Please type or print all information. Please read instructions. OMB No. 2040-0042 Form Expires 4/30/22

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

UIC Federal Reporting System
Part I: Permit Review and Issuance/ Wells in Area of Review

(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 October 1, 20

To

Item					Class and Type of Injection Wells: I	II: SWD 2D	II: ER 2R	II: Other 2O	III	IV	V	VI
V. Permit Application	Number of Permit Applications Received											
VI. Permit Determination	Permit Issued	A	Number of Individual Permits Issued *(One Well)*	New Wells								
				Pre-Program Existing Wells								
		B	Number of Area Permits Issued *(Multiple Wells)*	New Well Field								
				Pre-Program Existing Well Field								
		C	Number of Wells in Area Permits *(See B above)*	New Wells								
				Pre-Program Existing Wells								
	Permit Not Issued	D	*Number of Permits or Major Permit Modifications Denied/Withdrawn (after complete technical review)*									
	Modification Issued	E	Number of Major Permit Modifications Approved									
VII. Well File Review	Number of Rule-Authorized Class II Wells Identified in AOR			Wells Reviewed								
				Wells Deficient								
VIII. Area of Review (AOR)	Wells Identified in AOR	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 from the start of the federal fiscal year (October 1). All fields should contain a value. Do not leave blank fields. Enter 0 if the program has primacy for a particular injection well class but there are no activities to be reported for that field. Enter "NA" if the program does not have primacy for the well type/activity. Enter "U" if the program has primacy for the well/activity and there are activities to report but the information is unknown or not captured; fields designated as "U" require explanation in the "Remarks/Ad Hoc Report" section or in a separate report attached to the Form 7520. Programs should indicate why the information is not collected and specify the injection well classes to which the comment applies.

Section V. Permit Application

For each well class/type, enter the total number of permit applications, including permit renewals, incomplete applications, and applications for major permit modification(s).

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.

A "New Well" is any well that began injection operations after the effective date of the State's Underground Injection Control (UIC) Program for that well class. For wells not covered by a State primacy program, a "New Well" is any well that began injection operations after the effective date of EPA's Underground Injection Control Program. A "Pre-program Existing Well" is any injection well that was in operation prior to the effective date of the State's (or EPA's) UIC program for that well class.

A "New Well Field" has only "New Wells" or a combination of "New Wells" and "Pre-program Existing Wells." A "Pre-program Existing Well Field" contains only "Pre-program Existing Wells."

Item A: For each well class/type, enter the number of individual permits issued for "New" or "Pre-program Existing" Wells.

Item B: For each well class/type, enter the number of area permits that have been issued for "New" and "Pre-program Existing" Well Fields.

Item C: For each well class/type, enter the number of "New" and "Pre-program Existing" Wells covered by the Area Permits entered in Item B.

Item D: For each well class/type, enter the number of permits or major modifications denied by the UIC primacy program and permits withdrawn by applicants. The denial of a permit or major modification should be included as a permit determination only after there has been a final determination.

Item E: For each well class/type, enter the number of major modifications approved. 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. Well 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 Class II wells only, enter the number of wells with permit files reviewed and compliance status determined. Enter "NA" for the other well classes.

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. Enter "NA" for the other well classes.

Section VIII. Area of Review (AoR)

All wells that penetrate the injection zone (or confining zone for Class I Hazardous and Class VI) 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/type, enter the number of "Abandoned" and "Other" wells reviewed in the AoR for each permit application or file that has been reviewed.

"Abandoned" includes any well penetrating the injection zone (or confining zone for Class IH/VI) 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 (or confining zone for Class IH/VI) in the AoR.

Corrective Action is required for those wells that penetrate the injection zone (or confining zone for Class IH/VI) in the AoR that are improperly sealed, completed, or abandoned. Corrective Actions are the use of approved methods to ensure that wells do not serve as conduits for the movement of fluids into underground sources of drinking water.

Item B: For each well class/type, enter the number of "Abandoned" and "Other" wells in the AoR that have required corrective action for each permit application or file reviewed.

Item C: For each well class/type, enter the number of wells in the AoR which have received corrective action for all permit applications or files that have been reviewed. These Corrective Actions do not necessarily have to be for the same wells identified in Item A and Item B, as a Corrective Action may not be completed in the same reporting period as the well review or identification of need for Corrective Action.

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.

