



Kansas Department of Health and Environment – Bureau of Air
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**40 CFR Part 60 Subpart OOOO and OOOOa
 Well Completion/Flowback Notification Form**

I. General Information
A. Company Name:
Contact Name for Owner or Operator:
Title:
Mailing Address:
City:
Telephone:
Email:
B. Site Name:
C. County where the well is located:
D. American Petroleum Institute (API) well number:
E. Well Latitude in decimals: (e.g., 30.27463)
F. Well Longitude in decimals: (e.g., -97.74036)
G. Well Section, Township, Range:
H. Anticipated date of well completion operation: (MM/DD/YYYY)
I. Planned date of the beginning of flowback: (MM/DD/YYYY)
II. How to submit form
A. Please Print a copy of the form for your records.
B. Please Send the PDF file as an attachment in an email. <ul style="list-style-type: none"> • Email to: r7wellcompletion@epa.gov and kdhe.BOANotification@ks.gov • Subject line “NSPS OOOO Notification” or “NSPS OOOOa Notification”
III. 40 CFR Part 60 Subpart OOOO Requirements for Gas Well Affected Facilities
A. 40 CFR 60.5375- Standards for gas well affected facilities
B. 40 CFR 60.5410- Initial compliance requirements
C. 40 CFR 60.5415- Continuous compliance requirements
D. 40 CFR 60.5420- Notification, reporting, and recordkeeping
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Additional information can be found at <http://www.kdheks.gov/air-permit/download.html>