



CLASS V UNDERGROUND INJECTION CONTROL  
REPERMIT APPLICATION FOR SUBSURFACE  
INJECTION OF FLUIDS IN CONJUNCTION WITH A  
GROUNDWATER REMEDIATION PROJECT

Submit to:  
Kansas Department of Health  
and Environment  
Bureau of Water, Geology Section  
1000 SW Jackson St., Suite 420  
Topeka, KS 66612-1367

Date of Application: \_\_\_\_\_

KDHE UIC Permit #: \_\_\_\_\_

Well(s) #: \_\_\_\_\_

G.P.S. Coordinates:

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

County: \_\_\_\_\_

Owner's Name, Telephone Number,  
Mailing and E-mail Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Located on Indian Lands: Yes \_\_\_\_\_ No \_\_\_\_\_

Operator's Name, Telephone Number,  
Mailing and E-mail Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility Names, Telephone Number,  
Mailing and E-mail Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person's Name and Mailing  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person's Information:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*New requirement for use in KDHE Spatial database. You can submit an excel spreadsheet file electronically containing this information, if there are a large number of wells, to [ckhan@kdheks.gov](mailto:ckhan@kdheks.gov).

In conformity with the provisions of K.S.A. 65-164, 65-165, 65-166 and 65-171d, the undersigned, representing

\_\_\_\_\_  
(Name of company, corporation or person applying)

hereby makes application to KDHE for a permit to continue operation of an injection well, the location of which is described above.

1. Describe any changes to number of wells abandoned or constructed. Include new map (only if changes have been made.)
2. Describe any changes to pressure for injection.
3. Describe any changes to monitoring program since previous submission.
4. Describe any changes to injection fluid concentration and/or amounts of fluid.
5. Provide an updated schematic drawing of the well as it is currently completed (surface and subsurface).
6. If a well(s) penetrating the injection zone has been constructed, plugged and abandoned, abandoned or inactive within the ¼ mile area of review (AOR) since the last AOR was conducted, provide an updated map showing the well to be re-permitted, the newly constructed, newly plugged and abandoned, newly abandoned well(s) or newly inactive well(s) penetrating the injection zone, all other wells penetrating the injection zone including oil or gas producing wells, injection wells, plugged wells, abandoned wells, dry holes, core holes, salt solution mining wells, and hydrocarbon storage wells. The map must also include surface water bodies, springs, mines, quarries, water wells, monitoring wells, faults and other pertinent surface features. The map must be clear and readable with the ¼ mile radius AOR drawn on the map. Provide an updated tabulation of data on all wells penetrating the injection zone within the AOR that were constructed, plugged and abandoned, abandoned or inactive since the last AOR was conducted including the current status, type, date of drilling, location, depth and plugging or completion data. Key the wells to the map. Copies of plugging records for wells penetrating the injection zone shall be provided if not previously submitted. A schematic indicating the current configuration of all wells penetrating the injection zone constructed, plugged and abandoned, abandoned or inactive since the last AOR was conducted shall be submitted on the attached Artificial Penetration Review forms. Provide proposed corrective measures required for wells in the AOR, if any.
7. Describe the protocol used to identify, locate and ascertain the condition of wells penetrating the injection zone that were constructed, plugged and abandoned, abandoned or inactive within the AOR since the last AOR was conducted. At a minimum the records of the Kansas Department of Health and Environment, Kansas Geological Society, Kansas Geological Survey and the Kansas Corporation Commission shall be reviewed. Describe the procedure used to conduct the review of these records.
8. Provide copies of any logs or tests not previously submitted to KDHE.

# AUTHORITY

To whom should future correspondence be addressed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signed

## CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. K.A.R. 28-46-22 for a corporation requires this certification and this application be signed by a responsible corporate officer, such as President, Secretary, Treasurer or Vice-President of the corporation or other authorized signatory, and for a municipality by either a principal executive officer or ranking elected official.

\_\_\_\_\_  
Printed Name of Authorized Signatory

\_\_\_\_\_  
Signature of Authorized Signatory

\_\_\_\_\_  
Company/Municipality

\_\_\_\_\_  
Title

ARTIFICIAL PENETRATION REVIEW

Control # \_\_\_\_\_

Status \_\_\_\_\_

Operator \_\_\_\_\_

Distance from Injector \_\_\_\_\_

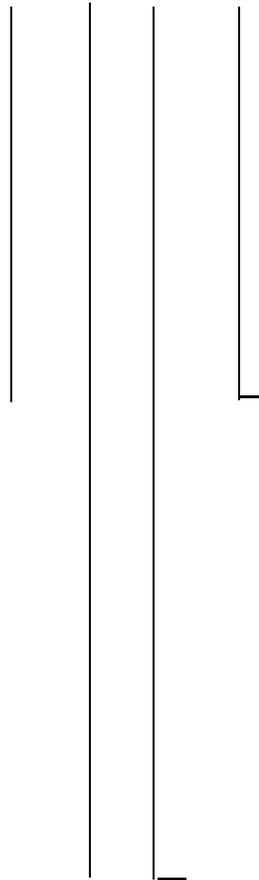
Lease \_\_\_\_\_

\_\_\_\_\_

Well # \_\_\_\_\_

Location \_\_\_\_\_

WELL DIAGRAM



POTENTIAL PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_