

Appendix D:  
UIC Reporting Forms

**APPENDIX D**  
**Underground Injection Control Program Reporting Forms**

<u>Number</u>	<u>Form</u>
7520-1	Permit Review and Issuance/Wells in Area of Review
7520-2A	Compliance Evaluation
7520-2B	Compliance Evaluation - Significant Noncompliance
7520-3	Mechanical Integrity Test/Remedial Actions
7520-4	Quarterly Exceptions List
7520-6	UIC Permit Application
7520-7	Application to Transfer Permit
7520-8	Injection Well Monitoring report
7520-11	Annual Disposal/Injection Well Monitoring Report
7520-12	Well Rework Record
7520-14	Plugging and Abandonment Plan
7520-16	Inventory of Injection Wells
7520-17	Pre-Closure Notification Form
7520-18	Completion Report for Injection Wells
7520-19	Well Rework, Plugging & Abandonment Plan, or Plugging & Abandonment Affidavit

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part I: Permit Review and Issuance/                  Wells in Area of Review</b> (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency						
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, year) From <b>October 1, 20</b>						
Item				Class and Type of Injection Wells						
				I	II			III	IV	V
		SWD 2D	ER 2R	HC 2H						
V. Permit Application Number of Permit Applications Received										
VI. Permit Determin- ation	Permit  Issued	A	Number of Individual Permits Issued (One Well)	New Wells						
		B	Number of area Permits* Issued (Multiple Wells) (*See instructions on back)	New Well Field						
		C	Number of Wells in Area Permits (See B above)	Existing Wells						
	Permit Not Issued	D	Number of Permits Denied/Withdrawn (after complete technical review)							
	Modification Issued	E	Number of Major Permit Modifications Approved							
VII. Permit File Review	Number of Rule-Authorized Class II Wells Reviewed			Wells Reviewed						
				Wells Deficient						
VIII. Area of Review (AOR)	Wells Reviewed	A	Number of Wells in Area of Review	Abandoned Wells						
				Other Wells						
	Wells Identified for C/A	B	Number of Wells Identified for Corrective Action	Abandoned Wells						
				Other Wells						
	Wells with C/A	C	1. Number of Wells in AOR with Casing Repaired/Recemented C/A							
		2. Number of Active Wells in AOR Plugged/Abandoned								
		3. Number of Abandoned Wells in AOR Replugged								
		4. Number of Wells in AOR with "Other" Corrective Action								
IX. Remarks/Ad Hoc Report (Attach additional sheets if necessary)										
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form						Date	Telephone No.			

# Instructions and Definitions

All reporting is cumulative over the fiscal year, and includes activities from October 1 – September 30. All fields should contain a value. Do not leave blank fields. Enter 0 if there are no wells affected or no activities that occurred pertaining to the information requested. Enter NA if the field or section is not applicable to the submitter (e.g., the well type is not overseen by the submitter). Enter U if the information is unknown or not captured; fields designated as U require explanation.

## Section V. Permit Application

Enter, under each well class, the total number of permit applications that have been received this year to date. Include all applications, including incomplete applications, for individual and area permits. Include all applications regardless of whether they are for “New Wells” or “Existing Wells.”

A “New Well” is any well that began operation after the effective date of the State (or EPA) Underground Injection Control Program.

An “Existing Well” is any injection well that was in existence on the effective date of the State (or EPA) UIC Program.

A “New Well Field” has only “New Wells” or a combination of “New Wells” and “Existing Wells.” An “Existing Well Field” contains only “Existing Wells.”

## Section VI. Permit Determination

Permit Determinations include the approval, withdrawal, or denial of UIC permit requests/actions such as: applications for permits, major modifications to issued permits, revocation and reissuance of permits, or termination of permits for cause. A complete permit determination includes a thorough technical evaluation of the request, public notification or review before issuance, and a final decision document signed by the regulating authority.

**Item A:** For each well class, enter the number of individual permits issued for “New or Existing Wells” this federal fiscal year to date.

**Item B:** For each well class, enter the number of area permits that have been issued for “New or Existing Well Fields” this year to date.

**Item C:** For each well class, enter the number of “New and Existing Wells” covered by the Area Permits entered in Item B.

**Item D:** For each well class, enter the number of permits or major modifications denied by the UIC primacy program and/or permits withdrawn by applicants this federal fiscal year to date. The denial of a permit or major modification should be included as a permit determination only after there has been a complete technical review.

**Item E:** For each well class, enter the number of major modifications approved this federal fiscal year to date. An approved major modification requires a complete technical review, public notification or review, and a final decision document signed by the regulating authority.

## Section VII. Permit File Review

A complete technical review of a rule authorized Class II well record may be conducted to determine whether the well is in compliance with UIC regulatory requirements in lieu of a permit determination. The well record (or file) review may include an evaluation of siting reports, wells in the area of review, construction, operating, monitoring or other reports. These Class II wells should be routinely reviewed at least once every five years during the life of the well.

**Wells Reviewed:** For rule authorized (existing) Class II wells only, enter the number of wells with permit files reviewed and compliance status determined this federal fiscal year to date.

**Wells Deficient:** For rule authorized Class II wells, enter the number of reviewed wells that were found deficient (not in compliance with UIC regulations) and that received corrective action.

## Section VIII. Area of Review (AoR)

All wells that penetrate the injection zone in the AoR of an injection well/field are reviewed during permit determination or during any AoR analysis of a rule authorized well file.

**Item A:** For each well class, enter the number of “Abandoned” and “Other” wells reviewed in the AoR for each permit application or file that has been reviewed this federal fiscal year to date.

“Abandoned” includes any well penetrating the injection zone in the AoR that has been properly or improperly plugged and/or abandoned.

“Other” includes any producing well, operable injection well, dry hole, exploratory well, etc., that penetrates the injection zone in the AoR.

Corrective Action is required for those wells that penetrate the injection zone in the AoR that are improperly sealed, completed, or abandoned.

**Item B:** For each well class, enter the number of “Abandoned” and “Other” wells in the AoR that have required corrective action for each permit application or file reviewed this federal fiscal year to date.

**Item C:** For each well class, enter the number of wells in the AoR which have received corrective action (be specific) for all permit applications or files that have been reviewed this year to date.

### Paperwork Reduction Act Notice

The public reporting and record keeping burden for this collection of information is estimated to average 4.5 hours per year. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b>  (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency  United States Environmental Protection Agency						
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, year)						
				From <b>October 1, 20</b>						
				To						
				Class and Type of Injection Wells						
				I	II			III	IV	V
					SWD 2D	ER 2R	HC 2H			
		Item								
V.  Summary  of  Violations	Total Wells	A	Number of Wells with Violations							
	Total Violations	B	1. Number of Unauthorized Injection Violations							
			2. Number of Mechanical Integrity Violations							
			3. Number of Operation and Maintenance Violations							
			4. Number of Plugging and Abandonment Violations							
			5. Number of Monitoring and Reporting Violations							
			6. Number of Other Violations (Specify)							
VI.  Summary  of  Enforcement	Total Wells	A	Number of Wells with Enforcement Actions							
	Total Enforcement Actions	B	1. Number of Notices of Violation							
			2. Number of Consent Agreements							
			3. Number of Administrative Orders							
			4. Number of Civil Referrals							
			5. Number of Criminal Referrals							
			6. Number of Well Shut-ins							
			7. Number of Pipeline Severances							
			8. Number of Other Enforcement Actions (Specify)							
VII. Summary of Compliance	Number of Wells Returned to Compliance		A. This Quarter							
			B. This Year							
VIII. Contamination			Number of Cases of Alleged Contamination of a USDW							
IX. MIT Resolved			Percent of MIT Violations Resolved in 90 Days							
X. Remarks/Ad Hoc Report (Attach additional sheets)										
Certification  I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form								Date		Telephone No.

## Definitions and Instructions

All reporting is cumulative over the fiscal year, and includes activities from October 1 – September 30. All fields should contain a value. Do not leave blank fields. Enter 0 if there are no wells affected or no activities that occurred pertaining to the information requested. Enter NA if the field or section is not applicable to the submitter (e.g., the well type is not overseen by the submitter). Enter U if the information is unknown or not captured; fields designated as U require explanation.

A Class I, II, III, IV, or V injection well with a violation of a permit or rule requirement is said to be in noncompliance. Note: A well with certain types of violations may also be in significant noncompliance. (See Form 7520-2B (reverse) for definitions of SNC violations.)

### Section V. Summary of Violations

(Includes all noncompliance; significant and non-significant)

**A. Total Wells:** For each well class, enter the number of wells with one or more violations in this federal fiscal year to date. Enter each well only once. Include all wells with violations, even those with violations that have been returned to compliance.

#### B. Total Violations:

**Items 1-6:** For each well class, enter the number of times each violation type has been identified this federal fiscal year to date.

### Section VI. Summary of Enforcement

**A. Total Wells:** For each well class, enter the number of wells with one or more violations that have been addressed by the specific type of enforcement action in this federal fiscal year to date. Enter each well only once.

#### B. Total Enforcement Actions:

**Items 1-8:** For each well class, enter the number of times wells with one or more violations have been addressed by the specific type of enforcement action indicated in the row, in this federal fiscal year to date. (Count each draft and final Administrative Order.)

### Section VII. Number of Wells Returned to Compliance

A “Well Returned to Compliance” is a well that has all underlying violations resolved and compliance has been verified by the primacy program. Note: An enforcement action alone (e.g., well shut-in) does not constitute a “return to compliance;” however, plugging and abandonment does constitute a return to compliance.

A. For each well class, enter the number of wells returned to compliance through the second quarter for midyear reporting and through the fourth quarter for end of the year reporting.

B. For each well class, enter the number of wells returned to compliance through the second quarter for midyear reporting and through the fourth quarter for end of the end of year reporting.

### Section VIII. USDW Contaminations

For each well class, enter the number of times a well in noncompliance has allegedly contaminated an underground source of drinking water (USDW) this federal fiscal year to date.

### Section IX. Percent of MIT Violations Resolved in 90 Days

For each well class, enter the percentage of MIT violations resolved within 90 days as of the end of the reporting period.

- Mechanical Integrity violations are as defined in Section V, under “Mechanical Integrity.”
- Resolved is defined as returned to compliance (per Section VII).
- MI violations not associated with loss of mechanical integrity (such as reporting) are not counted under this section.
- Violations occurring WITHIN 90 days of September 30 should be included in reporting for the following federal fiscal year.

To calculate the percentage:

- Add up the total number of MIT violations that occurred within a one year period prior to 90 days before the end of the fiscal year reporting cycle i.e., 6/30.
- Add up the number of these violations that were *resolved within 90 days* as of 3/31 (for midyear reporting) or as of 9/30 (for end of year reporting).
- Calculate the percentage of total MIT violations that were resolved in 90 days or less.

Example for Midyear reporting:

- Number of violations that occurred from 7/1 – 3/31 = 8
- Number of these violations resolved within 90 days as of 3/31 = 2
- Percentage of MIT violation resolved within 90 days = 25%

Example for End of Year reporting:

- Number of MIT violations that occurred from 7/1 – 6/30 = 10
  - 8 from midyear plus 2 additional (4/1 to 6/30)
- Number of these violations resolved within 90 days as of 9/30 = 5
  - 2 (from midyear) + 3 (from 4/1 to 6/30)
- Percentage of MIT resolved within 90 days by 9/30 = 50%

#### Paperwork Reduction Act

The public reporting and record keeping burden for this collection of information is estimated to average 6 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b> <b>Significant Noncompliance</b> (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency  United States Environmental Protection Agency						
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, year) From <b>October 1, 20</b> To						
Item				Class and Type of Injection Wells						
				I	II			III	IV	V
		A	Number of Wells with SNC Violations							
V. Summary of Significant Non- Compliance (SNC)	Total Violations		B	1. Number of Unauthorized Injection SNC Violations						
				2. Number of Mechanical Integrity SNC Violations						
				3. Number of Injection Pressure SNC Violations						
				4. Number of Plugging and Abandonment SNC Violations						
				5. Number of SNC Violations of Formal Orders						
				6. Number of Falsification SNC Violations						
				7. Number of Other SNC Violations (Specify)						
VI. Summary of Enforcement Against SNC	Total Enforcement Actions		B	1. Number of Notices of Violation						
				2. Number of Consent Agreements/Orders						
				3. Number of Administrative Orders						
				4. Number of Civil Referrals						
				5. Number of Criminal Referrals						
				6. Number of Well Shut-ins						
				7. Number of Pipeline Severances						
				8. Number of Other Enforcement Actions Against SNC Violations (Specify)						
VII. Summary of Compliance	Number of Wells in SNC Returned to Compliance		A	This Quarter						
			B	This Year						
VIII. Contamination	Number of Cases of Alleged Contamination of a USDW									
IX. Well Closure	Class IV/Endangering Class V Well Closures			Involuntary Well Closure						
				Voluntary Well Closure						
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing For m							Date	Telephone No.		

## Instructions and Definitions

All reporting is cumulative over the fiscal year, and includes activities from October 1 – September 30. All fields should contain a value. Do not leave blank fields. Enter 0 if there are no wells affected or no activities that occurred pertaining to the information requested. Enter NA if the field or section is not applicable to the submitter (e.g., the well type is not overseen by the submitter). Enter U if the information is unknown or not captured; fields designated as U require explanation.

*Note: Significant Noncompliance violations are a subset of the violations reported on EPA Form 7520-2A.*

**Definitions of SNC Violations:** SNC violations are violations that endanger or pose a significant potential to endanger underground sources of drinking water (USDWs), and violations that are not addressed after enforcement actions. For example:

1. The following violations for a Class I well:

- Contamination of a USDW;
- Injection of unauthorized fluid(s);
- Injection into unauthorized zones;
- Failure to cease injection after loss of MI detected; Failure to comply with corrective action requirements;
- Failure to operate automatic shutdown system;
- Failure to operate automatic warning system;
- Unauthorized plugging and abandonment;
- Violation of a Formal Order;
- Knowing submission of false information;
- Violations involving loss of mechanical integrity;
- Violations of maximum injection pressure;
- Failure to install and/or operate injection pressure and annulus pressure monitoring systems or other monitoring systems, required by permit or rule; and
- Failure to maintain required annulus pressure.

Also, any Class I well with a non-SNC violation that is noted three times within twelve months of the first violation is considered to be in SNC. List these Class I specific violations under Other SNC Violations unless they clearly fall within the categories of violations in the list below.

2. The following violations for a Class II, III, or V well:

- Unauthorized Injection – Any unauthorized emplacement of fluids (where formal authorization is required);
- Mechanical Integrity – Well operation without mechanical integrity which causes the movement of fluid outside the authorized zone – if injection of such fluid may have the potential for endangering a USDW;
- Injection Pressure – Well operation at an injection pressure that exceeds the permitted or authorized injection pressure and causes the movement of fluid outside the authorized zone of injection – if such movement may have the potential for endangering a USDW;
- Plugging and Abandonment – The plugging and abandonment of an injection well in an unauthorized manner. These wells are in SNC only when there is endangerment of USDW and there is an identifiable owner/operator;
- Violation of a Formal Order – Any violation of a formal enforcement action, including an administrative or judicial order, consent agreement, judgment, or equivalent action;
- Falsification – The knowing submission or use of any false information in a permit application, periodic report or special request for information about a well; or
- Other SNC Violations.