Please type or print all information. Please read instructions on reverse. OMB No. 2040-0042 Approval Expires 4/30/2022

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

UIC Federal Reporting System
Part II: Compliance Evaluation

(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 October 1, 20

To

Item				Class and Type of Injection Wells: I	II: SWD 2D	II: ER 2R	II: Other 2O	III	IV	V	VI
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										
VIII. Contamination	Number of Cases of Possible 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 from the start of the federal fiscal year (October 1). All fields should contain a value. Do not leave blank fields. Enter 0 if the program has primacy for a particular injection well class but there are no activities to be reported for that field. Enter "NA" if the program does not have primacy for the well type/activity. Enter "U" if the program has primacy for the well/activity and there are activities to report but the information is unknown or not captured; fields designated as "U" require explanation in the "Remarks/Ad Hoc Report" section or in a separate report attached to the Form 7520. Programs should indicate why the information is not collected and specify the injection well classes to which the comment applies.

A Class I, II, III, IV, V, or VI 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.)

Violations of permit or rule requirements should be reported even if identified through remote compliance monitoring.

Section V. Summary of Violations

(Includes all noncompliance; significant and non-significant)

A. Total Wells: For each well class/type enter the number of wells with one or more violations identified. Count 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/type, enter the number of times each violation type has been identified. Count each violation, even if multiple violations occurred at a single well.

The following general definitions apply to the types of violations listed:

- Unauthorized Injection – Any subsurface emplacement of fluids through a well, except into a well authorized by rule or except as authorized by permit under the UIC program.
- Mechanical Integrity – Well operation without mechanical integrity which causes the movement of fluid outside the authorized zone.
- Operation and Maintenance – Any violation of a regulation or permit requiring the operator to maintain, operate, fund, train, or otherwise ensure that equipment and operations are compliant with all requirements.
- Plugging and Abandonment – The plugging and abandonment of an injection well in an unauthorized manner.
- Monitoring and Reporting – Any failure to timely and completely monitor and/or report required by regulation or permit.

Section VI. Summary of Enforcement

A. Total Wells: For each well class/type, enter the number of wells with one or more violations that have been addressed by an enforcement action. Count each well only once.

B. Total Enforcement Actions:

Items 1-8: For each well class/type, enter the number of times wells with violations have received each type of enforcement action. One enforcement action can cover multiple violations. Each draft and final Administrative Order should be counted separately.

The following general definitions apply to the types of enforcement action listed:

- Notice of Violation – A formal notice from the regulatory authority that notifies an owner/operator that a well is in noncompliance, specifies the noncompliance, and specifies the enforcement consequences for continued noncompliance.
- Consent Agreement – A formal agreement between the State or EPA Director and the owner operator developed pursuant to an Administrative Order or civil action in which the owner/operator agrees to take specific action or actions to return to compliance.
- Administrative Order – A formal order issued by EPA under the authority of 1423 (c) of the SDWA or equivalent action issued by the State with the signature of the State Director and/or Attorney General that compels compliance and/or assesses a penalty. Violation of an order is a separate violation.
- Civil Referral – Agency referral of a case for civil prosecution.
- Criminal Referral – Agency referral of a case for criminal prosecution seeking fines and/or imprisonment.
- Well Shut-In – Agency action requiring cessation of injection until the agency allows operation to resume.
- Pipeline Severance – Agency action to sever the operator's ability to deliver fuel to a pipeline (Class II wells).

Section VII. Number of Wells Returned to Compliance

For each well class/type, enter the number of wells returned to compliance. A "Well Returned to Compliance" is a well for which all underlying violations have been 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.

Section VIII. USDW Contaminations

For each well class/type, enter the number of times a well in noncompliance may have contaminated an underground source of drinking water (USDW). An example would be if data from a groundwater monitoring well indicated potential contamination.

Section IX. Percent of MIT Violations Resolved in 90 Days

For each well class/type, enter the percentage of Mechanical Integrity (MI) violations from the specified time period that were resolved within 90 days of the violation date. For mid-year reporting, the specified time period is the 6-month period ending three months prior to the end of the reporting period. For end-of-year reporting, the specified time period is the 12-month period ending three months prior to the end of the reporting period. Two examples are given to help clarify. If a percent cannot be calculated because of division by zero, enter "NA."

Mid-Year Reporting Example:

- Denominator: All MI violations resulting in loss of MI that occurred from 7/1 (prior fiscal year) to 12/31 (current fiscal year).
- Numerator: Of the MI violations resulting in loss of MI that occurred from 7/1 (prior fiscal year) to 12/31 (current fiscal year), the number of violations that were resolved within 90 days of the violation date.
- Calculate the percent by dividing the numerator by the denominator.

