



v1.2.13

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION OFFICE OF OIL AND GAS**INSPECTION REPORT ROUTINE  
INSPECTION****DEP USE  
ONLY**Inspection Record  
No.  
3600670Complaint Record  
No.Enforcement Record  
No.

DEP Office	Southwest Oil & Gas District Office	Telephone No.: (412) 442-4024	Permit or Reg. No.:	003-00964	
Address	400 Waterfront Drive	Fax No.: ----	Project No.: ----	WellPad: ----	
	Pittsburgh, PA 15222-4745		Farm Name and Well No.:	CHARTER 502-1	
Operator Name	MICHAEL HARJU		County	Allegheny	
Address	PO BOX 23 SPRING CHURCH, PA 15686-0023		Municipality	Scott Township	
	----		Latitude (DD)	40.382750	
OGO No.	OGO-36206	Client ID No.	93301	Longitude (DD)	-80.072667
Drilling Rig / Type	----				
Facility Type	----	Producing Formation	----		

Other	<input type="checkbox"/> Permit Expired	<input type="checkbox"/> Alt / Meth	<input type="checkbox"/> Annulus Open	<input type="checkbox"/> Conductor Only	Spud Date: 1800-01- 01	<input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Non- Coal
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Remarks / Violations					
Category	Sub-Category	Inspection Remarks / Violations / Violation Remarks	I	R	V
Location					
Well					
Waste Management					
Other					

WELL INFORMATION			
Well Status:	Well Production Status:	Well Type:	Depth: ft.
Flowback: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stressed Vegetation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wells on Location:	
Separators: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oil Staining: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Casing	Size			Press (psi)	Volumn (cu ft/d)	Length (ft)	SIPT
1	--- X ---			---	---	---	<input type="checkbox"/>
	0 Hrs: ---	12 Hrs: ---	24 Hrs: ---	48 Hrs: --- -	72 Hrs: ---	Days: ---, ---	
	Casing: ---			Volumn: ---			
	Gas Detected: --- -	Gas Concentation: ---% LEL, ---% GAS		Method Used: ---		Date Calibrated: --- -	
	Additional Comments: ---						

Cellar Observation			
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Below Grade:	Combustible Gas Detected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to check for gas
Gravel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Below Grade:	
Bubbling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate:	Gas Concentration: % LEL, % GAS
			Method Used:
			Date Calibrated:

EQUIPMENT ON LOCATION			
Equipment on Location		Tanks: [ ]	
Dryers:	Drips:	Brine/Oil:	Fresh Water:
Pumpjacks:	Meters:	Flowback:	Consolidation:
Separators:	Containment:	Propane:	Poly Vent:
Compressors:		Production:	

RTN Other Data			
H2S Detected	<input type="checkbox"/> Yes <input type="checkbox"/> No	ppm	Corrosion: Leaking:

Photos Attached	Additional Documents	WQS follow up	Inspection Results
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	ICS - In Compliance with Schedule



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**Remarks:**

Met with representatives of Yost and Stahl Sheaffer Engineering to plan upcoming well plugging. Well is unchanged from prior visits.

On Site Representative		DEP Representative	
?			
(signature)		(signature)	
(print name)		MARK E BARNES, OIL GAS INSP (print name)	
<b>Date:</b> 08/15/2023	<b>Time Arrived:</b> 10:25 AM	<b>Time Departed:</b> 10:35 AM	

**INSPECTION IMAGES**



**#: 1**

Wellhead.