3. Any violation for a Class IV well.

**Section V. Total No. of Wells with SNC Violations:** *Significant Noncompliance violations are a subset of the violations reported on EPA Form 7520-2A.* For each well class, enter the number wells with SNC violations identified in the federal fiscal year to date. Report the well even if the violation has been corrected. *Count each well only once.*

For each well class in subsections 1 through 7, enter the number the number of times each SNC violation has been identified this federal fiscal year to date.

**Section VI. Total SNC Enforcement Actions:** *Significant Noncompliance violations are a subset of the violations reported on EPA Form 7520-2A.* For each well class, enter the number of wells with SNC violations that have received an enforcement action(s) this year to date. Report the well even if the violation has been corrected. *Count each well only once.*

For each well class in subsections 1 through 8, enter the number of times wells with SNC violations have received each type of enforcement action this federal fiscal year to date.

**Section VII. No. of Wells Returned to Compliance:** *“Well Returned to Compliance” is a well that has all underlying violations resolved and compliance has been verified by the primacy program. Note: an enforcement action alone (e.g., well shut-in) does not constitute a “return to compliance;” however, plugging and abandonment does constitute a return to compliance.*

For each well class in subsection A, enter the number of wells returned to compliance (as a result of an enforcement action against a SNC violation). For each well class in subsection B, enter the number of wells returned to compliance (as a result of an enforcement action against a SNC violation) this federal fiscal year to date. *Enter each well only once.*

**Section VIII. USDW Contaminations:** For each well class, enter the number of times a well in SNC has allegedly contaminated a USDW this federal fiscal year to date.

**Section IX. Number of Class IV/V Endangering Class V Well Closures:** For Class IV and Class V wells, enter the number of voluntary or involuntary well closures.

Voluntary well closure means well closed as a direct result of outreach activities.

Involuntary well closure means wells closed as a result of enforcement actions or permit call-ins.

Well closure describes a process to permanently discontinue injection in accordance with the UIC regulations.

### Paperwork Reduction Act

The public reporting and record keeping burden for this collection of information is estimated to average 5.5 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.



United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460  <b>UIC Federal Reporting System</b> <b>Part III: Inspections</b> <b>Mechanical Integrity Testing</b> (This information is solicited under the authority of the Safe Drinking Water Act)				<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency						
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, year)						
				From <b>October 1, 20</b>						
				<b>Class and Type of Injection Wells</b>						
		Item		I	II SWD 2D	ER 2R	HC 2H	III	IV	V
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected							
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed							
			2. Number of Emergency Response or Complaint Response Inspections							
			3. Number of Well Constructions Witnessed							
			4. Number of Well Pluggings Witnessed							
			5. Number of Routine/Periodic Inspections							
VI. Summary of Mechanical Integrity (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)							
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI	Passed 2-part test						
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed					
					Well Failed					
			2. No. of Casing/Tubing Pressure Tests		Well Passed					
					Well Failed					
			3. Number of Monitoring Record Evaluations		Well Passed					
					Well Failed					
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed					
					Well Failed					
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed					
					Well Failed					
			2. Number of Temperature/Noise Log Tests		Well Passed					
					Well Failed					
			3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed					
					Well Failed					
4. No. of Other Fluid Migration Tests/Evaluations (Specify)			Well Passed							
			Well Failed							
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action							
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions							
			2. Number of Tubing/Packer Remedial Actions							
			3. Number of Plugging/Abandonment Remedial Actions							
			4. Number of Other Remedial Actions (Specify)							
VIII. Remarks/Ad Hoc Report (Attach additional sheets)										
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing Form								Date		Telephone No.

## Instructions and Definitions

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### Section V. Summary of Inspections

A complete inspection should include an assessment of: the well head, pressure and flow meters, pipeline connections, and any other equipment associated with the injection system. An inspection is complete only when a report has been filed with the primacy agency.

Item A: For each well class, enter the number of wells that have been inspected as of the end of the reporting period. Enter each well only once.

Total Inspections (this federal fiscal year to date):

Item 1: For each well class, enter the number of inspections to witness field Mechanical Integrity Tests. (At least 25% of MITs performed by operators each year should be witnessed.)

Item 2: For each well class, enter the number of inspections that have been in response to a problem reported to the regulating authority.

Item 3: For each well class, enter the number of inspections of well constructions or any preoperational activities.

Item 4: For each well class, enter the number of inspections of plugging and abandonment.

Item 5: For each well class, enter the number of inspections that have been routine / periodic.

### Section VI. Summary of Mechanical Integrity

A complete MIT is composed of a test for significant leaks in the casing, tubing or packer and a test for significant fluid migration into a USDW through vertical channels adjacent to the well bore. An MIT consists of a field test on a well or an evaluation of a well's monitoring records (i.e., annulus pressure, etc.) or cement records. At a minimum, the mechanical integrity of a Class I, II, or III (solution mining of salt) well should be demonstrated at least once every five years during the life of the well.

Item A: For each well class, enter the total number of wells (i.e., permitted *and* rule authorized) that have had a complete MIT this federal fiscal year to date. Enter each well only once.

Item B: For each well class, enter the number of rule authorized wells that have passed a complete MIT and the number that have failed a complete MIT this federal fiscal year to date.

Item C: Significant Leak Tests: (this federal fiscal year to date)

Items 1-4: For each well class, enter the number of times wells have passed or failed a field test/record evaluation for significant leaks.

Item D: Fluid Migration Tests (this federal fiscal year to date):

Items 1-4: For each well class, enter the number of times wells have passed or failed a field test/record evaluation for fluid migration.

### Section VII. Summary of Remedial Action

A failure of mechanical integrity (MI) may occur at any time during the life of an injection well. Failure may be identified during an inspection, a field test, an evaluation of well records, or during routine operation of a well. Remedial actions include additional permit conditions, monitoring, or testing.

Item A: For each well class, enter the number of wells that have received remedial actions this federal fiscal year to date. Enter each well only once.

Total Remedial Actions: (this federal fiscal year to date):

Item 1-4: For each well class, enter the number of times that wells have received remedial action.

#### Paperwork Reduction Act

The public reporting and record keeping burden for this collection of information is estimated to average 5 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.



United States Environmental Protection Agency  
Office of Ground Water and Drinking Water  
Washington, DC 20460

**UIC Federal Reporting System  
Part IV: Quarterly Exceptions List**

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042  
Approval expires 12/31/18

**I. Reporting Period**

From \_\_\_\_\_ To \_\_\_\_\_

II. Well Class and Type	III. Name and Address of Owner/Operator	IV. Well ID No. (Permit No.)	V. Summary of Violations								VI. Summary of Enforcement							VII. Date Compliance Achieved					
			Date of Violation	Mark ('X') Violation Type							Date of Enforcement	Mark ('X') Enforcement Type											
				Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)		Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in		Pipeline Severance	Other (Specify)			

**Certification**

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature of Person Completing Form	Typed or Printed Name and Title	Date	Telephone No.
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## Instructions and Definitions

The Quarterly Exceptions list is used to track wells reported in significant noncompliance (SNC) on EPA Form 7520-2B for two or more consecutive quarters without being addressed with a formal enforcement action or being returned to compliance. Any SNC reported on Form 7520-4 shall be reported until the well in SNC is returned to compliance. The well is removed from the exceptions list in the subsequent reporting period.

Do not leave the form blank. If there are no exceptions, indicate none.

### Section I - Reporting Period

All reporting is cumulative over the federal fiscal year, and includes activities from October 1- March 31 (for midyear reporting) and from October 1- September 30 (for end of year reporting).

### Section II - Well Class and Type

Enter the well class and type of each well in SNC for two or more consecutive quarters. For Class I wells, specify IH for hazardous waste, IM of municipal waste, Ii for industrial waste. For Class II wells, specify IID for saltwater disposal, IIR for enhanced recovery, IIH for liquid hydrocarbon storage.

### Section III - Name and Address of Owner/Operator

Enter the name and address of the primary contact for the injection well. Use multiple lines of the form if needed. (You may use one form for each owner/operator.)

### Section IV - Well ID No. (Permit No.)

Enter the primacy agency-assigned I.D. number of the injection well in SNC. If the well has a UIC permit number, enter this as the I.D. number.

### Section V - Summary of Violations

Enter the date the SNC violation was first identified and place an "X" in the appropriate column. In the event that there were multiple SNC violations for a single well, enter each violation and the date it was identified on a separate line.

### Section VI - Summary of Enforcement

Enter the date an enforcement action was taken against the SNC violation and place an "X" in the appropriate column. In the event that there were multiple enforcement actions, enter each enforcement action and the date it was taken on a separate line.

### Section VII - Date Compliance Achieved

Enter the date compliance is achieved for each violation.

#### Paperwork Reduction Act

The public reporting and record keeping burden for this collection of information is estimated to average 2 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.



United States Environmental Protection Agency  
**Underground Injection Control**  
**Permit Application for a Class I Well**  
*(Collected under the authority of the Safe Drinking Water Act.  
 Sections 1421, 1422, and 40 CFR Part 144)*

<b>For Official Use Only</b>	
Date Received	
Permit Number	

**Read Attached Instructions Before Starting**

<b>I. Owner Name, Address, Phone Number and/or Email</b>	<b>II. Operator Name, Address, Phone Number and/or Email</b>

<b>III. Commercial Facility</b>	<b>IV. Ownership</b>	<b>V. Permit Action Requested</b>	<b>VI. SIC Code(s)</b>	<b>VII. Indian Country</b>
Yes No	Private Federal State/Tribal/ Municipal	New Permit Permit Renewal Modification Add Well to Area Permit Other		Yes No

**VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)**

<b>A. Individual</b>	<b>Number of Wells</b>	<b>Well Field and/or Project Names</b>
<b>B. Area</b>		

**IX. Class and Type of Well (see reverse)**

<b>A. Class</b>	<b>B. Type (enter code(s))</b>	<b>C. If type code is "X," explain.</b>

<b>X. Well Status</b>	<b>XI. Well Information</b>
A. Operating Date Injection Started	B. Conversion Date Well Constructed
C. Proposed	API Number Permit (or EPA ID) Number Full Well Name

**XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project**

Locate well in two directions from nearest lines of quarter section and drilling unit	Latitude
Surface Location	Longitude
1/4 of                  1/4 of Section                  Township                  Range	
ft. from (N/S)                  Line of quarter section	
ft. from (E/W)                  Line of quarter section.	

**XIII. Attachments**

*In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.*

**XIV. Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please Type or Print)</i>	Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-6 (CLASS I WELLS)

A permit application must be completed by all owners or operators of current or proposed Class I, II, and III wells, and some Class V injection wells subject to the requirement to obtain an Underground Injection Control (UIC) permit as described at 40 CFR 144.31 and others directed by a UIC official to apply for a UIC permit. Please note that the information needs vary by well class. These instructions are specific to Class I wells; other versions are available for other well classes. Please note that this form must be signed by a responsible entity as described at 40 CFR 144.32, even if the attachments are prepared by contractors or service companies. If the application covers multiple wells, use additional pages as necessary to provide all the requested information.

**I. OWNER NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the owner of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

**II. OPERATOR NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the operator of well or well field; also provide an email address (if available) and/or a phone number. If the operator is the same as the owner, enter "same as owner."

**III. COMMERCIAL FACILITY:** Check the appropriate box to indicate the type of facility. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

**IV. OWNERSHIP:** Check the appropriate box to indicate whether the owner of the well/facility is a private, Federal, or State/Tribal/Municipal entity.

**V. TYPE OF PERMIT ACTION REQUESTED:** Check "new permit" if the well has never been subject to a UIC permit (e.g., for a newly constructed or converted well). Check "permit renewal" for an application associated with extending an expiring UIC permit. Check "modification" for an application to modify an existing permit that is not expiring. Check "add well to area permit" if additional wells are to be covered under an existing UIC area permit. Check "other," if needed and describe the situation.

**VI. SIC CODES:** List at least one and no more than four Standard Industrial Classification (SIC) Codes that best describe the nature of the business in order of priority. A list of SIC codes is available from the U.S. Department of Labor at <https://www.osha.gov/pls/imis/sicsearch.html>.

**VII. INDIAN COUNTRY:** Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

**VIII. TYPE OF PERMIT:** Check "Individual" or "Area" to indicate the type of permit requested. Individual permits cover a single injection well, while area permits may cover more than one injection well. Note that area permits are issued at the discretion of the Director and that wells covered by an area permit must: be at one contiguous site, be under the control of one entity, and may not inject hazardous waste. If an area permit is requested, enter the **number of wells** to be included in the permit. In the case of a project or field that crosses State lines, it may be possible to consider an area permit if EPA has jurisdiction in all affected States (each such case will be considered individually). Also provide the **name of the well field or project**.

**IX. CLASS AND TYPE OF WELL:** Enter the class (as defined in 40 CFR 144.6) and type of injection well for which a permit is requested. Use the most pertinent code selected from the table below. When selecting type "X", please explain in the space provided.

### TABLE OF CLASS I WELL TYPES

I	Non-Hazardous Industrial Disposal Well.
M	Non-Hazardous Municipal Disposal Well.
H	Hazardous Waste Disposal Well injecting below the lowermost USDW.
R	Radioactive Waste Disposal Well.
X	Other Class I Wells (not included in Type "I," "M," "H," or "R").

**X. WELL STATUS:** Check **Box A, Operating** if the well currently operates as an injection well (e.g., if a permit renewal is requested or a permit is sought for an existing rule-authorized injection well). Check **Box B, Conversion** for an existing well not currently being utilized for injection that is proposed to be converted to an injection well. Check **Box C, Proposed** for an underground injection well not yet constructed or completed. Provide relevant dates if A or B are checked.

**XI. WELL INFORMATION:** Enter the **API number** (the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system). Enter the **Permit or EPA ID number** assigned to the injection well by the EPA or the permitting authority. If you do not have a number (e.g., for a new well), this will be provided by EPA or the permitting authority, and you can leave the field blank. Also enter the **Full Name of the Well** or project.

**XII. LOCATION:** For individual permit applications, in the fields provided, enter the location of the well using latitude and longitude and/or the Public Land Survey System. When using latitude and longitude, use decimal degrees to five or six places

after the decimal, if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. When using the Public Land Survey System, fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. For area permit applications, provide the latitude and longitude of the approximate center of the area.

**XIII. ATTACHMENTS:** Specific instructions for completing the attachments are presented on pages 3 through 6. Place the permit or EPA ID number (or, if none has been assigned, other identifying information such as an API number or the project name) in the upper right hand corner of each page of the attachments.

**XIV. CERTIFICATION:** All permit applications must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 215 hours per response for a Class I hazardous well permit application and 104 hours per response for a Class I non-hazardous well permit application. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## Instructions for Completing Attachments to Form 7520-6 (Class I Wells)

The Underground Injection Control (UIC) program, as promulgated under the Safe Drinking Water Act (SDWA), is designed to prevent injection activity from allowing the movement of fluid containing any contaminant into underground sources of drinking water (USDWs), if the presence of that contaminant may cause a violation of any primary drinking water regulation or may otherwise adversely affect the health of persons as found at Title 40 of the Code of Federal Regulations (40 CFR) section 144.12. Any applicant for a permit under this program shall have the burden of showing that their proposed construction, operation, maintenance, conversion, plugging, abandonment, and injection activity, does not endanger USDWs.

The attachments below have been constructed to provide applicants with clear expectations as to what information EPA needs to make a determination that an applicant's proposed activities will not endanger USDWs.

