



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
INSPECTION REPORT FOR CLASS III INJECTION WELLS**

**WELL IDENTIFICATION**

Type of Inspection:	Announced		Unannounced	
Date of Inspection:	Time of Inspection (24 hour):			
Well Nos.:	Permit Nos.:			
1/4 1/4 1/4	Section	Township	South	Range W
<b>(REQUIRED)</b> Latitude:		Longitude:		
Company:				

**INSPECTION INFORMATION**

Maximum Injection Pressure Allowed by Permit:					
Injection Pressure Gauged at:	Wellhead	Plant	Valve House	Pumphouse	
Describe where flow rate meters are located:					
Well No.	With. Pressure	With. Rate	Inj. Pressure	Inj. Rate	Condition of Well, Associated Piping, Emergency Containment

**RECOMMENDATIONS OR COMMENTS**

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**PERSONNEL MET DURING INSPECTION**

Name:	Title:

Signature of Inspector

Title

Date