End-of-Year Reporting Example:

- Denominator: All MI violations resulting in loss of MI that occurred from 7/1 (prior fiscal year) to 6/30 (current fiscal year).
- Numerator: Of the MI violations resulting in loss of MI that occurred from 7/1 (prior fiscal year) to 6/30 (current fiscal year), the number of violations that were resolved within 90 days of the violation date.
- Calculate the percent by dividing the numerator by the denominator.

Notes:

- The percent can be rounded to the nearest integer.
- "Resolved" is defined as "returned to compliance" as identified in Section VII.

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.

Please type or print all information. Please read instructions on reverse. OMB No. 2040-0042 Approval Expires 4/30/22

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

UIC Federal Reporting System
Part II: Compliance Evaluation Significant Noncompliance

(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 October 1, 20

To

Item				Class and Type of Injection Wells							
				I	II SWD 2D	II ER 2R	II Other 2O	III	IV	V	VI
V. Summary of Significant Non-Compliance (SNC)	Total Wells	A	Number of Wells with SNC Violations								
	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 Wells	A	Number of Wells with Enforcement Actions 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										
VIII. Contamination	Number of Cases of Possible 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 Form	Date	Telephone No.

Instructions and Definitions

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Violations of permit or rule requirements should be reported even if identified through remote compliance monitoring.

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 Class I and VI wells (not an exhaustive list):
   - 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;
   - Failure to maintain required annulus pressure;
   - Injection plume or pressure front exceeding the area of review (Class VI);
   - Failure to invoke the Emergency and Remedial Response Plan when required (Class VI); and
   - Failure to complete post injection site care activities (Class VI).

Also, any Class I or VI 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 or VI 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. Summary of SNC Violations

A. Total Wells: For each well class/type, enter the number wells with one or more SNC violations identified. Count each well only once. Include all wells with SNC violations, even those with violations that have been returned to compliance.

B. Total Violations:

Items 1-7: For each well class/type, enter the number of times each SNC violation type has been identified. Count each SNC violation, even if multiple SNC violations occurred at a single well.

Section VI. Summary of Enforcement Against SNC:

A. Total Wells: For each well class/type, enter the number of wells with one or more SNC violations that have been addressed by an enforcement action. Count each well only once.

B. Total Enforcement Actions:

Items 1-8: For each well class/type, enter the number of times wells with SNC violations have received each type of enforcement action. One enforcement action can cover multiple violations.

The following general definitions apply to the types of enforcement action listed:

- Notice of Violation – A formal notice from the regulatory authority that notifies an owner/operator that a well is in noncompliance, specifies the noncompliance, and specifies the enforcement consequences for continued noncompliance.
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- Administrative Order – A formal order issued by EPA under the authority of 1423 (c) of the SDWA or equivalent action issued by the State with the signature of the State Director and/or Attorney General that compels compliance and/or assesses a penalty. Violation of an order is a separate violation.
- Civil Referral – Agency referral of a case for civil prosecution.
- Criminal Referral – Agency referral of a case for criminal prosecution seeking fines and/or imprisonment.
- Well Shut-In – Agency action requiring cessation of injection until the agency allows operation to resume.
- Pipeline Severance – Agency action to sever the operator's ability to deliver fuel to a pipeline (Class II wells).

Section VII. Number of Wells in SNC Returned to Compliance: For each well class/type, enter the number of wells in SNC returned to compliance. A "Well Returned to Compliance" is a well for which all underlying violations have been 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.

Section VIII. USDW Contaminations: For each well class/type, enter the number of times a well in SNC may have contaminated a USDW this federal fiscal year to date. An example would be if data from a groundwater monitoring well indicated potential contamination.

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 of endangering wells (e.g., Large Capacity Cesspools and Motor Vehicle Waste Disposal Wells).

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.

Please type or print all information. Please read instructions on reverse. OMB No. 2040-0042 Approval Expires 4/30/22

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

UIC Federal Reporting System
Part III: Inspections
Mechanical Integrity Testing

(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 October 1, 20

To

Item					Class and Type of Injection Wells: I	II: SWD 2D	II: ER 2R	II: Other 2O	III	IV	V	VI
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) (2-part test)									
		B	No. of Rule-Authorized Wells Tested/Evaluated for MI	Passed 2-part test								
				Failed 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)*

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 from the start of the federal fiscal year (October 1). All fields should contain a value. Do not leave blank fields. Enter 0 if the program has primacy for a particular injection well class but there are no activities to be reported for that field. Enter "NA" if the program does not have primacy for the well type/activity. Enter "U" if the program has primacy for the well/activity and there are activities to report, but the information is unknown or not captured; fields designated as "U" require explanation in the "Remarks/Ad Hoc Report" section or in a separate report attached to the Form 7520. Programs should indicate why the information is not collected and specify the injection well classes to which the comment applies.