### Pre-Application Coordination

Coordination between the UIC program and the permit applicant prior to submittal of the permit application is an important step for efficient and effective permitting. Early discussions will ensure that the applicant is aware of all the permit application requirements, including state specific requirements found at 40 CFR part 147. These discussions may also help the applicant plan how to invest time and resources needed to develop a comprehensive and complete permit application.

Applicants are encouraged to contact their EPA regional UIC program for a pre-application coordination meeting.

*When completing each attachment, please be sure to specify the units reported, e.g., of depth, pressure, temperature, etc.*

## **Attachment A. Map(s) and Area of Review**

### Part I. Well Location(s)

**For Individual Permits:** If the surface location provided in the accompanying 7520-6 form does not adequately describe the well location (i.e., due to deviation, directional, or horizontal drilling), please describe the well's orientation and provide the top- and bottom-hole coordinates, as appropriate. If any monitoring wells are proposed as part of this permit application, provide coordinates for all monitoring wells.

**For Area Permits (40 CFR § 144.33):** Provide information similar to what is outlined above for individual permits for each well (existing or proposed) to be covered by this permit. In addition, provide a description of the proposed permitted area. At a minimum, this area should include all the proposed or existing wells known at the time of permit application submittal. For circular areas, this description should consist of a defined-radius from a singular point whose coordinates have been given. For polygonal areas, use a series of coordinates describing the vertices or corners of the area. Submit a Geographic Information System (GIS) file, if available.

### Part II. Area of Review Size Determination (40 CFR § 146.6)

**For All Permits.** Give the method (fixed radius or equation) and, if appropriate, all calculations used to determine the size of the area of review (AOR). If you are uncertain as to which method to use, consult with your regional EPA office.

The AOR must be a minimum radius of one-fourth (1/4) mile from the well bore, including a well's lateral, or the proposed area permit boundary for area permits, unless the use of an equation is approved by the Director. For Class I wells injecting hazardous waste, the area of review must be at least a two (2) mile radius around the well bore.

### Part III. Map(s) (40 CFR §§ 144.31, 146.14, & 146.70)

Submit a topographic map (or other map if a topographic map is unavailable) extending one mile beyond the facility property boundary showing:

- project injection well(s), well pad(s) and/or project area,
- applicable area of review,
- all outcrops of injection and confining formations,
- all surface water intake and discharge structures, and
- all hazardous waste treatment, storage, or disposal facilities.

Consult with your EPA regional office for the definition of the facility property boundary.

Within the one-fourth (1/4) mile beyond the facility property boundary or the AOR, whichever is larger, the map will also show the:

- name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types (public water system, domestic drinking water, stock, etc.),
- springs and surface bodies of water,
- mines (surface and subsurface) and quarries, and
- other pertinent surface features, including residences, schools, hospitals, and roads.

Only information of public record is required to be included on this map. Multiple maps may be needed to display this information clearly. If a certain feature is not present in the area covered, please state so definitively (e.g., "There are no known outcrops of the confining formation in the mapped area").



#### Part IV. Area of Review Wells and Corrective Action Plans (40 CFR §§ 144.55, 146.14, & 146.70)

Submit a tabulation of data and wellbore diagrams reasonably available from public records or otherwise known to the applicant on all wells within the AOR included on the map, which penetrate the proposed confining zone(s). Such information will include:

- well name, location and depth,
- well type,
- date well was drilled,
- well construction that includes casing and cement details, including demonstrated or calculated top of cement,
- cement bond logs (if available), and
- record of well completion and plugging (if applicable).

For such wells which are improperly sealed, completed, or abandoned, also submit a plan consisting of such steps or modifications as are necessary to prevent movement of fluid into USDWs.

#### Part V. Landowner Information (40 CFR § 144.31 and part 147)

Identify and submit a list with the names and addresses of all owners of record of land within one-fourth (1/4) mile of the facility property boundary. This requirement may be waived by the Regional Administrator if the site is in a populous area and the Regional Administrator determines that the requirement would be impracticable.

Consult with your regional EPA office, as additional state landowner notification requirements may apply (40 CFR part 147).

### **Attachment B. Geological and Geophysical Information**

#### Part I. Geological Data (40 CFR §§ 146.14 & 146.70)

Provide the following information:

- geological data on all formations from the surface to the base of the injection well, identifying all USDWs and confining and injection zone(s). This data includes the lithologic description, geological name, thickness, depth, and total dissolved solids (TDS) concentrations from these formations (if known),
- the position of all USDWs that may be affected by the proposed injection relative to the injection formation and the direction of water movement,
- the geologic structure of the local area,
- source of information for the geologic data and formation TDS,
- porosity and permeability of injection formation (if available),
- geological cross-sections proximate to the injection well that include the confining and injection zones. The cross-sections should illustrate the regional geologic setting and show the thickness and lateral continuity of the confining zone(s) through the area of review,
- within the AOR, identify known or suspected faults and fracture systems. If identified, provide proximity to the injection zone and the effect the fault/fracture system may have on the injection activities, and
- a history of seismic activity in the area and proximity to crystalline (i.e., granitic) basement.

#### Part II. Proposed Formation Testing Program (40 CFR §§ 146.12 & 146.70)

Provide a formation testing program to obtain data on:

- fluid pressure,
- temperature,
- estimated fracture pressure,
- physical and chemical characteristics of the formation fluids, and
- physical, chemical, and radiological characteristics of the injection zone (and, for Class I hazardous wells, of the confining zone).

### **Attachment C. Well Construction/Conversion Information**

#### Part I. Well Schematic Diagram (40 CFR §§ 146.14 & 146.70)

Provide a detailed proposed well schematic diagram that includes:

- identification of USDWs and confining and injection zones,
- casing and cementing details, including demonstrated or calculated top of cement,
- tubing and packer (if applicable; if an alternative to a packer is proposed, provide justifying information),
- open hole or perforated intervals,
- proposed injection procedures including pump, surge, tank, and
- surface trace (if horizontal or deviated well).

For wells that are drilled and to be converted to an injection well, also provide the current well schematic diagram.

Part II. Well Construction or Conversion Procedures (40 CFR §§ 144.52, 146.12, 146.14, 146.65 & 146.70)

Provide a detailed description of well construction or conversion procedures, that includes:

- proposed logs and other tests conducted during the drilling and construction of new well(s),
- proposed stimulation plan(s), if planned, and
- description of alarms and shut-down systems at the well (if applicable).

For wells that are drilled and to be converted to an injection well, also provide:

- well completion and cementing records, and
- previously run logs/tests.

**Attachment D. Injection Operation and Monitoring Program (40 CFR §§ 146.13, 146.14, 146.68, & 146.70)**

Submit the following information:

- flow diagram of fluid flow through the facility,
- contingency plan(s) to cope with well failure, so as to prevent migration of contaminating fluids into a USDW,
- drawing of the surface construction,
- locations of all monitoring devices (show on the map(s) referenced in section A.III. above), and
- description of sampling and monitoring devices to monitor the nature of the injected fluids, injection pressure, annulus pressure (if applicable), flowrate, and cumulative volume.

Additionally, submit the following proposed operating data for each well in the individual or area permit:

- average and maximum daily rate and volume of fluids to be injected,
- average and maximum injection pressure,
- source(s) of injection fluids (including field and formation names),
- proposed annular fluid, and
- analysis of the chemical, physical, radiological, and biological characteristics, including density and corrosiveness, of the injection fluid. At a minimum, this should include pH, specific gravity, TDS, and conductivity. Consult with the regional EPA office for additional guidance.

**Attachment E. Plugging and Abandonment Plan (40 CFR §§ 144.31, 144.51, 146.14, & 146.71)**

Submit a plugging and abandonment (P&A) plan of the well on EPA Form 7520-19 along with a P&A diagram. The plan should include:

- type, and number of plugs to be used,
- placement of each plug including the elevation of top and bottom,
- type, grade, and quantity of cement to be used, and
- method of placement of the plugs.

Provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to conduct the work proposed in the P&A plan for EPA to contract plugging of the well. This is to ensure that EPA has adequate funding to plug the well(s) if the operator is unable to plug the well(s).

Consult with the regional EPA office for additional guidance on developing the P&A plan and cost estimate calculations.

**Attachment F. Financial Assurance (40 CFR § 144.52)**

Submit evidence of financial resources, such as a surety bond or financial statement, necessary for a third party to close, plug, or abandon the well (and, for wells injecting hazardous waste, to perform post-closure care) in the event an owner or operator is unable to do so. The monetary amount is based on the P&A plan cost estimate provided in Attachment E.

**Attachment G. Site Security and Manifest Requirements (Commercial Wells Only)**

Provide a proposed site security plan. This could include fencing around the perimeter of the facility. Consult with the regional EPA office for additional guidance on manifest requirements.

**Attachment H Aquifer Exemptions (40 CFR §§ 144.7 & 146.4)**

If an aquifer exemption (AE) is requested, submit the information required at 40 CFR § 144.7 and to demonstrate that the criteria found at 40 CFR § 146.4 are met. Consult with your regional EPA office for additional guidance.

**Attachment I. Existing EPA Permits (40 CFR § 144.31)**

Submit a listing of all permits or construction approvals received or applied for under any of the following programs:

- Hazardous Waste Management program under RCRA,
- UIC program under SDWA,
- NPDES program under CWA,
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act,
- Nonattainment program under the Clean Air Act,
- National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act,
- Dredge and fill permits under section 404 of CWA, and
- Other relevant environmental permits, including State permits.

**Attachment J. Description of Business (40 CFR § 144.31)**

Provide a brief description of the nature of the business.

**Attachment K. Optional Additional Project Information (40 CFR § 144.4)**

The following is a list of Federal laws that may apply prior to the issuance of permits. When any of these laws are applicable, EPA must ensure that they are followed. The optional additional information requested below will assist EPA in its analyses to satisfy these laws.

- The Wild and Scenic Rivers Act, 16 U.S.C. 1273 et seq.

Identify any national wild and scenic river that may be impacted by the activities associated with the proposed project.

- The National Historic Preservation Act of 1966, 16 U.S.C. 470 et seq.

Identify properties listed or eligible for listing in the National Register of Historic Places that may be affected by the activities associated with the proposed project. If previous historic and cultural resource survey(s) have been conducted, provide the results of the survey(s).

- The Endangered Species Act, 16 U.S.C. 1531 et seq.

Identify any endangered or threatened species that may be affected by the activities associated with the proposed project. If a previous endangered or threatened species survey has been conducted, provide the results of the survey.

- The Coastal Zone Management Act, 16 U.S.C. 1451 et seq.

Identify any coastal zones that may be affected by the activities associated with the proposed project.

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United States Environmental Protection Agency  
**Underground Injection Control**  
**Permit Application for a Class II Well**  
*(Collected under the authority of the Safe Drinking Water Act.  
 Sections 1421, 1422, and 40 CFR Part 144)*

For Official Use Only

Date Received

Permit Number

**Read Attached Instructions Before Starting**

I. Owner Name, Address, Phone Number and/or Email	II. Operator Name, Address, Phone Number and/or Email

III. Commercial Facility	IV. Ownership	V. Permit Action Requested	VI. SIC Code(s)	VII. Indian Country
Yes No	Private Federal State/Tribal/ Municipal	New Permit Permit Renewal Modification Add Well to Area Permit Other		Yes No

VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)

A. Individual	Number of Wells	Well Field and/or Project Names
B. Area		

IX. Class and Type of Well (see reverse)

A. Class	B. Type (enter code(s))	C. If type code is "X," explain.

X. Well Status	XI. Well Information
A. Operating Date Injection Started	B. Conversion Date Well Constructed
C. Proposed	API Number Permit (or EPA ID) Number Full Well Name

XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project

Locate well in two directions from nearest lines of quarter section and drilling unit	Latitude
Surface Location	Longitude
1/4 of                  1/4 of Section                  Township                  Range	
ft. from (N/S)                  Line of quarter section	
ft. from (E/W)                  Line of quarter section.	

XIII. Attachments

*In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.*

XIV. Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please Type or Print)</i>	Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-6 (CLASS II WELLS)

A permit application must be completed by all owners or operators of current or proposed Class I, II, and III wells, and some Class V injection wells subject to the requirement to obtain an Underground Injection Control (UIC) permit as described at 40 CFR 144.31 and others directed by a UIC official to apply for a UIC permit. Please note that the information needs vary by well class. These instructions are specific to Class III wells; other versions are available for other well classes. Please note that this form must be signed by a responsible entity as described at 40 CFR 144.32, even if the attachments are prepared by contractors or service companies. If the application covers multiple wells, use additional pages as necessary to provide all the requested information.

**I. OWNER NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the owner of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

**II. OPERATOR NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the operator of well or well field; also provide an email address (if available) and/or a phone number. If the operator is the same as the owner, enter "same as owner."

**III. COMMERCIAL FACILITY:** Check the appropriate box to indicate the type of facility. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

**IV. OWNERSHIP:** Check the appropriate box to indicate whether the owner of the well/facility is a private, Federal, or State/Tribal/Municipal entity.

**V. TYPE OF PERMIT ACTION REQUESTED:** Check "new permit" if the well has never been subject to a UIC permit (e.g., for a newly constructed or converted well). Check "permit renewal" for an application associated with extending an expiring UIC permit. Check "modification" for an application to modify an existing permit that is not expiring. Check "add well to area permit" if additional wells are to be covered under an existing UIC area permit. Check "other," if needed and describe the situation.

**VI. SIC CODES:** List at least one and no more than four Standard Industrial Classification (SIC) Codes that best describe the nature of the business in order of priority. A list of SIC codes is available from the U.S. Department of Labor at <https://www.osha.gov/pls/imis/sicsearch.html>.

**VII. INDIAN COUNTRY:** Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

**VIII. TYPE OF PERMIT:** Check "Individual" or "Area" to indicate the type of permit requested. Individual permits cover a single injection well, while area permits may cover more than one injection well. Note that area permits are issued at the discretion of the Director and that wells covered by an area permit must: be at one contiguous site, be under the control of one entity, and may not inject hazardous waste. If an area permit is requested, enter the **number of wells** to be included in the permit. In the case of a project or field that crosses State lines, it may be possible to consider an area permit if EPA has jurisdiction in all affected States (each such case will be considered individually). Also provide the **name of the well field or project**.

**IX. CLASS AND TYPE OF WELL:** Enter the class (as defined in 40 CFR 144.6) and type of injection well for which a permit is requested. Use the most pertinent code selected from the table below. When selecting type "X", please explain in the space provided.

### TABLE OF CLASS II WELL TYPES

A	Annular Disposal Well.
D	Produced Fluid Disposal Well.
H	Hydrocarbon Storage Well (excluding natural gas).
R	Enhanced Recovery Well.
X	Other Class II Wells (not included in Type "A," "D," "H," or "R").

**X. WELL STATUS:** Check **Box A, Operating** if the well currently operates as an injection well (e.g., if a permit renewal is requested or a permit is sought for an existing rule-authorized injection well). Check **Box B, Conversion** for an existing well not currently being utilized for injection that is proposed to be converted to an injection well. Check **Box C, Proposed** for an underground injection well not yet constructed or completed. Provide relevant dates if A or B are checked.

**XI. WELL INFORMATION:** Enter the **API number** (the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system). Enter the **Permit or EPA ID number** assigned to the injection well by the EPA or the permitting authority. If you do not have a number (e.g., for a new well), this will be provided by EPA or the permitting authority, and you can leave the field blank. Also enter the **Full Name of the Well** or project.

