MONTHLY MONITORING REPORT

Month: _____, 20_____

COMPANY NAME:		RETURN TO:	Bureau of Water/Geology Section
FACILITY:			1000 SW Jackson Street, Suite 420
MAILING ADDRESS:			Topeka, Kansas 66612-1367
Well No.(S):			

				Wellhead Injection Pressure		
Week Ending (Date)	Days in Week	Injected Volume (1000 Gallons)	Withdrawal Volume (1000 Gallons)	Minimum	Maximum	Withdrawal/Injected Volume Ratio

	Date	pH	Total Diss. Solids	Hardness	Alkalinity	C1	Na	SO_4
Annual Injection								
Annual Withdrawal								

_____	_____	_____	_____	_____
Signature, Authorized Signatory	Printed Name of Signatory	Title	Date	Certified Laboratory Name and number for Annual Analysis

c/uic forms/monthly monitoring report
db
4/19/2011