



INSPECTION REPORT FOR CLASS I INJECTION WELL

WELL IDENTIFICATION

Type of Inspection:	Announced	Unannounced
Date of Inspection:	Time of Inspection (24 hour):	
Well No.:	Permit No.:	
1/4 1/4 1/4	Section	Township South Range E/W County
(REQUIRED)	Latitude:	Longitude:
Owner/Operator:		

INSPECTION INFORMATION

Type of Well:	Hazardous Waste Disposal	Non-Hazardous Waste Disposal
Injection Pressure:	Gauge	Continuous Recorder Max. Permitted
Annulus Pressure:	Gauge (psig)	Continuous Recorder (psi) Min. Permitted
Injection rate (gpm)	Annulus Seal Pot Liquid Level	
Condition of wellhead and associated lines, tanks, meters, gauges, emergency containment structure (corrosion, leakage, operational, etc.)		

RECOMMENDATIONS OR COMMENTS

PERSONNEL MET DURING INSPECTION

Signature of Inspector

Title

Date