

Susquehanna River Basin Commission

a water management agency serving the Susquehanna River Watershed



POST-HYDROFRACTURE STIMULATION REPORT AND CERTIFICATION OF FLUID DISPOSAL

General Information

1. Company Name: _____
2. Pad ID: _____ Pad ABR No.: _____
3. Well ID: _____ API No.: _____
4. Latitude: _____ Longitude: _____
5. Beginning Date: _____ Ending Date: _____

Fresh Water Delivered

6. Total amount of water delivered from a public water supplier*:

Total Gallons	Name of Supplier	Permit Numbers	
		SRBC Docket No.	State PWS ID

7. Total amount of water delivered from other approved sources (e.g., surface water, pad transfer, etc.):*

Total Gallons	Name of Source	SRBC Docket No. or Pad ID (ABR No.)

8. Total amount of treated wastewater delivered*:

Total Gallons	Name of Source	Discharge Permit No. ¹
¹ S/NPDES – State/National Pollutant Discharge Elimination System		

Fluids Delivered

9. Total amount of flow-back fluids/brine delivered or available on-site*:

Total Gallons of Flow-Back Fluid	Pad ID (ABR No.)

Total Water and Fluids Used for Hydrofracture Stimulation

10. Total volume of water/wastewater used for fracing: _____ gallons

11. Total volume of brine/flow-back fluid used for fracing: _____ gallons

Unused Water and Fluids Remaining On-Site

12. Total volume of water/wastewater: _____ gallons

13. Total volume of unused brine/flow-back fluid: _____ gallons

Hydrofracture Stimulation Summary

14. Total gallons injected into well _____; total gallons of fluid recovered from well _____

Outgoing/Disposed Fluids

15. _____ gallons of unused water were transferred to _____
(Pad ID [ABR No.] _____)

16. _____ gallons of flow-back fluid were transferred to _____
(Pad ID [ABR No.] _____)

17. _____ gallons of flow-back fluid were disposed at _____
(facility [facility ID])
S/NPDES No.: _____

18. Please provide copies of manifests documenting proper disposal of flow-back fluids.

Submitted By

Name: _____ Signature: _____

Title: _____ Telephone: _____

Company: _____

Please note that the post-hydrofracture stimulation report should be generated from the electronic daily use monitoring data that includes the amounts of water/fluid delivered or withdrawn per source, per day, and amounts used per gas well, per day, for use in hydrofracture stimulation (on a per well basis); hydrostatic testing, dust control, and other consumptively used water is not to be reported on this form.

*If additional space is required, please submit as attachments to this form.