



pennsylvania
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

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

**PERMIT APPLICATION TO DRILL AND OPERATE
AN UNCONVENTIONAL WELL
Record of Notification**

US Well No. (API No.)
Siegel 4H 37-051-24642-00-00

Signature of Applicant	I hereby certify that, for all interested parties identified on the plat of this application for which written consent or an "Affidavit of Non-Delivery of Certified Mail" has not been uploaded, copies of the well plat have been sent via certified mail and I have received a return receipt verifying delivery.		
Signature of Person Authorized to Submit Application 	(Print or Type)	Name of Signer: BRANDEN WEIMER	Date 11/11/19
		Title: Senior Permitting Advisor	

List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification				Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities	Notification Note the means and attach proof.			
								Certified Mail Dates		Address Affidavit	Written Consent
								Sent	Return Receipt		
Print Name: Stephen Siegel	Address:	118 W 8th Street Aspinwall, PA 15215	X		X		11/30/18		X		
Signature											
Print Name: Mark Simon Siegel	Address:	439 BB Sams Drive Saint Helena Island, NC 29920	X		X		1/4/19	1/9/19			
Signature											
Print Name: Mark A. & Mariane R. Kara	Address:	231 Heistersburg Road East Millsboro, PA 15433			X		11/30/18	12/10/18			
Signature											
Print Name: James Jack Conner	Address:	104 West Bend Road East Millsboro, PA 15433			X		11/30/18	12/3/18			
Signature											
Print Name: Craig S. Christopher	Address:	133 West Bend Road East Millsboro, PA 15433			X		11/30/18	12/7/18			
Signature											

Record of Written Consent

Written Consent: Signature below indicates the party's approval of the well location, or indicates written consent and waives the 15-day objection period where applicable.

Check applicable box

Print and Sign Name:	Address:	Date	Surface Owner	Water Well within 500 feet	Building within 500 feet
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Signature of Person Authorized to Submit Application	(Print or Type)	Name of Signer: BRANDEN WEIMER	Date
		Title: Permit Team Lead	

List the following: surface landowner; surface landowners and water purveyors with water supplies within 3,000 feet; municipality where the well will be drilled; adjacent municipality; municipalities within 3,000 feet of the vertical well bore; gas storage operator if within 3,000 feet. Mark the boxes, "X," which show the parties' interests. Use additional forms if you need more space. You are required to notify each of these parties. Notification: Signature below name indicates the party's acknowledgement of receipt of the well location plat and serves as proof of notification				Surface Landowner	Gas Storage Operator	Surface Landowners & Water Purveyors with water supplies <3000'	Municipalities	Notification Note the means and attach proof.			
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								Sent	Return Receipt		
Print Name: Trever L. Bookhardt	Address: 141 West Bend Road East Millsboro, PA 15433			X		11/30/18	12/7/18				
Signature											
Print Name: Brent G. & Wanda Y. Broadwater	Address: 254 Cemetery Road East Millsboro, PA 15433			X		11/30/18	12/3/18				
Signature											
Print Name: Russell W. Jr. & Charlene D. Franks	Address: 372 Heistersburg Road East Millsboro, PA 15433			X		11/30/18	12/3/18				
Signature											
Print Name: Walter B. & Phyllis M. Palmer	Address: 575 Palmer Lane East Millsboro, PA 15433			X		11/30/18	12/12/18				
Signature											
Print Name: Nellie P. Foster	Address: 502 N Lewis Run Road Apt 103 Pittsburgh, PA 15122			X		11/30/18		X			
Signature											

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Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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								Certified Mail Dates		Address Affidavit	Written Consent
								Sent	Return Receipt		
Print Name: Luzerne Township	Address: 415 Hopewell Road Brownsville, PA 15417				X	11/30/18	12/3/18				
Signature											
Print Name: German Township	Address: 2 Long Street McClellandtown, PA 15458				X	11/30/18	12/3/18				
Signature											
Print Name: Redstone Township	Address: 225 Twin Hills Road Grindstone, PA 15442				X	11/30/18	12/3/18				
Signature											
Print Name: Brownsville Township	Address: 232 Brown Street Brownsville, PA 15417				X	11/30/18	12/3/18				
Signature											
Print Name: Borough of Brownsville	Address: 200 Second Street Brownsville, PA 15417				X	11/30/18	12/6/18				
Signature											

Record of Written Consent

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Check applicable box					
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Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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		Title: Permit Team Lead	

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							Certified Mail Dates		Address Affidavit	Written Consent
							Sent	Return Receipt		
Print Name: Cumberland Township	Address: 100 Municipal Road Carmichaels, PA 15320				X	11/30/18	12/6/18			
Signature										
Print Name: Jefferson Township	Address: 173 Goslin Road Rices Landing, PA 15357				X	11/30/18	12/4/18			
Signature										
Print Name: Borough of Rices Landing	Address: 137 Main Street PO Box 185 Rices Landing, PA 15357				X	11/30/18	12/3/18			
Signature										
Print Name: East Bethlehem Township	Address: 36 Water Street PO Box 687 Fredericktown, PA 15333				X	11/30/18	12/3/18			
Signature										
Print Name: Centerville Borough	Address: 100 East End Road Brownsville, PA 15417				X	11/30/18	12/3/18			
Signature										

