ds of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report

/, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

ach field indicates that the corresponding field is required.

	SITE INFORMATION									ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification	ADD
:ompany Name * 60.5420a(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))	Address of Affected Facility * (§60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (§60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (§60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (§60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (§60.5420a(b)(12)) Please provide only one file per record.	Please e any addi informa
: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf	
ɔse Resources - PA,	Painter Well Pad	37-117-21907	424 Broughton Rd		Westfield	Tioga	PA	16950	153057		41.90666667	-77.50611111	1/1/2018	12/31/2018		