

8000-PM-OOGM0071BU Rev. 10/2016



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

**REQUEST FOR APPROVAL OF PREVIOUSLY APPROVED
ALTERNATIVE WASTE MANAGEMENT PRACTICES
(Unconventional Operations Only)**

A. PROJECT IDENTIFICATION				
Well Operator EQT Chap, LLC (EQT Production Company)		DEP ID No. 279986	U.S. Well No. (API No.) 37-See-Attachment A	
Address 400 Woodcliff Road			Well Farm Name Jackson Farms A	
City Canonsburg	State PA	Zip Code 15317	Well No. See Attachment A	
Telephone No. 412-228-8875	Fax No. N/A	County (Well) Fayette	Municipality (Well) Redstone Township	
Consultant (If any) N/A	Telephone No. N/A	Project Name Jackson Farms A- Defoamer	Well Permit Issue Date See Attachment A	
Email DOberdorf@eqt.com		Spud Date See Attachment A	ESCGP No. See Attachment A	
Latitude (DD) 39.9691		Longitude (DD) - 79.8388		
B. REQUEST TO USE PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICES				
Check the appropriate box to identify the type of alternative waste management practice:				
<input type="checkbox"/> Temporary Storage -- Include an engineer certified stability analysis (Section D).				
<input type="checkbox"/> Alternate Disposal Practices				
<input checked="" type="checkbox"/> Residual Waste Processing				
C. PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) INFORMATION				
Previous Authorization No. 1343322	Date 2/19/21			
D. STABILITY ANALYSIS				
Stability analysis has been completed and is attached.				
E. PREVIOUSLY APPROVED ALTERNATIVE WASTE MANAGEMENT PRACTICE(S) VIOLATION AND COMPLIANCE				
Is the well operator in violation of any other prior approval of an alternative waste management practices issued by the Department of Environmental Protection (DEP) within the last five years?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, provide a brief description of the violation, the compliance schedule, and the current compliance status.				
F. CERTIFICATION AND SIGNATURE				
<input checked="" type="checkbox"/> I do hereby under penalty of law state that the alternative waste management practice(s) requested herein will be used in the same manner as the prior approval. I am aware of our company's continuing duty to ensure that this certification remains current and valid at all times. I understand and acknowledge that under Pennsylvania law there are significant penalties for submitting false information, including the possibility of fines or imprisonment.				
Signature of Well Operator/Representative 		Print or Type Well Operator/Representative Name and Title Todd Klaner - Manager Permitting		Date 5/4/21
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				

Attachment A
Jackson Farms A - O G-71 B

Site Name	Well No.	US Well No. (API No.)	Well Permit Issue Date	Spud Date	ESCGP No.	Latitude (DD)	Longitude (DD)
Jackson Farms A	37HB	37-051-24369	6/30/2010	8/5/2010	NOT'd	39.969078	-79.838689
Jackson Farms A	38H	37-003-24373	7/8/2010	8/11/2010	NOT'd	39.969081	-79.838631
Jackson Farms A	39H	37-003-24372	7/8/2010	8/12/2010	NOT'd	39.969081	-79.838603