**XII. LOCATION:** For individual permit applications, in the fields provided, enter the location of the well using latitude and longitude and/or the Public Land Survey System. When using latitude and longitude, use decimal degrees to five or six places after the decimal, if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a

negative sign for the latitude of a well in the Southern Hemisphere. When using the Public Land Survey System, fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. For area permit applications, provide the latitude and longitude of the approximate center of the area.

**XIII. ATTACHMENTS:** Specific instructions for completing the attachments are presented on pages 3 through 6. Place the permit or EPA ID number (or, if none has been assigned, other identifying information such as an API number or the project name) in the upper right hand corner of each page of the attachments.

**XIV. CERTIFICATION:** All permit applications must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency, or a duly authorized representative of that person.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 61 hours per response for a Class II well permit application. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## Instructions for Completing Attachments to Form 7520-6 (Class II Wells)

The Underground Injection Control (UIC) program, as promulgated under the Safe Drinking Water Act (SDWA), is designed to prevent injection activity from allowing the movement of fluid containing any contaminant into underground sources of drinking water (USDWs), if the presence of that contaminant may cause a violation of any primary drinking water regulation or may otherwise adversely affect the health of persons as found at Title 40 of the Code of Federal Regulations (40 CFR) section 144.12. Any applicant for a permit under this program shall have the burden of showing that their proposed construction, operation, maintenance, conversion, plugging, abandonment, and injection activity, does not endanger USDWs.

The attachments below have been constructed to provide applicants with clear expectations as to what information EPA needs to make a determination that an applicant's proposed activities will not endanger USDWs.

### Pre-Application Coordination

Coordination between the UIC program and the permit applicant prior to submittal of the permit application is an important step for efficient and effective permitting. Early discussions will ensure that the applicant is aware of all the permit application requirements, including state specific requirements found at 40 CFR part 147. These discussions may also help the applicant plan how to invest time and resources needed to develop a comprehensive and complete permit application.

Applicants are encouraged to contact their EPA regional UIC program for a pre-application coordination meeting.

*Note:* If the owner or operator of *existing rule authorized Class II UIC well(s)* is required by the EPA to apply for a permit (40 CFR § 144.25), consult with EPA staff during the pre-application coordination for additional requirements that may apply.

*When completing each attachment, please be sure to specify the units reported, e.g., of depth, pressure, temperature, etc.*

## **Attachment A. Map(s) and Area of Review**

### Part I. Well Location(s)

For Individual Permits: If the surface location provided in the accompanying 7520-6 form does not adequately describe the well location (i.e., due to deviation, directional, or horizontal drilling), please describe the well's orientation and provide the top- and bottom-hole coordinates, as appropriate. If any monitoring wells are proposed as part of this permit application, provide coordinates for all monitoring wells.

For Area Permits (40 CFR § 144.33): Provide information similar to what is outlined above for individual permits for each well (existing or proposed) to be covered by this permit. In addition, provide a description of the proposed permitted area. At a minimum, this area should include all the proposed or existing wells known at the time of permit application submittal. For circular areas, this description should consist of a defined-radius from a singular point whose coordinates have been given. For polygonal areas, use a series of coordinates describing the vertices or corners of the area. Submit a Geographic Information System (GIS) file, if available.

### Part II. Area of Review Size Determination (40 CFR § 146.6)

For All Permits. Give the method (fixed radius or equation) and, if appropriate, all calculations used to determine the size of the area of review (AOR). If you are uncertain as to which method to use, consult with your regional EPA office.

The AOR must be a minimum radius of one-fourth (1/4) mile from the well bore, including a well's lateral, or the proposed area permit boundary for area permits, unless the use of an equation is approved by the Director.

In addition, for Class II enhanced oil recovery well(s). The AOR will be at a minimum the larger of the following: one-fourth (1/4) mile radius or the distance to the nearest active producer in the production formation.

### Part III. Map(s) (40 CFR §§ 144.31 & 146.24)

Submit a topographic map (or other map if a topographic map is unavailable) extending one mile beyond the facility property boundary showing:

- project injection well(s), well pad(s) and/or project area,
- applicable area of review,
- all outcrops of injection and confining formations,
- all surface water intake and discharge structures, and
- all hazardous waste treatment, storage, or disposal facilities.

Consult with your EPA regional office for the definition of the facility property boundary.

*The information below does not apply to existing rule authorized Class II well(s).*

Within the one-fourth (1/4) mile beyond the facility property boundary or the AOR, whichever is larger, the map will also show the:

- name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types (public water system, domestic drinking water, stock, etc.),



- springs and surface bodies of water,
- mines (surface and subsurface) and quarries, and
- other pertinent surface features, including residences, schools, hospitals, and roads.

Only information of public record and pertinent information known to the applicant is required to be included on this map. Multiple maps may be needed to display this information clearly. If a certain feature is not present in the area covered, please state so definitively (e.g., "There are no known outcrops of the confining formation in the mapped area.").

*Part IV, below does not apply to existing rule authorized Class II well(s).*

#### Part IV. Area of Review Wells and Corrective Action Plans (40 CFR §§ 144.55 & 146.24)

Submit a tabulation of data and wellbore diagrams reasonably available from public records or otherwise known to the applicant on all wells within the AOR included on the map, which penetrate the proposed confining zone(s). Such information will include:

- well name, location and depth,
- well type,
- date well was drilled,
- well construction that includes casing and cement details, including demonstrated or calculated top of cement,
- cement bond logs (if available), and
- record of well completion and plugging (if applicable).

For such wells which are improperly sealed, completed, or abandoned, also submit a plan consisting of such steps or modifications as are necessary to prevent movement of fluid into USDWs.

#### Part V. Landowners Information (40 CFR § 144.31 and part 147)

Identify and submit a list with the names and addresses of all owners of record of land within one-fourth (1/4) mile of the facility property boundary. This requirement may be waived by the Regional Administrator if the site is in a populous area and the Regional Administrator determines that the requirement would be impracticable.

Consult with your regional EPA office, as additional state landowner notification requirements may apply (40 CFR part 147).

### **Attachment B. Geological and Geophysical Information**

#### Part I. Geological Data (40 CFR § 146.24)

Provide the following information:

- geological data on all formations from the surface to the base of the injection well, identifying all USDWs and confining and injection zone(s). This data includes the lithologic description, geological name, thickness, depth, and total dissolved solids (TDS) concentrations from these formations (if known),
- source of information for the geologic data and formation TDS,
- porosity and permeability of injection formation (if available),
- geological cross-sections (if available) proximate to the injection well that includes the confining and injection zones. The cross-sections should illustrate the regional geologic setting and show the thickness and lateral continuity of the confining zone(s) through the area of review,
- within the AOR, identify known or suspected faults and fracture systems. If identified, provide proximity to the injection zone and the effect the fault/fracture system may have on the injection activities, and
- a history of seismic activity in the area and proximity to crystalline (i.e., granitic) basement.

#### Part II. Proposed Formation Testing Program (40 CFR § 146.22)

Provide a formation testing program to obtain data on:

- fluid pressure,
- estimated fracture pressure, and
- physical and chemical characteristics of the injection zone.

### **Attachment C. Well Construction/Conversion Information**

#### Part I. Well Schematic Diagram (40 CFR § 146.24)

Provide a detailed proposed well schematic diagram that includes:

- identification of USDWs and confining and injection zones,
- casing and cementing details, including demonstrated or calculated top of cement,
- tubing and packer (if applicable),
- open hole or perforated intervals, and

- surface trace (if horizontal or deviated well).

For wells that are drilled and to be converted to an injection well, also provide the current well schematic diagram.

**Part II. Well Construction or Conversion Procedures (40 CFR §§ 144.52, 146.22, & 146.24)**

Provide detailed description of well construction or conversion procedures, that includes:

- proposed logs and other tests conducted during the drilling and construction of new well(s),
- proposed stimulation plan(s), if planned, and
- description of alarms and shut-down systems at the well (if applicable).

For wells that are drilled and to be converted to an injection well, also provide:

- well completion and cementing records, and
- previously run logs/tests.

**Attachment D. Injection Operation and Monitoring Program (40 CFR §§ 146.23 & 146.24)**

Submit the following information:

- flow diagram of fluid flow through the facility,
- contingency plan(s) to cope with well failure, so as to prevent migration of contaminating fluids into a USDW,
- drawing of the surface construction,
- locations of all monitoring devices (show on the map(s) referenced in section A.III. above), and
- description of sampling and monitoring devices to monitor the nature of the injected fluids, injection pressure, annulus pressure (if applicable), flowrate, and cumulative volume.

Hydrocarbon storage and enhanced recovery may be monitored on a field or project basis rather than on an individual well basis by manifold monitoring. If a manifold monitoring program is utilized, describe details of the monitoring program and how the program is comparable to individual well monitoring. Also, include on the map in section A.III.B, the distribution manifold applying injection fluid to all wells in the area, including location of all system monitoring locations.

Additionally, submit the following proposed operating data for each well in the individual or area permit:

- average and maximum daily rate and volume of fluids to be injected,
- average and maximum injection pressure,
- source(s) of injection fluids (including field and formation names),
- proposed annular fluid, and
- analysis of the chemical and physical characteristics of the injection fluid. At a minimum, this should include pH, specific gravity, TDS, and conductivity. Consult with the regional EPA office for additional guidance.

**Attachment E. Plugging and Abandonment Plan (40 CFR §§ 144.31, 144.51 & 146.24)**

Submit a plugging and abandonment (P&A) plan of the well on EPA Form 7520-19 along with a P&A diagram. The plan should include:

- type, and number of plugs to be used,
- placement of each plug including the elevation of top and bottom,
- type, grade, and quantity of cement to be used, and
- method of placement of the plugs.

Provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to conduct the work proposed in the P&A plan for EPA to contract plugging of the well. This is to ensure that EPA has adequate funding to plug the well(s) if the operator is unable to plug the well(s).

Consult with the regional EPA office for additional guidance on developing the P&A plan and cost estimate calculations.

**Attachment F. Financial Assurance (40 CFR § 144.52)**

Submit evidence of financial resources, such as a surety bond or financial statement, necessary for a third party to close, plug, or abandon the well in the event an owner or operator is unable to do so. The monetary amount is based on the P&A plan cost estimate provided in Attachment E.

**Attachment G. Site Security and Manifest Requirements (Commercial Wells Only)**

Provide a proposed site security plan. This could include fencing around the perimeter of the facility. Consult with the regional EPA office for additional guidance on manifest requirements.

**Attachment H. Aquifer Exemptions (40 CFR §§ 144.7 & 146.4)**

If an aquifer exemption (AE) is requested, submit the information required at 40 CFR § 144.7 and to demonstrate that the criteria found at 40 CFR § 146.4 are met. Consult with your regional EPA office for additional guidance.

**Attachment I. Existing EPA Permits (40 CFR § 144.31)**

Submit a listing of all permits or construction approvals received or applied for under any of the following programs:

- Hazardous Waste Management program under RCRA,
- UIC program under SDWA,
- NPDES program under CWA,
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act,
- Nonattainment program under the Clean Air Act,
- National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act,
- Dredge and fill permits under section 404 of CWA, and
- Other relevant environmental permits, including State permits.

**Attachment J. Description of Business (40 CFR § 144.31)**

Provide a brief description of the nature of the business.

**Attachment K. Optional Additional Project Information (40 CFR § 144.4)**

The following is a list of Federal laws that may apply prior to the issuance of permits. When any of these laws are applicable, EPA must ensure that they are followed. The optional additional information requested below will assist EPA in its analyses to satisfy these laws.

- The Wild and Scenic Rivers Act, 16 U.S.C. 1273 et seq.  
Identify any national wild and scenic river that may be impacted by the activities associated with the proposed project.
- The National Historic Preservation Act of 1966, 16 U.S.C. 470 et seq.  
Identify properties listed or eligible for listing in the National Register of Historic Places that may be affected by the activities associated with the proposed project. If previous historic and cultural resource survey(s) have been conducted, provide the results of the survey(s).
- The Endangered Species Act, 16 U.S.C. 1531 et seq.  
Identify any endangered or threatened species that may be affected by the activities associated with the proposed project. If a previous endangered or threatened species survey has been conducted, provide the results of the survey.
- The Coastal Zone Management Act, 16 U.S.C. 1451 et seq.  
Identify any coastal zones that may be affected by the activities associated with the proposed project.

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United States Environmental Protection Agency  
**Underground Injection Control**  
**Permit Application for a Class III Well**  
*(Collected under the authority of the Safe Drinking Water Act.  
 Sections 1421, 1422, and 40 CFR Part 144)*

<b>For Official Use Only</b>	
Date Received	
Permit Number	

**Read Attached Instructions Before Starting**

<b>I. Owner Name, Address, Phone Number and/or Email</b>	<b>II. Operator Name, Address, Phone Number and/or Email</b>

<b>III. Commercial Facility</b>	<b>IV. Ownership</b>	<b>V. Permit Action Requested</b>	<b>VI. SIC Code(s)</b>	<b>VII. Indian Country</b>
Yes No	Private Federal State/Tribal/ Municipal	New Permit Permit Renewal Modification Add Well to Area Permit Other		Yes No

**VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)**

<b>A. Individual</b>	<b>Number of Wells</b>	<b>Well Field and/or Project Names</b>
<b>B. Area</b>		

**IX. Class and Type of Well (see reverse)**

<b>A. Class</b>	<b>B. Type (enter code(s))</b>	<b>C. If type code is "X," explain.</b>

<b>X. Well Status</b>	<b>XI. Well Information</b>
A. Operating Date Injection Started	B. Conversion Date Well Constructed
C. Proposed	API Number Permit (or EPA ID) Number Full Well Name

**XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project**

Locate well in two directions from nearest lines of quarter section and drilling unit	Latitude
Surface Location	Longitude
1/4 of                  1/4 of Section                  Township                  Range	
ft. from (N/S)                  Line of quarter section	
ft. from (E/W)                  Line of quarter section.	

**XIII. Attachments**

*In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.*

**XIV. Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please Type or Print)</i>	Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-6 (CLASS III WELLS)

A permit application must be completed by all owners or operators of current or proposed Class I, II, and III wells, and some Class V injection wells subject to the requirement to obtain an Underground Injection Control (UIC) permit as described at 40 CFR 144.31 and others directed by a UIC official to apply for a UIC permit. Please note that the information needs vary by well class. These instructions are specific to Class II wells; other versions are available for other well classes. Please note that this form must be signed by a responsible entity as described at 40 CFR 144.32, even if the attachments are prepared by contractors or service companies. If the application covers multiple wells, use additional pages as necessary to provide all the requested information.

**I. OWNER NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the owner of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

**II. OPERATOR NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the operator of well or well field; also provide an email address (if available) and/or a phone number. If the operator is the same as the owner, enter "same as owner."

**III. COMMERCIAL FACILITY:** Check the appropriate box to indicate the type of facility. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

**IV. OWNERSHIP:** Check the appropriate box to indicate whether the owner of the well/facility is a private, Federal, or State/Tribal/Municipal entity.

**V. TYPE OF PERMIT ACTION REQUESTED:** Check "new permit" if the well has never been subject to a UIC permit (e.g., for a newly constructed or converted well). Check "permit renewal" for an application associated with extending an expiring UIC permit. Check "modification" for an application to modify an existing permit that is not expiring. Check "add well to area permit" if additional wells are to be covered under an existing UIC area permit. Check "other," if needed and describe the situation.

