



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

DEP USE ONLY	
Auth # _____	APS # _____
Site # _____	Facility # _____
FIX Client # _____	Sub-facility # _____

REQUEST FOR  
ROADSPREADING PLAN APPROVAL

Please read instructions on reverse side before completing this form

SECTION A. OPERATOR/APPLICANT	SECTION E. REQUIRED INFORMATION						
<p>Name _____ DEP ID # _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( ) _____</p>	<p><input type="checkbox"/> 1. Attach an original signed and dated statement from each municipality or other person authorizing the use of brine on their roads and that they will supervise the frequency of spreading.</p> <p><input type="checkbox"/> 2. Name of geological formation(s) from which the brine is produced: (note: Brine produced from any shale formation is not applicable for roadspreading)</p> <p>a. _____</p> <p>b. _____</p> <p><input type="checkbox"/> 3. Attach two (2) copies of maps of municipality or area identifying the roads that are to receive the brine, including starting and stopping points.</p> <p><input type="checkbox"/> 4. Attach a chemical analysis of the brine for the following parameters:</p> <table style="margin-left: 40px; border: none;"> <tr> <td>Sodium</td> <td>Chloride</td> </tr> <tr> <td>Calcium</td> <td>Total Dissolved Solids</td> </tr> <tr> <td>Magnesium</td> <td></td> </tr> </table> <p><input type="checkbox"/> 5. APPLICATION METHOD</p> <p>Describe how brine will be applied, including equipment to be used and the method for controlling the method of application.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> 6. License plate numbers of spreading vehicles:.</p> <p>a. _____ d. _____</p> <p>b. _____ e. _____</p> <p>c. _____ f. _____</p>	Sodium	Chloride	Calcium	Total Dissolved Solids	Magnesium	
Sodium		Chloride					
Calcium		Total Dissolved Solids					
Magnesium							
<p><b>SECTION B. OPERATOR/SPREADER</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( ) _____</p>							
<p><b>SECTION C. LOCATION</b></p> <p>Name _____</p> <p>Township/Property Name _____</p> <p>Township/Property Name _____</p> <p>Township/Property Name _____</p> <p>Township/Property Name _____</p> <p>Township/Property Name _____</p>							
<p><b>SECTION D. ROAD SPREADING PLAN</b></p> <p>Check One</p> <p><input type="checkbox"/> <b>New Road Spreading Plan</b> Note: All items in Section E required.</p> <p><input type="checkbox"/> <b>Revised Roadspreading Plan</b> Note: Check and attach revisions in Section E</p> <p><input type="checkbox"/> <b>Annual Renewal of Plan Submitted in _____</b> Note: Section E information not required unless it is being revised</p>	<p><b>SECTION F. SIGNATURE BLOCK</b></p> <table style="width:100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 70%; text-align: center;">Applicant's Signature</td> <td style="border-top: 1px solid black; width: 30%; text-align: center;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Printed Name</td> <td style="border-top: 1px solid black; text-align: center;">Print</td> </tr> </table>	Applicant's Signature	Date	Printed Name	Print		
Applicant's Signature	Date						
Printed Name	Print						

## GENERAL INFORMATION

Guidelines on roadspreading are available from the Department of Environmental Protection (DEP) Fact Sheet "Roadspreading of Brine for Dust Control and Stabilization." The guidelines were developed under Section 402 of the Pennsylvania Clean Streams law and Solid Waste Management Act, and Chapter 78.55 and 101.3 of the Rules and Regulations. A plan which will minimize the potential for pollution from the use of production brine for dust control must be submitted to the Department for its approval prior to implementation. This plan approval is granted on a calendar year basis and expires December 31 of that year. Any revisions to the plan must be submitted to the Department for approval.

Submit Roadspreading plans to the appropriate regional Oil and Gas Management Program Office:

Department of Environmental Protection  
Southwest Regional Office  
Oil & Gas Program  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745

Department of Environmental Protection  
Northwest Regional Office  
Oil & Gas Program  
230 Chestnut Street  
Meadville, PA 16335-3481

### Instructions for Use

**SECTION A:** Fill in the name, address and telephone of operator/applicant submitting the application. Include DEP ID#, if known.

**SECTION B:** Fill in the name, address and telephone of operator/spreader that will actually spread the brine. (If different from applicant listed in Section A).

**SECTION C:** Name the county where the spreading will take place. A separate plan should be submitted for each county. Also, name the township(s) where the roads are located. Provide a list of roads on a separate sheet and indicate where the spreading will occur on the maps. Note: If spreading on private property, also provide the name of the property.

**SECTION D:**

**For New Applications:** Check the first box in Section D and all boxes in Section E. Provide the requested information in the spaces provided in Section E or attach the appropriate information. Complete Section F.

**For Revised Roadspreading Plans:** Check the second box in Section D and the relevant boxes in Section E. Provide the requested information in the spaces provided in Section E or attach the appropriate information. Complete Section F.

**For New Applications:** Check the third box in Section D and list the year the plan was submitted. If any of the information in Section E is being revised, check the appropriate box in Section E and provide the information. Complete Section F.

**SECTION E:**

Line 1: Attach a statement from municipality or other person authorizing the use of brine on their roads and that they will supervise the frequency of spreading. The statement should also identify the term of the authorization.

Line 2: List the name of the geological formation from which the brine is produced.

Line 3: Attach two (2) copies of maps showing the spreading sites.

Line 4: Attach a chemical analysis of the brine for the listed parameters.

Line 5: Describe how brine will be applied.

Line 6: Provide license plate number(s) of truck(s) that will spread the brine.

**SECTION F:** Signature block for operator/applicant listed in Section A.