

North Carolina Department of Environment and Natural Resources

Division of Energy, Mineral, and Land Resources

Energy Section - Oil and Gas Program

Oil & Gas Program Use Only	
Date:	<input type="text"/>
Received by:	<input type="text"/>
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Form 25

1612 Mail Service Center, Raleigh, NC 27699-1612

Phone: (919) 707-9220

Fax: (919) 715-8801

Email: DEMLRoilandgas@ncdenr.gov

Rev 03/2015

Pit Closure Report

15A NCAC 05H .2004

Permittee Name:	<input type="text"/>	Phone:	<input type="text"/>
Company Name:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>

API Number:	<input type="text"/>	County:	<input type="text"/>
Lease/Well Name:	<input type="text"/>	Nearest Town/City:	<input type="text"/>
Well Number:	<input type="text"/>	Well Site Ingress/Egress Location:	<input type="text"/>

Pit Type and Use Information:

This Report is due within 30 days of pit closure.

Type of Pit:

Lined

Unlined*

* Only freshwater pits may be unlined

Pit Use (check all that apply):

<input type="checkbox"/> Drilling	<input type="checkbox"/> Produced Water Storage	<input type="checkbox"/> Emergency	<input type="checkbox"/> Skimming/Settling
<input type="checkbox"/> Production	<input type="checkbox"/> Blowdown	<input type="checkbox"/> Plugging	<input type="checkbox"/> Special Purpose
<input type="checkbox"/> Multi-Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Oil-Based Mud	<input type="checkbox"/> Flare

Pit Location:

Latitude and longitude of the pit reported to five decimal places of accuracy and precision using the North American Datum of 1983 (NAD 83):

Latitude:

Longitude:

API Number:

Form 25 - Pit Closure Report

Permittee Name:

Volume of fluid E & P waste removed (Bbls):

Volume of solid E&P waste removed (cubic yards):

Check the box to confirm removal of primary and secondary liners in accordance with 15A NCAC 05H .2004(b).

Date of Pit Closure:

Analytical Results Information:

Attach copies of analytical results in accordance with 15A NCAC 05H .2004(d):

Check to indicate required documentation is attached by hard copy or email.

Provide file name if attached by email:

E&P Waste Receiving Facility Information:

Company Name:

Phone:

Permit Number:

Fax:

Address:

Email:

City:

State:

Zip:

Contact Name:

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name:

Title:

Signature:

Date:
