you plan to send certified letters to all landowners listed below? Yes No

Name	Name
Mailing Address	Mailing Address
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____
Name	Name
Mailing Address	Mailing Address
Telephone No.	Telephone No.
Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____	Type of Person <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Authority or Local Government <input type="checkbox"/> State or Federal Agency <input type="checkbox"/> Other _____ Signature _____

Attachment C List of Adjacent Landowners

DEP ID

Project Name **Municipality** **County**

The following landowners own property immediately next to and within 2,500 feet of the well that will be plugged as part of this project.

Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Approximate Distance from Project (ft)	Approximate Distance from Project (ft)
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Approximate Distance from Project (ft)	Approximate Distance from Project (ft)
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Approximate Distance from Project (ft)	Approximate Distance from Project (ft)
Name	Name
Mailing Address	Mailing Address
Municipality	Municipality
County	County
Parcel No.	Parcel No.
Approximate Distance from Project (ft)	Approximate Distance from Project (ft)

Attachment D Right of Entry

Department ID

Each landowner, whose property will be used for the proposed project or used to provide access to the project area, must give in writing his or her permission for the project applicant and participants to come onto the property to work on the proposed project. Each landowner must also give DEP permission to come onto the property to observe project activities, collect samples, and otherwise perform its duties. Attach written proof of site access.

FOR DEP USE ONLY

APPROVAL OF PROJECT SUBMITTED TO DEP PURSUANT TO THE ENVIRONMENTAL GOOD SAMARITAN ACT

In compliance with the provisions of the Environmental Good Samaritan Act of 1999, the Pennsylvania Department of Environmental Protection hereby approves the _____

Name of Project

Abandoned Well Plugging

to be conducted by the _____

Applicant

in _____, _____

Municipality

County

The attached lists of landowners and project participants could qualify for the protections and immunities provided by the Environmental Good Samaritan Act for their voluntary plugging an abandoned well. However, a person who under existing law is or may become responsible to plug abandoned wells(s), reclaim the land, or address the water pollution; or anyone who by order or otherwise is required to or agrees to perform the reclamation or abandoned well plugging or abate the water pollution is not eligible for the protections and immunities provided by the Environmental Good Samaritan Act. This project approval makes no determination as to the eligibility of the landowners and participants identified on the attached lists for protection and immunities provided by the Environmental Good Samaritan Act and waives no power or authority to enforce any law.

The following permits must be applied for and issued before work on the project site may begin. Applications for these permits may be obtained from this DEP office.

Coverage approval date _____

Authorized by _____

_____ Office

This action of the Department is appealable to the Pennsylvania Environmental Hearing Board pursuant to Section 8105 of the Good Samaritan Law of 1999, 27 Pa. C.S. § 8105(g). Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S. Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717-787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, 800-654-5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary to the Board at 717-787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

Attachments