



Kansas Department of Health and Environment Underground Hydrocarbon Storage Well Wellhead Inspection Report

Identification

Company:		Facility:		Date of Inspection:	
Well #:		Well Permit #:		County:	
¼ ¼ ¼:		Section:		Township:	
Range:		Status of well:			
Is well currently on a manifold system for monitoring?		Yes		No	
Description:					

Wellhead

Visual inspection general condition	Corrosion/Rust:			
	Paint:			
	Surface leakage:			
	Gauge condition:			
	Gauges:		Annulus side: Yes No	
		Tubing side: Yes No		
Instrumentation	Flow meter/indicator		Yes No	
			Type:	
	Pressure sensor/transducer		Brine reading: Gauge: Transducer	
			Product Reading: Gauge: Transducer	
	Security lighting		Yes No	
	Combustible Gas Detector		Yes No Reading:	
	Heat sensor		Yes No	
	Emergency Shutdown Valves (ESD)		Rating (125% exerted at surface): Yes No	
			Fail to close position: Yes No	
			Remote and Local operation: Yes No	
			Activated by:	
			Overpressure: Yes No	
		Underpressure: Yes No		
		Gas/Heat detection: Yes No		
Manual Isolation Valves		Yes No		
Valve or blind flange on each port at wellhead		Yes No		
Instrumentation Tests	Function test each critical control system (Semiannual)		Date: Description:	
	Function test ESD valve (Semiannual)		Date: Description:	
	Trip-testing each loop for circuit integrity		Valves Date:	
			Instrumentation Date:	
			Shutdown Equipment Date:	
			Wiring Connections Date:	
Automatic closure of all inlets & outlets to storage cavern		Date: Description:		

Comments/Observations:

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Personnel Met with During Inspection

Name	Title

Inspected By

Name	Title	Date