Record of Written Consent

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Check applicable box					
			Surface Owner	Water Well within 500 feet	Building within 500 feet
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print and Sign Name:	Address:	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**AFFIDAVIT OF NON-DELIVERY OF CERTIFIED MAIL
FOR UNCONVENTIONAL WELL**

I hereby certify that I have sent, by certified mail, a COMPLETE copy of my permit application, including location plat and all attachments thereto, for well # 4H, on (farm name) Siegel, (serial no.) MCLS 37-051-2010, in (municipality name and type) Luzerne Township, (county) Fayette.

I have sent the copy of the application by certified mail to each of these parties listed, as required depending on the relationship to the proposed well location:

- the surface landowner,
- the municipality in which the tract of land upon which the well to be drilled is located,
- each municipality within 3,000 feet of the proposed vertical well bore,
- the municipalities adjacent to the well,
- all surface landowners and water supply purveyors whose water supplies are within 3,000 feet of the proposed vertical well bore,
- storage operators within 3,000 feet of the proposed vertical well bore,
- the owners and lessees of any coal seams in areas of underlying workable coal,
- every coal operator identified on the well permit application?

I have also sent a copy of "Landowner Notification of Well Drilling or Alterations", DEP form 8000-FM-OOGM0052, to every surface landowner or water purveyor whose water supplies are within 3,000 feet of the proposed well location.

I have sent notice as described above to the following persons at the addresses shown below, and I was unable to obtain a receipt of delivery signed by the addressee or a member of his family residing at that address. Enclosed are copies of the white certified mail slip, and / or the green certified mail return-receipt card*, showing that delivery was not possible.

I certify that a copy of the complete permit application including location plat and all attachments thereto, and the "Landowner Notification of Well Drilling or Alterations", if applicable, was sent to the persons and addresses to whom tax notices for the property are sent.

Person & Address where certified mail was sent	Date Sent	Date mailing was returned as undeliverable.
1. <u>Stephen Siegel</u> <u>118 W 8th Street</u> <u>Aspinwall, PA 15215</u>	<u>11/30/18</u>	<u>1/10/19</u>
2. <u>Nellie P. Foster</u> <u>502 N Lewis Run Road Apt 103</u> <u>Pittsburgh, PA 15122</u>	<u>11/30/18</u>	<u>12/11/18</u>

Well Operator (signature) [Signature]

(Print name & title) Branden Weimer Senior Permitting Advisor

In Witness Whereof, I have hereunto set my hand and official seal.

Commonwealth of Pennsylvania

County of Allegheny

Notary Public (signature) _____

My commission expires: September 17, 2022

SEAL

Commonwealth of Pennsylvania - Notary Seal
Laura Savage, Notary Public
Allegheny County
My commission expires September 17, 2022
Commission number 1285773

Member, Pennsylvania Association of Notaries

In recognition hereof, I set my seal and signature this 11th day of January, 19.

* Photocopies of the green cards are acceptable.



HES Department - Perr
Appalachia/Mountain B
Chevron North America I
Company (a division of C
700 Cherrington Parkway
Corapolis, PA 15108



7018 0040 0000 1276 3098



JAN 10 2019

MO0700

NIXIE

STEPHEN SIEGEL
118 W 8TH STREET
ASPINWALL, PA 15215

NIXIE 152 DE 1 0001/09/19

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 15108431500 *0596-04047-30-46

1521508431500
15108431500

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. HOLD DOTTED LINE TIGHT.

Siegel 4H

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen Siegel
118 W 8th Street
Aspinwall, PA 15215



9590 9402 2937 7094 0857 67

2. Article Number

7018 0040 0000 1276 3098

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Delivery Restricted Delivery
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery
 - ☐ Priority Mail Express®

Domestic Return Receipt



HES Department - Permitt
Appalachia/Mountain Busi
Chevron North America Exp
Company (a division of Chev
700 Cherrington Parkway
Corapolis, PA 15108



7018 0040 0000 1276 3180



RECEIVED
DEC 11 2018
MOO700

NELLIE P. FOSTER
502 N LEWIS RUN ROAD APT 103
PITTSBURGH, PA 15122

NIXIE 152 FE 1 0012/10/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 15108431500 *0596-04048-30-48

151223055 150

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

Sender 414

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nellie P. Foster
502 N Lewis Run Road Apt 103
Pittsburgh, PA 15122



9590 9402 2937 7094 0856 75

2. Article Number (Transfer from container label)

7018 0040 0000 1276 3180

PS Form 3811, July 2015 PSN 7530-02-000-9058

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
- B. Received by (Printed Name) ☐ Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery
 - ☐ Priority Mail Express®

Domestic Return Receipt