**VI. SIC CODES:** List at least one and no more than four Standard Industrial Classification (SIC) Codes that best describe the nature of the business in order of priority. A list of SIC codes is available from the U.S. Department of Labor at <https://www.osha.gov/pls/imis/sicsearch.html>.

**VII. INDIAN COUNTRY:** Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

**VIII. TYPE OF PERMIT:** Check "Individual" or "Area" to indicate the type of permit requested. Individual permits cover a single injection well, while area permits may cover more than one injection well. Note that area permits are issued at the discretion of the Director and that wells covered by an area permit must: be at one contiguous site, be under the control of one entity, and may not inject hazardous waste. If an area permit is requested, enter the **number of wells** to be included in the permit. In the case of a project or field that crosses State lines, it may be possible to consider an area permit if EPA has jurisdiction in all affected States (each such case will be considered individually). Also provide the **name of the well field or project**.

**IX. CLASS AND TYPE OF WELL:** Enter the class (as defined in 40 CFR 144.6) and type of injection well for which a permit is requested. Use the most pertinent code selected from the table below. When selecting type "X", please explain in the space provided.

### TABLE OF CLASS III WELL TYPES

G	In Situ Gasification Well.
M	Solution Mining Well.
S	Sulfur Mining Well by Frasch Process.
T	Geothermal Well.
U	Uranium Mining Well (excluding solution mining of conventional mines).
X	Other Class III Wells (not included in Type "G," "M," "S," "T," "U," or "X").

**X. WELL STATUS:** Check **Box A, Operating** if the well currently operates as an injection well (e.g., if a permit renewal is requested or a permit is sought for an existing rule-authorized injection well). Check **Box B, Conversion** for an existing well not currently being utilized for injection that is proposed to be converted to an injection well. Check **Box C, Proposed** for an underground injection well not yet constructed or completed. Provide relevant dates if A or B are checked.

**XI. WELL INFORMATION:** Enter the **API number** (the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system). Enter the **Permit or EPA ID number** assigned to the injection well by the EPA or the permitting authority. If you do not have a number (e.g., for a new well), this will be provided by EPA or the permitting authority, and you can leave the field blank. Also enter the **Full Name of the Well** or project.

**XII. LOCATION:** For individual permit applications, in the fields provided, enter the location of the well using latitude and longitude and/or the Public Land Survey System. When using latitude and longitude, use decimal degrees to five or six places

after the decimal, if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. When using the Public Land Survey System, fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. For area permit applications, provide the latitude and longitude of the approximate center of the area.

**XIII. ATTACHMENTS:** Specific instructions for completing the attachments are presented on pages 3 through 6. Place the permit or EPA ID number (or, if none has been assigned, other identifying information such as an API number or the project name) in the upper right hand corner of each page of the attachments.

**XIV. CERTIFICATION:** All permit applications must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 123 hours per response for a Class III well permit application. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## **Instructions for Completing Attachments to Form 7520-6 (Class III Wells)**

The Underground Injection Control (UIC) program, as promulgated under the Safe Drinking Water Act (SDWA), is designed to prevent injection activity from allowing the movement of fluid containing any contaminant into underground sources of drinking water (USDWs), if the presence of that contaminant may cause a violation of any primary drinking water regulation or may otherwise adversely affect the health of persons as found at Title 40 of the Code of Federal Regulations (40 CFR) section 144.12. Any applicant for a permit under this program shall have the burden of showing that their proposed construction, operation, maintenance, conversion, plugging, abandonment, and injection activity, does not endanger USDWs.

The attachments below have been constructed to provide applicants with clear expectations as to what information EPA needs to make a determination that an applicant's proposed activities will not endanger USDWs.

### Pre-Application Coordination

Coordination between the UIC program and the permit applicant prior to submittal of the permit application is an important step for efficient and effective permitting. Early discussions will ensure that the applicant is aware of all the permit application requirements, including state specific requirements found at 40 CFR part 147. These discussions may also help the applicant plan how to invest time and resources needed to develop a comprehensive and complete permit application.

Applicants are encouraged to contact their EPA regional UIC program for a pre-application coordination meeting.

*When completing each attachment, please be sure to specify the units reported, e.g., of depth, pressure, temperature, etc.*

## **Attachment A. Map(s) and Area of Review**

### Part I. Well Location(s)

For Individual Permits: If the surface location provided in the accompanying 7520-6 form does not adequately describe the well location (i.e., due to deviation, directional, or horizontal drilling), please describe the well's orientation and provide the top- and bottom-hole coordinates, as appropriate. If any monitoring wells are proposed as part of this permit application, provide coordinates for all monitoring wells.

For Area Permits (40 CFR § 144.33): Provide information similar to what is outlined above for individual permits for each well (existing or proposed) to be covered by this permit. In addition, provide a description of the proposed permitted area. At a minimum, this area should include all the proposed or existing wells known at the time of permit application submittal. For circular areas, this description should consist of a defined-radius from a singular point whose coordinates have been given. For polygonal areas, use a series of coordinates describing the vertices or corners of the area. Submit a Geographic Information System (GIS) file, if available.

### Part II. Area of Review Size Determination (40 CFR § 146.6)

For All Permits. Give the method (fixed radius or equation) and, if appropriate, all calculations used to determine the size of the area of review (AOR). If you are uncertain as to which method to use, consult with your regional EPA office.

The AOR must be a minimum radius of one-fourth (1/4) mile from the well bore, including a well's lateral, or the proposed area permit boundary for area permits, unless the use of an equation is approved by the Director.

### Part III. Map(s) (40 CFR §§ 144.31 & 146.34)

Submit a topographic map (or other map if a topographic map is unavailable) extending one mile beyond the facility property showing:

- project injection well(s), well pad(s) and/or project area,
- applicable area of review,
- all outcrops of injection and confining formations,
- all surface water intake and discharge structures, and
- all hazardous waste treatment, storage, or disposal facilities.

Consult with your EPA regional office for the definition of the facility property boundary.

Within the one-fourth (1/4) mile beyond the facility property boundary or the AOR, whichever is larger, the map will also show the:

- name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types (public water system, domestic drinking water, stock, etc.),
- springs and surface bodies of water,
- mines (surface and subsurface) and quarries, and
- other pertinent surface features, including residences, schools, hospitals, and roads.



Only information of public record and pertinent information known to the applicant is required to be included on this map. Multiple maps may be needed to display this information clearly. If a certain feature is not present in the area covered, please state so definitively (e.g., "There are no known outcrops of the confining formation in the mapped area.").

#### Part IV. Area of Review Wells and Corrective Action Plans (40 CFR §§ 144.55 & 146.34)

Submit a tabulation of data and wellbore diagrams reasonably available from public records or otherwise known to the applicant on all wells within the AOR included on the map, which penetrate the proposed confining zone(s). Such information will include:

- well name, location and depth,
- well type,
- date well was drilled,
- well construction that includes casing and cement details, including demonstrated or calculated top of cement,
- cement bond logs (if available), and
- record of well completion and plugging (if applicable).

For such wells which are improperly sealed, completed, or abandoned, also submit a plan consisting of such steps or modifications as are necessary to prevent movement of fluid into USDWs.

#### Part V. Landowners Information (40 CFR § 144.31 and part 147)

Identify and submit a list with the names and addresses of all owners of record of land within one-fourth (1/4) mile of the facility property boundary. This requirement may be waived by the Regional Administrator if the site is in a populous area and the Regional Administrator determines that the requirement would be impracticable.

Consult with your regional EPA office, as additional state landowner notification requirements may apply (40 CFR part 147).

### **Attachment B. Geological and Geophysical Information**

#### Part I. Geological Data (40 CFR § 146.34)

Provide the following information:

- geological data on all formations from the surface to the base of the injection well, identifying all USDWs and confining and injection zone(s). This data includes the lithologic description, geological name, thickness, depth, and total dissolved solids (TDS) concentrations from these formations (if known),
- the position of all USDWs that may be affected by the proposed injection relative to the injection formation and the direction of water movement,
- the geologic structure of the local area,
- source of information for the geologic data and formation TDS,
- porosity and permeability of injection formation (if available),
- geological cross-sections proximate to the injection well that include the confining and injection zones. The cross-sections should illustrate the regional geologic setting and show the thickness and lateral continuity of the confining zone(s) through the area of review,
- within the AOR, identify known or suspected faults and fracture systems. If identified, provide proximity to the injection zone and the effect the fault/fracture system may have on the injection activities, and
- a history of seismic activity in the area and proximity to crystalline (i.e., granitic) basement.

#### Part II. Proposed Formation Testing Program (40 CFR § 146.32)

Where the injection zone is a naturally water-bearing formation, provide a formation testing program to obtain data on:

- fluid pressure,
- estimated fracture pressure, and
- physical and chemical characteristics of the formation fluids.

Where the injection zone is a not water-bearing formation, the testing must be designed to obtain data on fracture pressure.

### **Attachment C. Well Construction/Conversion Information**

#### Part I. Well Schematic Diagram (40 CFR § 146.34)

Provide a detailed proposed well schematic diagram that includes:

- identification of USDWs and confining and injection zones,
- casing and cementing details, including demonstrated or calculated top of cement,
- tubing and packer (if applicable),
- open hole or perforated intervals,

- proposed injection procedures including pump, surge, tank, and
- surface trace (if horizontal or deviated well).

For wells that are drilled and to be converted to an injection well, also provide the current well schematic diagram.

**Part II. Well Construction or Conversion Procedures (40 CFR §§ 144.52, 146.32, & 146.34)**

Provide a detailed description of well construction or conversion procedures, that includes:

- proposed logs and other tests conducted during the drilling and construction of new well(s),
- proposed stimulation plan(s), if planned, and
- description of alarms and shut-down systems at the well (if applicable).

For wells that are drilled and to be converted to an injection well, also provide:

- well completion and cementing records, and
- previously run logs/tests.

**Attachment D. Injection Operation and Monitoring Program (40 CFR §§ 146.33 & 146.34)**

Submit the following information:

- flow diagram of fluid flow through the facility,
- contingency plan(s) to cope with well failure, so as to prevent migration of contaminating fluids into a USDW,
- drawing of the surface construction,
- locations of all monitoring devices (show on the map(s) referenced in section A.III. above), and
- description of sampling and monitoring devices to monitor the nature of the injected fluids, injection pressure, annulus pressure (if applicable), flowrate, and cumulative volume.

Additionally, submit the following proposed operating data for each well in the individual or area permit:

- average and maximum daily rate and volume of fluids to be injected,
- average and maximum injection pressure,
- source(s) of injection fluids (including field and formation names),
- proposed annular fluid, and
- a qualitative analysis and ranges in concentrations of all constituents of injected fluids (if the information is proprietary, maximum concentrations only may be submitted, but all records must be retained).

Also, discuss any expected changes in pressure, native fluid displacement, and the direction of movement of injection fluid.

**Attachment E. Plugging and Abandonment Plan (40 CFR §§ 144.31, 144.51 & 146.34)**

Submit a plugging and abandonment (P&A) plan of the well on EPA Form 7520-19 along with a P&A diagram. The plan should include:

- type, and number of plugs to be used,
- placement of each plug including the elevation of top and bottom,
- type, grade, and quantity of cement to be used, and
- method of placement of the plugs.

Provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to conduct the work proposed in the P&A plan for EPA to contract plugging of the well. This is to ensure that EPA has adequate funding to plug the well(s) if the operator is unable to plug the well(s).

Consult with the regional EPA office for additional guidance on developing the P&A plan and cost estimate calculations.

**Attachment F. Financial Assurance (40 CFR § 144.52)**

Submit evidence of financial resources, such as a surety bond or financial statement, necessary for a third party to close, plug, or abandon the well in the event an owner or operator is unable to do so. The monetary amount is based on the P&A plan cost estimate provided in Attachment E.

**Attachment G. Site Security and Manifest Requirements (Commercial Wells Only)**

Provide a proposed site security plan. This could include fencing around the perimeter of the facility. Consult with the regional EPA office for additional guidance on manifest requirements.

**Attachment H Aquifer Exemptions (40 CFR §§ 144.7 & 146.4)**

If an aquifer exemption (AE) is requested, submit the information required at 40 CFR § 144.7 and to demonstrate that the criteria found at 40 CFR § 146.4 are met. Consult with your regional EPA office for additional guidance.

**Attachment I. Existing EPA Permits (40 CFR § 144.31)**

Submit a listing of all permits or construction approvals received or applied for under any of the following programs:

- Hazardous Waste Management program under RCRA,
- UIC program under SDWA,
- NPDES program under CWA,
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act,
- Nonattainment program under the Clean Air Act,
- National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act,
- Dredge and fill permits under section 404 of CWA, and
- Other relevant environmental permits, including State permits.

**Attachment J. Description of Business (40 CFR § 144.31)**

Provide a brief description of the nature of the business.

**Attachment K. Optional Additional Project Information (40 CFR § 144.4)**

The following is a list of Federal laws that may apply prior to the issuance of permits. When any of these laws are applicable, EPA must ensure that they are followed. The optional additional information requested below will assist EPA in its analyses to satisfy these laws.

- The Wild and Scenic Rivers Act, 16 U.S.C. 1273 et seq.  
Identify any national wild and scenic river that may be impacted by the activities associated with the proposed project.
- The National Historic Preservation Act of 1966, 16 U.S.C. 470 et seq.  
Identify properties listed or eligible for listing in the National Register of Historic Places that may be affected by the activities associated with the proposed project. If previous historic and cultural resource survey(s) have been conducted, provide the results of the survey(s).
- The Endangered Species Act, 16 U.S.C. 1531 et seq.  
Identify any endangered or threatened species that may be affected by the activities associated with the proposed project. If a previous endangered or threatened species survey has been conducted, provide the results of the survey.
- The Coastal Zone Management Act, 16 U.S.C. 1451 et seq.  
Identify any coastal zones that may be affected by the activities associated with the proposed project.

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United States Environmental Protection Agency  
**Underground Injection Control**  
**Permit Application for a Class V Well**  
*(Collected under the authority of the Safe Drinking Water Act. Sections 1421, 1422, and 40 CFR Part 144)*

<b>For Official Use Only</b>	
Date Received	
Permit Number	

**Read Attached Instructions Before Starting**

<b>I. Owner Name, Address, Phone Number and/or Email</b>	<b>II. Operator Name, Address, Phone Number and/or Email</b>

<b>III. Commercial Facility</b>	<b>IV. Ownership</b>	<b>V. Permit Action Requested</b>	<b>VI. SIC Code(s)</b>	<b>VII. Indian Country</b>
Yes No	Private Federal State/Tribal/ Municipal	New Permit Permit Renewal Modification Add Well to Area Permit Other		Yes No

**VIII. Type of Permit (For multiple wells, use additional page(s) to provide the information requested for each additional well)**

<b>A. Individual</b>	<b>Number of Wells</b>	<b>Well Field and/or Project Names</b>
<b>B. Area</b>		

**IX. Class and Type of Well (see reverse)**

<b>A. Class</b>	<b>B. Type (enter code(s))</b>	<b>C. If type code is "X," explain.</b>

<b>X. Well Status</b>	<b>XI. Well Information</b>
A. Operating Date Injection Started	B. Conversion Date Well Constructed
C. Proposed	API Number Permit (or EPA ID) Number Full Well Name

**XII. Location of Well or, for Multiple Wells, Approximate Center of Field or Project**

Locate well in two directions from nearest lines of quarter section and drilling unit  Surface Location 1/4 of                  1/4 of Section                  Township                  Range  ft. from (N/S)                  Line of quarter section ft. from (E/W)                  Line of quarter section.	Latitude  Longitude
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**XIII. Attachments**

*In addition to this form, complete Attachments A-U (as appropriate for the specific well class) on separate sheets. Submit complete information, as required in the instructions and list all attachments, maps or other figures, by the applicable letter.*

**XIV. Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please Type or Print)</i>	Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-6 (CLASS V WELLS)

A permit application must be completed by all owners or operators of current or proposed Class I, II, and III wells, and some Class V injection wells subject to the requirement to obtain an Underground Injection Control (UIC) permit as described at 40 CFR 144.31 and others directed by a UIC official to apply for a UIC permit. Please note that the information needs vary by well class. These instructions are specific to Class V wells; other versions are available for other well classes. Please note that this form must be signed by a responsible entity as described at 40 CFR 144.32, even if the attachments are prepared by contractors or service companies. If the application covers multiple wells, use additional pages as necessary to provide all the requested information.

