| Name * a(b)(1)(i)) | Facility Site Name * (§60.5420a(b)(1)(i)) | US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (§60.5420a(b)(1)(i)) | Does the site have a physical address? **(Select from dropdown list)** | Address of Affected Facility * (§60.5420a(b)(1)(i)) | City * | County * | State Abbreviation * | Zip Code * | Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii)) | Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii)) |
|---|---|---|---|---|---|---|---|---|---|---|
| pany | e.g.: XYZ Compressor Station | e.g.: 12-345-67890-12 | e.g.: Yes | e.g.: 123 Main Street | e.g.: Chicago | e.g.: Cook | e.g.: IL | e.g.: 11221 | e.g.: 01/01/2016 | e.g.: 06/30/2016 |
| on Co., LLC | TI-17 Hoffman Pad | 37-117-21953 | Yes | 487 DESIGNER RD | LIBERTY | Tioga | PA | 16930 | 8/2/2018 | 8/1/2019 |