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Owner/Operator Response Form

This form allows owners/operators to respond to the notification of a methane super emitter event at their wellsite or facility.

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Help

Point of Contact Information

Email *

Point of Contact Name *

Phone

Alternate Contacts (email)

Submit Form

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Notification Information

Notification Report ID *

Notification Coordinates
Latitude: 35.1789 Longitude: -147.2569

Are you the owner or operator or responsible official (where applicable) of an oil and natural gas facility (e.g., individual well site, centralized production facility, natural gas processing plant, or compressor station) within 50 meters from the latitude and longitude provided in the EPA notification? * Yes No

Facility Information
If the EPA ID # or API Well ID # in the notification was incorrect, please input the correct ID in the field below.

EPA ID #

OR

API Well ID #

Facility Name *

Address/City/State/Zip *

Demonstrable Error

Do you assert a demonstrable error in the notification? * Yes No

Evidence

Statement of Demonstrable Error (required if asserting a demonstrable error)

Applicability and Identification

Is there an affected facility or associated equipment subject to regulation under NSPS OOOO, NSPS OOOOa, NSPS OOOOb, and/or a State or Federal Plan implementing OOOOc at this oil and gas facility? * Yes No

Did you identify the source of the super emitter event? * Yes No

Evaluation of Source

What was the source of the emission? *

Is the source subject to regulation under NSPS OOOO, NSPS OOOOa, NSPS OOOOb, and/or a State, Tribal or Federal Plan implementing OOOOc? * OOOO OOOOa OOOOb OOOOc None

Please identify by citation the applicable regulation(s) within each applicable subpart and/or plan (Write "Not Applicable" if checking "None" above) *

Status and Response Plan

Is this emission event ongoing? * Yes No

What day did the emission event end? If the date is unknown, an estimate should be provided. (required if no to previous question)

Is the above date an estimate? (required if the emission is ended) Yes No

What time?

What time zone?

Targeted End Date (required if emission is ongoing)

Provide a short narrative of your plan to end the super-emitter event *

Response Narrative Attachment(s)

Search for Source

Did you conduct the applicable investigations listed in (d)(2)(i)-(v)?

- (i) Review any maintenance activities or process activities
- (ii) Review all monitoring data from control devices
- (iii) Review the results of a fugitive emissions survey or periodic screening event
- (iv) Review continuous monitoring data
- (v) Screen the entire oil and natural gas facility with OGI, Method 21 or an alternative test method

Alternative Test Method(s) approved per § 60.5398(d), such as MATM-XXXX

What day was this investigation? *

What time?

What time zone?

I certify that all applicable investigations specified in paragraph (d)(2)(i) through (v) of this section have been conducted for all affected facilities and associated equipment subject to this subpart that are at this oil and natural gas facility. *

Optional Additions

Do you wish to self report a data element? Self-reported data will be displayed alongside data from the Third Party Notifier. Yes

Data Elements

Facility Name

Quantification

[+ Add Data Element](#)

If there are additional comments or documentation you wish to provide, please do so below.

Attachment(s)

Certification

I certify that the information provided in this report regarding the specified super-emitter event was prepared under my direction or supervision. I further certify that the investigations were conducted, and this report was prepared pursuant to the requirements of § 60.5371(b)(4) and (e). Based on my personal knowledge and experience, and the inquiry of personnel involved in the assessment, the certification submitted herein is true, accurate, and complete. I am aware that knowingly false statements may be punishable by fine or imprisonment.

Digital Signature

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Data Refresh Information