**I. OWNER NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the owner of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

**II. OPERATOR NAME, ADDRESS, PHONE AND/OR EMAIL:** Enter the name and street address, city/town, state, and ZIP code of the operator of well or well field; also provide an email address (if available) and/or a phone number. If the operator is the same as the owner, enter "same as owner."

**III. COMMERCIAL FACILITY:** Check the appropriate box to indicate the type of facility. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

**IV. OWNERSHIP:** Check the appropriate box to indicate whether the owner of the well/facility is a private, Federal, or State/Tribal/Municipal entity.

**V. TYPE OF PERMIT ACTION REQUESTED:** Check "new permit" if the well has never been subject to a UIC permit (e.g., for a newly constructed or converted well). Check "permit renewal" for an application associated with extending an expiring UIC permit. Check "modification" for an application to modify an existing permit that is not expiring. Check "add well to area permit" if additional wells are to be covered under an existing UIC area permit. Check "other," if needed and describe the situation.

**VI. SIC CODES:** List at least one and no more than four Standard Industrial Classification (SIC) Codes that best describe the nature of the business in order of priority. A list of SIC codes is available from the U.S. Department of Labor at <https://www.osha.gov/pls/imis/sicsearch.html>.

**VII. INDIAN COUNTRY:** Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

**VIII. TYPE OF PERMIT:** Check "Individual" or "Area" to indicate the type of permit requested. Individual permits cover a single injection well, while area permits may cover more than one injection well. Note that area permits are issued at the discretion of the Director and that wells covered by an area permit must: be at one contiguous site, be under the control of one entity, and may not inject hazardous waste. If an area permit is requested, enter the **number of wells** to be included in the permit. In the case of a project or field that crosses State lines, it may be possible to consider an area permit if EPA has jurisdiction in all affected States (each such case will be considered individually). Also provide the **name of the well field or project**.

**IX. CLASS AND TYPE OF WELL:** Enter the class (as defined in 40 CFR 144.6) and type of injection well for which a permit is requested. Use the most pertinent code selected from the table below. When selecting type "X", please explain in the space provided.

### TABLE OF CLASS V WELL TYPES

A	Industrial Well.
B	Beneficial Use Well.
C	Fluid Return Well.
D	Sewage Treatment Effluent Well.
E	Cesspool (non-domestic).
F	Septic System.
G	Experimental Technology Well.
H	Drainage Well.
I	Mine Backfill Well.
J	Waste Discharge Well.

**X. WELL STATUS:** Check **Box A, Operating** if the well currently operates as an injection well (e.g., if a permit renewal is requested or a permit is sought for an existing rule-authorized injection well). Check **Box B, Conversion** for an existing well not currently being utilized for injection that is proposed to be converted to an injection well. Check **Box C, Proposed** for an underground injection well not yet constructed or completed. Provide relevant dates if A or B are checked.

**XI. WELL INFORMATION:** Enter the **API number** (the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system). Enter the **Permit or EPA ID number** assigned to the injection well by the EPA or the permitting authority. If you do not have a number (e.g., for a new well), this will be provided by EPA or the permitting authority, and you can leave the field blank. Also enter the **Full Name of the Well** or project.

**XII. LOCATION:** For individual permit applications, in the fields provided, enter the location of the well using latitude and longitude and/or the Public Land Survey System. When using latitude and longitude, use decimal degrees to five or six places after the decimal, if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. When using the Public Land Survey System, fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. For area permit applications, provide the latitude and longitude of the approximate center of the area.

**XIII. ATTACHMENTS:** Specific instructions for completing the attachments are presented on pages 3 through 6. Place the permit or EPA ID number (or, if none has been assigned, other identifying information such as an API number or the project name) in the upper right hand corner of each page of the attachments.

**XIV. CERTIFICATION:** All permit applications must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 104 hours per response for a Class V well permit application. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## **Instructions for Completing Attachments to Form 7520-6 (Class V Wells)**

The Underground Injection Control (UIC) program, as promulgated under the Safe Drinking Water Act (SDWA), is designed to prevent injection activity from allowing the movement of fluid containing any contaminant into underground sources of drinking water (USDWs), if the presence of that contaminant may cause a violation of any primary drinking water regulation or may otherwise adversely affect the health of persons as found at Title 40 of the Code of Federal Regulations (40 CFR) section 144.12. Any applicant for a permit under this program shall have the burden of showing that their proposed construction, operation, maintenance, conversion, plugging, abandonment, and injection activity, does not endanger USDWs.

The attachments below have been constructed to provide applicants with clear expectations as to what information EPA needs to make a determination that an applicant's proposed activities will not endanger USDWs.

### Pre-Application Coordination

Coordination between the UIC program and the permit applicant prior to submittal of the permit application is an important step for efficient and effective permitting. Early discussions will ensure that the applicant is aware of all the permit application requirements, including state specific requirements found at 40 CFR part 147. These discussions may also help the applicant plan how to invest time and resources needed to develop a comprehensive and complete permit application.

Applicants are encouraged to contact their EPA regional UIC program for a pre-application coordination meeting.

*When completing each attachment, please be sure to specify the units reported, e.g., of depth, pressure, temperature, etc.*

## **Attachment A. Map(s) and Area of Review**

### Part I. Well Location(s)

For Individual Permits: If the surface location provided in the accompanying 7520-6 form does not adequately describe the well location (i.e., due to deviation, directional, or horizontal drilling), please describe the well's orientation and provide the top- and bottom-hole coordinates, as appropriate. If any monitoring wells are proposed as part of this permit application, provide coordinates for all monitoring wells.

For Area Permits (40 CFR § 144.33): Provide information similar to what is outlined above for individual permits for each well (existing or proposed) to be covered by this permit. In addition, provide a description of the proposed permitted area. At a minimum, this area should include all the proposed or existing wells known at the time of permit application submittal. For circular areas, this description should consist of a defined-radius from a singular point whose coordinates have been given. For polygonal areas, use a series of coordinates describing the vertices or corners of the area. Submit a Geographic Information System (GIS) file, if available.

### Part II. Area of Review Size Determination (40 CFR § 146.6)

For All Permits. Give the method (fixed radius or equation) and, if appropriate, all calculations used to determine the size of the area of review (AOR). If you are uncertain as to which method to use, consult with your regional EPA office.

The AOR must be a minimum radius of one-fourth (1/4) mile from the well bore, including a well's lateral, or the proposed area permit boundary for area permits, unless the use of an equation is approved by the Director.

### Part III. Map(s) (40 CFR § 144.31)

Submit a topographic map (or other map if a topographic map is unavailable) extending one mile beyond the facility property boundary showing:

- project injection well(s), well pad(s) and/or project area,
- applicable area of review,
- all outcrops of injection and confining formations,
- all surface water intake and discharge structures, and
- all hazardous waste treatment, storage, or disposal facilities.

Consult with your EPA regional office for the definition of the facility property boundary.

Within the one-fourth (1/4) mile beyond the facility property boundary or the AOR, whichever is larger, the map will also show the:

- name and location of all production wells, injection wells, abandoned wells, dry holes, and all water wells, noting their types (public water system, domestic drinking water, stock, etc.),
- springs and surface bodies of water,
- mines (surface and subsurface) and quarries, and
- other pertinent surface features, including residences, schools, hospitals, and roads.



Only information of public record and pertinent information known to the applicant is required to be included on this map. Multiple maps may be needed to display this information clearly. If a certain feature is not present in the area covered, please state so definitively (e.g., *"There are no known outcrops of the confining formation in the mapped area."*).

#### Part IV. Area of Review Wells and Corrective Action Plans (40 CFR § 144.55)

Submit a tabulation of data and wellbore diagrams reasonably available from public records or otherwise known to the applicant on all wells within the AOR included on the map, which penetrate the proposed confining zone(s). Such information will include:

- well name, location and depth,
- well type,
- date well was drilled,
- well construction that includes casing and cement details, including demonstrated or calculated top of cement,
- cement bond logs (if available), and
- record of well completion and plugging (if applicable).

For such wells which are improperly sealed, completed, or abandoned, also submit a plan consisting of such steps or modifications as are necessary to prevent movement of fluid into USDWs.

#### Part V. Landowners Information (40 CFR § 144.31 and part 147)

Identify and submit a list with the names and addresses of all owners of record of land within one-fourth (1/4) mile of the facility property boundary. This requirement may be waived by the Regional Administrator if the site is in a populous area and the Regional Administrator determines that the requirement would be impracticable.

Consult with your regional EPA office, as additional state landowner notification requirements may apply (40 CFR part 147).

### **Attachment B. Geological and Geophysical Information**

#### Part I. Geological Data

Provide the following information:

- geological data on all formations from the surface to the base of the injection well, identifying all USDWs and confining and injection zone(s). This data includes the lithologic description, geological name, thickness, depth, and total dissolved solids (TDS) concentrations from these formations (if known),
- the position of all USDWs that may be affected by the proposed injection relative to the injection formation and the direction of water movement,
- the geologic structure of the local area,
- source of information for the geologic data and formation TDS,
- porosity and permeability of injection formation (if available),
- geological cross-sections proximate to the injection well that include the confining and injection zones. The cross-sections should illustrate the regional geologic setting and show the thickness and lateral continuity of the confining zone(s) through the area of review,
- within the AOR, identify known or suspected faults and fracture systems. If identified, provide proximity to the injection zone and the effect the fault/fracture system may have on the injection activities, and
- a history of seismic activity in the area and proximity to crystalline (i.e., granitic) basement.

#### Part II. Proposed Formation Testing Program

Provide a formation testing program to obtain data on:

- fluid pressure,
- temperature,
- estimated fracture pressure,
- physical and chemical characteristics of the formation fluids, and
- physical and chemical characteristics of the injection zone.

### **Attachment C. Well Construction/Conversion Information**

#### Part I. Well Schematic Diagram (40 CFR § 144.52)

Provide a detailed proposed well schematic diagram that includes:

- identification of USDWs and confining and injection zones,
- casing and cementing details, including demonstrated or calculated top of cement,
- tubing and packer (if applicable),
- open hole or perforated intervals,
- proposed injection procedures including pump, surge, tank, and

- surface trace (if horizontal or deviated well).

For wells that are drilled and to be converted to an injection well, also provide the current well schematic diagram.

#### **Part II. Well Construction or Conversion Procedures (40 CFR § 144.52)**

Provide a detailed description of well construction or conversion procedures, that includes:

- proposed logs and other tests conducted during the drilling and construction of new well(s),
- proposed stimulation plan(s), if planned, and
- description of alarms and shut-down systems at the well (if applicable).

For wells that are drilled and to be converted to an injection well, also provide:

- well completion and cementing records, and
- previously run logs/tests.

#### **Attachment D. Injection Operation and Monitoring Program (40 CFR § 144.54)**

Submit the following information:

- flow diagram of fluid flow through the facility,
- contingency plan(s) to cope with well failure, so as to prevent migration of contaminating fluids into a USDW,
- drawing of the surface construction,
- locations of all monitoring devices (show on the map(s) referenced in section A.III. above), and
- description of sampling and monitoring devices to monitor the nature of the injected fluids, injection pressure, annulus pressure (if applicable), flowrate, and cumulative volume.

Additionally, submit the following proposed operating data for each well in the individual or area permit:

- average and maximum daily rate and volume of fluids to be injected,
- average and maximum injection pressure,
- source(s) of injection fluids (including field and formation names),
- proposed annular fluid, and
- analysis of the chemical and physical characteristics of the injection fluid. At a minimum, this should include pH, specific gravity, TDS, and conductivity. Consult with the regional EPA office for additional guidance.

#### **Attachment E. Plugging and Abandonment Plan (40 CFR §§ 144.31 & 144.51)**

Submit a plugging and abandonment (P&A) plan of the well on EPA Form 7520-19 along with a P&A diagram. The plan should include:

- type, and number of plugs to be used,
- placement of each plug including the elevation of top and bottom,
- type, grade, and quantity of cement to be used, and
- method of placement of the plugs.

Provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to conduct the work proposed in the P&A plan for EPA to contract plugging of the well. This is to ensure that EPA has adequate funding to plug the well(s) if the operator is unable to plug the well(s).

Consult with the regional EPA office for additional guidance on developing the P&A plan and cost estimate calculations.

#### **Attachment F. Financial Assurance (40 CFR § 144.52)**

Submit evidence of financial resources, such as a surety bond or financial statement, necessary for a third party to close, plug, or abandon the well in the event an owner or operator is unable to do so. The monetary amount is based on the P&A plan cost estimate provided in Attachment E.

#### **Attachment G. Site Security and Manifest Requirements (Commercial Wells Only)**

Provide a proposed site security plan. This could include fencing around the perimeter of the facility. Consult with the regional EPA office for additional guidance on manifest requirements.

#### **Attachment H Aquifer Exemptions (40 CFR §§ 144.7 & 146.4)**

If an aquifer exemption (AE) is requested, submit the information required at 40 CFR § 144.7 and to demonstrate that the criteria found at 40 CFR § 146.4 are met. Consult with your regional EPA office for additional guidance.

**Attachment I. Existing EPA Permits (40 CFR § 144.31)**

Submit a listing of all permits or construction approvals received or applied for under any of the following programs:

- Hazardous Waste Management program under RCRA,
- UIC program under SDWA,
- NPDES program under CWA,
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act,
- Nonattainment program under the Clean Air Act,
- National Emission Standards for Hazardous Pollutants (NESHAPS) preconstruction approval under the Clean Air Act.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act,
- Dredge and fill permits under section 404 of CWA, and
- Other relevant environmental permits, including State permits.

**Attachment J. Description of Business (40 CFR § 144.31)**

Provide a brief description of the nature of the business.

**Attachment K. Optional Additional Project Information (40 CFR § 144.4)**

The following is a list of Federal laws that may apply prior to the issuance of permits. When any of these laws are applicable, EPA must ensure that they are followed. The optional additional information requested below will assist EPA in its analyses to satisfy these laws.

- The Wild and Scenic Rivers Act, 16 U.S.C. 1273 et seq.

Identify any national wild and scenic river that may be impacted by the activities associated with the proposed project.

- The National Historic Preservation Act of 1966, 16 U.S.C. 470 et seq.

Identify properties listed or eligible for listing in the National Register of Historic Places that may be affected by the activities associated with the proposed project. If previous historic and cultural resource survey(s) have been conducted, provide the results of the survey(s).

- The Endangered Species Act, 16 U.S.C. 1531 et seq.

Identify any endangered or threatened species that may be affected by the activities associated with the proposed project. If a previous endangered or threatened species survey has been conducted, provide the results of the survey.

- The Coastal Zone Management Act, 16 U.S.C. 1451 et seq.

Identify any coastal zones that may be affected by the activities associated with the proposed project.

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United States Environmental Protection Agency



## Application To Transfer Permit/Ownership

Name, Address, Phone Number and/or Email of Existing Permittee		Name, Address, Phone Number and or Email of New Owner																
State		County																
Well Type Class I Class II Brine Disposal Enhanced Recovery Hydrocarbon Storage Class III Class V	Locate well in two directions from nearest lines of quarter section and drilling unit  Surface Location <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">1/4 of</td> <td style="width: 25%; text-align: center;">1/4 of</td> <td style="width: 25%; text-align: center;">Section</td> <td style="width: 25%; text-align: center;">Township</td> <td style="width: 20%; text-align: center;">Range</td> </tr> <tr> <td style="text-align: center;">ft. from (N/S)</td> <td colspan="2" style="text-align: center;">Line of quarter section</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">ft. from (E/W)</td> <td colspan="2" style="text-align: center;">Line of quarter section.</td> <td colspan="2"></td> </tr> </table>			1/4 of	1/4 of	Section	Township	Range	ft. from (N/S)	Line of quarter section				ft. from (E/W)	Line of quarter section.			
	1/4 of	1/4 of	Section	Township	Range													
ft. from (N/S)	Line of quarter section																	
ft. from (E/W)	Line of quarter section.																	
Latitude		Longitude																
Permit (or EPA ID) Number	API Number	Full Well Name																
<p><b><i>Attach to this application a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them.</i></b></p> <p><b><i>The new permittee must show evidence of financial responsibility by the submission of a surety bond, or other adequate assurance, such as financial statements or other materials acceptable to the Director.</i></b></p> <p style="margin-top: 20px;">Wellbore Schematic Attached?</p>																		
<p><b>Certification</b></p> <p>I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)</p>																		
Name and Official Title of Transferor (Seller) <i>(Please type or print)</i>	Signature	Date Signed																
Name and Official Title of Transferee (Buyer) <i>(Please type or print)</i>	Signature	Date Signed																

## INSTRUCTIONS FOR FORM 7520-7

This form must be completed by all owners or operators who are seeking to transfer ownership of an injection well that is permitted under the UIC Program. While reports or other information developed by contractors or service companies may be attached, this form must be signed by a responsible entity as described at 40 CFR 144.32. If the form covers multiple wells, use additional pages as necessary to provide all the requested information.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF EXISTING PERMITTEE:** Enter the name and street address, city/town, state, and ZIP code of the current owner/permit holder of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF NEW OWNER:** Enter the name and street address, city/town, state, and ZIP code of the entity to which ownership is being transferred (i.e., the buyer of the well, well field or company). Also provide an email address (if available) and/or a phone number.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

**WELL TYPE:** Enter the Class (as defined in 40 CFR 144.6) and type of injection well.

**WELL LOCATION:** Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. For an area permit, give the latitude and longitude of the approximate center of the area.

**PERMIT OR EPA ID NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

**API NUMBER:** Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

**FULL WELL NAME:** Enter the full name of the well or project. If the facility includes several wells, specify which wells are being transferred.

**ATTACHMENTS:** Attach the following items to the completed form: (1) The written agreement between the existing permittee (i.e., transferor/seller) and the new permittee (i.e., transferee/buyer) containing a specific date for transfer of permit responsibility, coverage, and liability between them. (2) Evidence of financial responsibility for the new permittee, i.e., a surety bond, or other adequate assurance, such as financial statements or other materials acceptable to the Director. If a wellbore schematic for the well being transferred is available, attach it, and check the box on the form.

**CERTIFICATION:** The transferor (seller) and transferee (buyer) must sign and date the form. This form must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average between 2.9 and 5.8 hours per response, depending on the injection well class. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.



United States Environmental Protection Agency  
**Quarterly Injection Well Monitoring Report**

	Month/Year	Month/Year	Month/Year
<b>Injection Pressure (PSI)</b>			
1. Minimum			
2. Average			
3. Maximum			
<b>Injection Rate (Barrels/Day)</b>			
1. Minimum			
2. Average			
3. Maximum			
<b>Annular Pressure (PSI)</b>			
1. Minimum			
2. Average			
3. Maximum			
<b>Injection Volume (Barrels)</b>			
1. Monthly Total			
2. Yearly Cumulative			
<b>Temperature (F °) - If Specified in UIC Permit</b>			
1. Minimum			
2. Average			
3. Maximum			
<b>pH - If Specified in UIC Permit</b>			
1. Minimum			
2. Average			
3. Maximum			
<b>Other Information Specified in the Permit (Attach Pages if Necessary)</b>			

Permit (or EPA ID) Number	API Number	Full Well Name
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**Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please type or print)</i>	Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-8

Use this form to submit quarterly injection well monitoring results. Note: owners or operators of Class II wells should use Form 7520-11 to report monitoring results. Please submit a separate form for each well.

On the top row, enter the **MONTH** and **YEAR** for each month of the quarter for which monitoring results are being reported.

**INJECTION PRESSURE:** Enter the minimum, average, and maximum injection pressure that occurred during each month, in pounds per square inch (psi).

**INJECTION RATE:** Enter the minimum, average, and maximum injection rate, in barrels per day, that occurred during each month.

**ANNULAR PRESSURE:** Enter the minimum, average, and maximum pressure on the annulus between the tubing and long string casing that occurred during each month, in pounds per square inch (psi).

**INJECTION VOLUME:** Enter the monthly total and yearly cumulative volume (in barrels) that has been injected.

**TEMPERATURE:** If the UIC permit requires monitoring of the temperature of the injectate, provide the minimum, average, and maximum temperature that occurred during each month, in degrees Fahrenheit (F°).

**pH:** If the UIC permit requires monitoring of the pH of the injectate, provide the minimum, average, and maximum values that occurred during each month.

**OTHER INFORMATION:** If the UIC permit requires any other monitoring, provide the minimum, average, and maximum values that occurred during each month, as appropriate. (Attach pages to this form if necessary.)

**PERMIT OR EPA ID NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

**API NUMBER:** Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

**FULL WELL NAME:** Enter the full name of the well or project.

**CERTIFICATION:** This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 24.7 hours per response for operators of Class I hazardous wells, 14.4 hours per response for operators of Class I non-hazardous wells, and 27.9 hours per response for operators of Class III wells. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.



United States Environmental Protection Agency



**ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT**

Name, Address, Phone and/or Email of Permittee

State	County
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<b>WELL TYPE</b> Brine Disposal Enhanced Recovery Hydrocarbon Storage	Locate well in two directions from nearest lines of quarter section and drilling unit  Surface Location <table style="width:100%"> <tr> <td style="text-align:center">1/4 of</td> <td style="text-align:center">1/4 of</td> <td style="text-align:center">Section</td> <td style="text-align:center">Township</td> <td style="text-align:center">Range</td> </tr> <tr> <td style="text-align:center">ft. from (N/S)</td> <td colspan="2" style="text-align:center">Line of quarter section</td> <td colspan="2"></td> </tr> <tr> <td style="text-align:center">ft. from (E/W)</td> <td colspan="2" style="text-align:center">Line of quarter section.</td> <td colspan="2"></td> </tr> </table>	1/4 of	1/4 of	Section	Township	Range	ft. from (N/S)	Line of quarter section				ft. from (E/W)	Line of quarter section.			
1/4 of	1/4 of	Section	Township	Range												
ft. from (N/S)	Line of quarter section															
ft. from (E/W)	Line of quarter section.															
	Latitude _____ Longitude _____															

Permit or EPA ID Number	API Number	Full Well Name
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MONTH, YEAR	INJECTION PRESSURE	TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
	MAXIMUM PSIG	BBL	MCF	MAXIMUM PSIG

**Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please type or print)</i>	Signature	Date Signed
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## INSTRUCTIONS FOR FORM 7520-11

Owners or operators of Class II injection wells should use this form to submit required monitoring data annually. Owners or operators of all other well classes should use Form 7520-8. Please submit a separate form for each well.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF PERMITTEE:** Enter the name and street address, city/town, state, and ZIP code of the permittee. Also provide an email address (if available) and/or a phone number.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

Check the appropriate box to describe the **WELL TYPE**.

**WELL LOCATION:** Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere.

**PERMIT OR EPA ID NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.


**API NUMBER:** Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

**FULL WELL NAME:** Enter the full name of the well or project.

Enter on a separate row, each month and year for which monitoring results are reported. Provide the following information: **MAXIMUM INJECTION PRESSURE**, in pounds per square inch gauge (psig); **TOTAL VOLUME INJECTED** in barrels (bbl) or millions of cubic feet (mcf); and **MAXIMUM TUBING-CASING ANNULUS PRESSURE** (if specified in the permit) in psig.

**CERTIFICATION:** This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 29.7 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

 <h2 style="margin: 0;">INVENTORY OF INJECTION WELLS</h2> <p style="margin: 0;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY</p> <p style="margin: 0; font-size: small;">(This information is collected under the authority of the Safe Drinking Water Act)</p>	<b>1. DATE PREPARED</b> <i>(Year, Month, Day)</i>	<b>2. FACILITY ID NUMBER</b> <i>(To be completed by the permitting authority)</i>
---	---	---

3. FACILITY INFORMATION	4. LEGAL CONTACT INFORMATION
NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL	NAME, ADDRESS, ORGANIZATION, PHONE NUMBER AND/OR EMAIL
INDIAN COUNTRY      Yes      No	TYPE      Owner      Operator

5. LOCATIONAL INFORMATION																
Surface Location  <table style="width:100%; border: none;"> <tr> <td style="width:15%;">1/4 of</td> <td style="width:15%;">1/4 of</td> <td style="width:15%;">Section</td> <td style="width:15%;">Township</td> <td style="width:15%;">Range</td> </tr> <tr> <td></td> <td style="text-align: center;">ft. from (N/S)</td> <td style="text-align: center;">Line of quarter section</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">ft. from (E/W)</td> <td style="text-align: center;">Line of quarter section.</td> <td></td> <td></td> </tr> </table>	1/4 of	1/4 of	Section	Township	Range		ft. from (N/S)	Line of quarter section				ft. from (E/W)	Line of quarter section.			Latitude  Longitude
1/4 of	1/4 of	Section	Township	Range												
	ft. from (N/S)	Line of quarter section														
	ft. from (E/W)	Line of quarter section.														

6. WELL INFORMATION:									
A. CLASS AND TYPE	B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS					COMMENTS <i>(Optional)</i> :
	COMM	NON-COMM		UC	AC	TA	PA	AN	
KEY: AC = Active      PA = Permanently Abandoned and Approved by State UC = Under Construction      AN = Permanently Abandoned and not Approved by State TA = Temporarily Abandoned									

Name and Official Title <i>(Please type or print)</i>	Date Submitted
---	----------------

## INSTRUCTIONS FOR FORM 7520-16

Use this form to provide inventory information about injection wells regulated under the Underground Injection Control Program.

**DATE PREPARED:** Enter date in order of year, month, and day.

**FACILITY OR EPA ID NUMBER:** This will be completed by EPA or the permitting authority.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF FACILITY:** Enter the name and street address, city/town, state, and ZIP code of the facility. Also provide an email address (if available) and/or a phone number.

**INDIAN COUNTRY:** Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

**NAME, ADDRESS, PHONE, ORGANIZATION, AND/OR EMAIL OF LEGAL CONTACT:** Enter the name and street address, city/town, state, and ZIP code and the name of the organization to which the legal contact for any questions regarding the information provided belongs. Also provide an email address (if available) and/or a phone number.

**LEGAL CONTACT TYPE:** Check the appropriate box to indicate the type of legal contact (i.e., owner or operator). For wells operated by lease, the operator is the legal contact.

**WELL LOCATION:** Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. For an area permit, give the latitude and longitude of the approximate center of the area.

**WELL CLASS AND TYPE:** Enter the class (as defined in 40 CFR 144.6) and type of injection well. Use the most pertinent code selected from the list on the next page. When selecting type X, please explain in the comment space.

**NUMBER OF WELLS:** Enter the total number of **commercial** and **non-commercial** wells of each class/type, as applicable. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

**TOTAL NUMBER OF WELLS:** Enter the total number of injection wells of each specified class and type.

**WELL OPERATION STATUS:** Enter the number of wells under each operation status (use the key on the front of the form).

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average 0.4 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## TABLE OF WELL CLASSES AND TYPES

CLASS I: Wells that inject industrial and municipal waste, including hazardous waste, beneath the lowermost formation containing a USDW.

Type

- I Non-Hazardous Industrial Disposal Well.
- M Non-Hazardous Municipal Disposal Well.
- H Hazardous Waste Disposal Well injecting below the lowermost USDW.
- R Radioactive Waste Disposal Well.
- X Other Class I Wells (not included in Type "I," "M," "H," or "R").

CLASS II: Wells used to dispose of fluids which are brought to the surface in connection with oil or natural gas production; to inject fluids for enhanced recovery of oil or natural gas; or to store hydrocarbons.

Type

- A Annular Disposal Well.
- D Produced Fluid Disposal Well.
- H Hydrocarbon Storage Well (excluding natural gas).
- R Enhanced Recovery Well.
- X Other Class II Wells (not included in Type "A," "D," "H," or "R").

CLASS III: Wells that inject fluids for the extraction of minerals.

Type

- G In Situ Gasification Well.
- M Solution Mining Well.
- S Sulfur Mining Well by Frasch Process.
- T Geothermal Well.
- U Uranium Mining Well (excluding solution mining of conventional mines).
- X Other Class III Wells (not included in Type "G," "M," "S," "T," "U," or "X").

CLASS IV: Wells that inject hazardous waste into/above USDWs.

Type


- H Hazardous Facility Injection Well.
- R Remediation Well at RCRA or CERCLA site.

CLASS V: Wells not currently classified as Class I, II, III, IV, or VI.

Type

- A Industrial Well.
- B Beneficial Use Well.
- C Fluid Return Well.
- D Sewage Treatment Effluent Well.
- E Cesspool (non-domestic).
- F Septic System.
- G Experimental Technology Well.
- H Drainage Well.
- I Mine Backfill Well.
- J Waste Discharge Well.

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 <span style="margin-left: 100px;">United States Environmental Protection Agency</span>		
<h2 style="margin: 0;">Class V Well Pre-Closure Notification Form</h2>		
<b>1. Name and Address of Facility</b>		<b>2. Description of Facility/Wells To Be Closed</b>
<b>3. State</b>	<b>4. County</b>	<b>5. Permit (or EPA ID) Number</b>
<b>6. Latitude</b>		<b>Longitude</b>
<b>7. Name, Address, Phone Number and/or Email of Permittee</b>		<b>8. Name, Address, Phone Number and/or Email of Legal Contact</b>
<b>9. Type of Wells</b>		<b>10. Number of Well(s)</b>
<b>11. Well construction type (check all that apply):</b> <input type="checkbox"/> Drywell <input type="checkbox"/> Septic tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Improved sinkhole <input type="checkbox"/> Drainfield/Leachfield <input type="checkbox"/> Other		<b>12. Type of discharge:</b>
<b>13. Average flow (gallons/day)</b>		<b>14. Year(s) of well(s) construction</b>
<b>15. Type of well closure (check all that apply):</b> <input type="checkbox"/> Sample fluids/sediments <input type="checkbox"/> Clean out well <input type="checkbox"/> Appropriate disposal of remaining fluids/sediments <input type="checkbox"/> Install permanent plug <input type="checkbox"/> Remove well & any contaminated soil <input type="checkbox"/> Conversion to other well type <input type="checkbox"/> Other (describe): _____                      (Describe): _____		
<b>16. Proposed date of well closure</b>		
<b>Certification</b>		
<p><b>I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)</b></p>		
<b>Name and Official Title (Please type or print)</b>	<b>Signature</b>	<b>Date Signed</b>

## INSTRUCTIONS FOR FORM 7520-17

This form contains the minimum information that you must provide your UIC Program Director if you intend to close your Class V well. This form will be used exclusively where the EPA administers the UIC Program: AK, AS, AZ, CA, CO, DC, HI, IA, IN, KY, MI, MN, MT, NY, PA, SD, VA, VI, and on all Tribal Lands. If you are located in another State or jurisdiction, ask the agency that administers the UIC Program in your State for the appropriate form.

If you are closing two or more Class V wells that are of similar construction at your facility (two dry wells, for example) you may use one form. If you are closing Class V wells of different construction (a septic system and a dry well, for example) use one form per construction type.

**Please read:** The purpose of this form is to serve as a notification to the UIC Director by a Class V well owner or operator of his/her intent to close the well in accordance with Title 40 of the Code of Federal Regulations (40 CFR) Section 144.12(a). According to 40 CFR 144.86, you must notify the UIC Program Director at least 30 days prior to well closure of your intent to close and abandon your well. Upon receipt of this form, if the Director determines that more specific information is required to be submitted to ensure that the well closure will be conducted in a manner that will protect underground sources of drinking water (as defined in 40 CFR 144.3), the Director can require the owner or operator to prepare, submit and comply with a closure plan acceptable to, and approved by the Director.

Please be advised that this form is intended to satisfy Federal UIC requirements regarding pre-closure notification only. Other State, Tribal or Local requirements may also apply.

**1. NAME AND ADDRESS OF FACILITY:** Supply the name and street address of the facility where the well is located. Include the city/town, State, and ZIP Code. If there is no street address for the Class V well, provide the route number or locate the well on a map and attach it to this form.

**2. DESCRIPTION OF FACILITY/WELL TO BE CLOSED:** Describe the well (or, in a multiple-well facility, which wells) to be closed. Attach schematics or drawings, if necessary to fully describe the facility.

Enter the **3. STATE** and **4. COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

**5. PERMIT (OR EPA ID) NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

**6. LATITUDE AND LONGITUDE:** Enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible.

**7. NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL OF PERMITTEE:** Provide the name and mailing address of the owner of the facility (or, if the facility is operated by lease, the operator of the facility).

**8. NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL OF LEGAL CONTACT:** Provide the name and phone number of the legal contact for any questions regarding the information provided on this form. If the legal contact is the same as the permittee, enter "same as permittee."

**9. TYPE OF WELL:** Indicate the type of Class V well that you intend to close (for example, motor vehicle waste disposal well or cesspool).

**10. NUMBER OF WELLS:** Provide the number of wells of this well type at your location that will be closed.

**11. WELL CONSTRUCTION TYPE:** Check the appropriate box(es) to indicate the type of well construction. Check all that apply to your situation. For example, for a septic tank that drains into a drywell, check both the "septic tank" and "drywell" boxes. Please provide a generalized sketch or schematic of the well construction, if one is available.

**12. TYPE OF DISCHARGE:** List or describe the types of fluids that enter the Class V well. If available, attach a copy of the chemical analysis results and/or the Material Safety Data Sheets for the fluids that enter the well.

**13. AVERAGE FLOW:** Estimate the average daily flow into the well, in gallons per day.

**14. YEAR OF WELL CONSTRUCTION:** Provide the year that the Class V well was constructed. If unknown, provide the length of time that your business has been at this location and used this well.

**15. TYPE OF WELL CLOSURE:** Check the appropriate box(s) to indicate briefly how the well closure is expected to proceed. Check all that apply to your situation. For example, check "Install permanent plug" and "Conversion to other well type" if the connection of an automotive service bay drain leading to a septic tank and drainfield will be closed (and a cement plug placed in the service bay drain and the pipe leading to the washroom connection), but the septic system will continue to be used for washroom waste disposal only. In this example, the motor vehicle waste disposal well is being converted to another well type (a large capacity septic system).

**16. PROPOSED DATE OF WELL CLOSURE:** Provide the date on which closure of the well is planned.

**CERTIFICATION:** This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden or this collection of information is estimated to average 1.4 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.





United States Environmental Protection Agency  
**COMPLETION REPORT FOR INJECTION WELLS**

Name, Address, Phone Number and/or Email of Permittee

State	County
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Permit (or EPA ID) Number	API Number	Full Well Name
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Locate well in two directions from nearest lines of quarter section and drilling unit				Latitude
Surface Location				Longitude
1/4 of	1/4 of Section	Township	Range	
ft. from (N/S)	Line of quarter section			
ft. from (E/W)	Line of quarter section.			

Anticipated Daily Injection Volume (Bbls)		Injection Interval (Perforated/Open Hole Interval)	
Average	Maximum	Feet	to Feet

Depth to Bottom of Lowermost USDW (Feet)

Date Drilling Began	Name of Injection Zone
	Fracture Pressure of Injection Zone
Date Drilling Completed	Permeability of Injection Zone
	Porosity of Injection Zone
Date Well Completed	

**Complete Attachments; See Instructions.**

**Certification**

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please type or print)</i>	Signature	Date Signed
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## INSTRUCTIONS FOR FORM 7520-18

This form must be completed for each injection well. This form is appropriate for all injection well classes, and replaces the previous Form 7520-9 and Form 7520-10. While reports or other information developed by contractors or service companies may be attached, this form must be signed by a responsible entity as described at 40 CFR 144.32.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF PERMITTEE:** Enter the name and street address, city/town, state, and ZIP code of the permittee. Also provide an email address (if available) and/or a phone number.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

**PERMIT OR EPA ID NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

**API NUMBER:** Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

**FULL WELL NAME:** Enter the full name of the well or project.

**WELL LOCATION:** Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere.

**ANTICIPATED DAILY INJECTION VOLUME:** Enter the anticipated **average** and **maximum** daily volume of fluid to be injected, in barrels.

**INJECTION INTERVAL:** Enter the depths, in feet, to the top and bottom of the perforated hole/open interval of the well through which injected fluids will exit the well. (Note: this is different from the depth of the injection zone.) Provide information about how these were derived, e.g., by attaching a step-rate test or other test results. (See the description of attachments below.)

Enter the **DEPTH TO BOTTOM OF THE LOWERMOST USDW** (i.e., formation containing less than 10,000 mg/L total dissolved solids), in feet.

Enter the **DATE DRILLING BEGAN**, the **DATE DRILLING WAS COMPLETED**, and the **DATE THE WELL WAS COMPLETED** in the appropriate blanks.

Enter information about the permitted injection formation, including the **NAME OF THE INJECTION ZONE**, the calculated **FRACTURE PRESSURE**, and the **PERMEABILITY** and **POROSITY** of the injection zone in the appropriate blanks.

**CERTIFICATION:** This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average between 3.3 and 3.9 hours per response, depending on the injection well class. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

## **INSTRUCTIONS FOR COMPLETING ATTACHMENTS TO FORM 7520-18**

Please attach the following information to the completion report. Reports prepared by contractors or service companies may be submitted, provided they are clear and legible and the requested information is accessible. Please be sure to specify units as needed, e.g., of depth, pressure, temperature, etc.

### **I. Geologic Information**

1. Provide a geologic description of the rock units penetrated by name, age, depth, thickness, and lithology of each rock unit penetrated.
2. Provide information about the injection formation that supports the information provided on the form, for example: (1) name; (2) depth (drilled); (3) thickness; (4) formation fluid pressure; (5) age of unit; (6) bottom hole temperature; (7) lithology; and (8) bottom hole pressure.
3. Provide chemical characteristics of formation fluid, including a chemical analysis.
4. Provide a description of all USDWs, including: (1) depth below ground surface to base of fresh water (less than 10,000 mg/L TDS); and (2) a geologic description of aquifer units with name, age, depth, thickness, lithology, and average total dissolved solids.

### **II. Well Design and Construction**

1. Provide information on the surface, intermediate, and long string casing and tubing. Describe: the materials used; outside diameter size; weight/foot, grade, and whether new or used; and the depth to which each casing string is set (include appropriate units, e.g., below ground surface, below Kelly bushing, etc.).
2. Provide data on the holes drilled for each casing string, including the bit diameter and depth of hole.
3. Provide data on the well cement for each casing string, such as type/class, additives, amount, method of emplacement, and depth to top of cement.
4. Describe the packer (if used) such as type, name and model, setting depth, and type of annular fluid used.
5. Provide data on centralizers, including number, type, and depth.
6. Provide data on bottom hole completions, including the depth and diameter of the hole.

**III. Monitoring Systems.** Describe the recording and nonrecording injection pressure gauges, casing-tubing annulus pressure gauges, injection rate meters, temperature meters, and other meters or gauges. Also provide information on constructed monitoring wells such as location, depth, casing diameter, method of cementing, etc.

**IV. Logging and Testing Results.** Provide a report describing the types of geophysical logs, cores, and other tests performed; date of the logs; the intervals logged; and interpretation of the results. Include a description and the results of deviation checks run during drilling. If requested, provide a final print of all geophysical logs run.

**V. As-built Schematic.** Provide a diagrammatic sketch of the surface and subsurface construction details of the injection well as-built, showing casing, cement, tubing, packer, etc., with proper setting depths. The sketch should include the well head and gauges.

**VI. Mechanical Integrity Testing.** Provide data demonstrating mechanical integrity pursuant to 40 CFR 146.08. Describe the method and results of mechanical integrity testing.

**VII. Report on the compatibility of injected wastes** with fluids and minerals in both the injection zone and the confining zone.

**VIII. Report the status of corrective action** on deficient wells in the area of review.

**IX. Include the anticipated maximum pressure and flow rate** at which injection will operate.

**X. Stimulation.** Describe any stimulation performed, including the interval treated and the materials and amounts used.

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United States Environmental Protection Agency



## WELL REWORK RECORD, PLUGGING AND ABANDONMENT PLAN, OR PLUGGING AND ABANDONMENT AFFIDAVIT

Name and Address, Phone Number and/or Email of Permittee

Permit or EPA ID Number	API Number	Full Well Name
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State	County
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Locate well in two directions from nearest lines of quarter section and drilling unit

Surface Location	Latitude																		
<table style="width: 100%;"> <tr> <td style="width: 15%;">1/4 of</td> <td style="width: 15%;">1/4 of</td> <td style="width: 15%;">Section</td> <td style="width: 15%;">Township</td> <td style="width: 15%;">Range</td> <td style="width: 20%;">Longitude</td> </tr> <tr> <td>ft. from (N/S)</td> <td></td> <td>Line of quarter section</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ft. from (E/W)</td> <td></td> <td>Line of quarter section.</td> <td></td> <td></td> <td></td> </tr> </table>	1/4 of	1/4 of	Section	Township	Range	Longitude	ft. from (N/S)		Line of quarter section				ft. from (E/W)		Line of quarter section.				
1/4 of	1/4 of	Section	Township	Range	Longitude														
ft. from (N/S)		Line of quarter section																	
ft. from (E/W)		Line of quarter section.																	

Well Class	Timing of Action (pick one)	Type of Action (pick one)
Class I	Notice Prior to Work	Well Rework
Class II	Date Expected to Commence	Plugging and Abandonment
Class III	Report After Work	Conversion to a Non-Injection Well
Class V	Date Work Ended	

Provide a narrative description of the work planned to be performed, or that was performed. Use additional pages as necessary. See instructions.

### Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title <i>(Please type or print)</i>	Signature	Date Signed
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## INSTRUCTIONS FOR FORM 7520-19

This form replaces forms 7520-12 and 7520-14. Use this form only when work is planned or has occurred that affects the well's construction or operation as an injection well, including work on the casing, tubing or packer (or for shallow Class V wells, the subsurface fluid emplacement network). Use one form per injection well. While reports or other information developed by contractors or service companies may be attached, this form must be signed by a responsible entity as described at 40 CFR 144.32. Note: operators closing Class V wells should use Form 7520-17.

**NAME, ADDRESS, PHONE AND/OR EMAIL OF PERMITTEE:** Enter the name and street address, city/town, state, and ZIP code of the permittee. Also provide an email address (if available) and/or a phone number.

**PERMIT OR EPA ID NUMBER:** Enter the well identification number or permit number assigned to the well by the EPA or the permitting authority.

**API NUMBER:** Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

**FULL WELL NAME:** Enter the full name of the well or project.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

**WELL LOCATION:** Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere.

Enter the **WELL CLASS**, i.e., the class of injection well as defined in 40 CFR 144.6.

**TIMING OF THE ACTION:** Check **Notice prior to work** if the activity has not yet occurred (i.e., is planned). Check **Report after work** if the activity described has already occurred. As appropriate, include the date the activity is expected to start or the date the activity was completed. (Note this may not be available, e.g., for a plugging plan submitted with a permit application.)

**TYPE OF ACTION:** Check the appropriate box to describe the kind of activity being reported. Check **Well Rework** for work that was/will be performed on the well after it has already been in operation as an injection well. Check **Plugging and Abandonment** to report on plans for or descriptions of final closure/plugging after use as an injection well. Check **Conversion to a Non-Injection Well** if the well is to be converted to something other than an injection well.

Provide a **NARRATIVE DESCRIPTION** of the work planned to be performed, or that was performed. The narrative should include a description of the main procedures planned or that occurred during the work activity. A service company report, daily report, or similar document may be attached if it includes all the requested information and is clear and legible.

**For well reworks, include the following information:** The reason for the well rework; depths of activity; type of activity; changes to injection well configuration, well casing, or cement behind casing; any plug added to the well and its depth; any newly drilled interval and its depth; method(s) to demonstrate that the well has mechanical integrity (as applicable); and any deviations from the approved rework plan (as applicable).

**For a well plugging plan, include the following information:** Reason for the well plugging; number of plugs placed, and their depths; materials used as plugs (e.g., cast iron bridge plug, cement, cement retainer); method to set plugs; and wait-on-cement times, if any. Also provide one or more cost estimates from an independent firm in the business of plugging and abandoning wells to plug the well as described in the plan.

**For well plugging affidavit, include the following information:** Reason for the well plugging; number of plugs placed, and their depths; materials used as plugs (e.g., cast iron bridge plug, cement, cement retainer); method to set plugs; wait-on-cement times, if any; and any deviations from the approved plugging plan (if applicable).

**For conversion to a non-injection well, include the following information:** Depths of activity; type of activity; changes to injection well configuration, well casing, or cement behind casing; any plug added to the well and its depth; any newly drilled interval and its depth; depths of new perforations; and method(s) to demonstrate that the well has mechanical integrity (as applicable).

For all of the above activities, include a well sketch depicting the work, results of well tests/logging performed, service company tickets, and any other available information demonstrating how the work was/is to be performed. Also, specify whether depths are below ground surface, relative to Kelly bushing, etc.

**CERTIFICATION:** This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden for this collection of information is estimated to average between 6.0 and 7.9 hours per response, depending on the injection well class. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.