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. If an inspector visits a regulated facility or field location in order to look for unregistered Class V wells, it can still be counted as an inspection, even if a well was not located.

Activities should only be reported as inspections if a credentialed inspector was on-site at the regulated facility or field location.

A. Total Wells: For each well class, enter the number of wells that have been inspected in the federal fiscal year to date. Enter each well only once.

B. Total Inspections: (this federal fiscal year to date):

Item 1: For each well class/type, enter the number of inspections to witness field Mechanical Integrity Tests (MITs).

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

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

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

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

Section VI. Summary of Mechanical Integrity

An MIT is composed of two parts: 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 can consist 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) should be demonstrated at least once every five years during the life of the well; external MITs on Class VI wells must be performed at least once per year.

Item A: For each well class/type, enter the total number of wells (i.e., permitted *and* rule authorized) that have had a two-part MIT this federal fiscal year to date. A Class II well is considered to have had a two-part MIT even if the absence of significant fluid movement was demonstrated using cement records from a previous year. The same is also true for Class III wells when the casing precludes the use of temperature or noise logging. Count each well only once.

Item B: For each well class/type, enter the number of rule authorized wells that have passed a two-part MIT and the number that have failed a two-part MIT.

Item C: Significant Leak Tests:

Items 1-4: For each well class/type, enter the number of times wells have passed or failed a field test/record evaluation for significant leaks. Count each test, even if multiple or subsequent tests are performed on the same well.

Item D: Fluid Migration Tests:

Items 1-4: For each well class/type, enter the number of times wells have passed or failed a field test/record evaluation for fluid migration. Count each test, even if multiple or subsequent tests are performed on the same well. If cement record evaluations from previous years were used to count any Class II or Class III wells as having had two-part MITs in section VI.A, include those tests here as well.

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/type, enter the number of wells that have received remedial actions during this reporting period. Enter each well only once.

Item 1-4: For each well class/type, enter the number of times that wells have received remedial action. If monitoring or testing is a remedial action for a well, it should be counted once.

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)

Name and Address of Reporting Agency

OMB No. 2040-0042
Approval expires 4/30/22

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.

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 SNCs, whether from the current fiscal year or from a previous fiscal year, shall be included in the 7520-4 submission according to the chart below, except if the well was returned to compliance in a fiscal quarter prior to the quarter being reported for.

FISCAL QUARTER OF 7520-4 SUBMISSION	SNC VIOLATION DATE MUST BE BEFORE
First quarter (ending Dec 31)	Jun 30 of previous fiscal year
Second quarter (ending Mar 31)	Sep 30 of previous fiscal year
Third quarter (ending Jun 30)	Dec 31 of current fiscal year
Fourth quarter (ending Sep 30)	Mar 31 of current fiscal year

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, IIO for Class II Other.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

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)

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

- ☐ Yes
- ☐ No

IV. Ownership

- ☐ Private
- ☐ Federal
- ☐ State/Tribal/ Municipal

V. Permit Action Requested

- ☐ New Permit
- ☐ Permit Renewal
- ☐ Modification
- ☐ Add Well to Area Permit
- ☐ Other

VI. SIC Code(s)

VII. Indian Country

- ☐ Yes
- ☐ No

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

- ☐ A. Individual
- ☐ B. Area

Number of Wells

Well Field and/or Project Names

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

- ☐ A. Operating
- ☐ B. Conversion
- ☐ C. Proposed

Date Injection Started

Date Well Constructed

XI. Well Information

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

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)

Authorized Signatory and Official Title *(Please Type or Print)*	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. 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. 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.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

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

- ☐ Yes
- ☐ No

IV. Ownership

- ☐ Private
- ☐ Federal
- ☐ State/Tribal/ Municipal

V. Permit Action Requested

- ☐ New Permit
- ☐ Permit Renewal
- ☐ Modification
- ☐ Add Well to Area Permit
- ☐ Other

VI. SIC Code(s)

VII. Indian Country

- ☐ Yes
- ☐ No

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

- ☐ A. Individual
- ☐ B. Area

Number of Wells

Well Field and/or Project Names

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

- ☐ A. Operating
- ☐ B. Conversion
- ☐ C. Proposed

Date Injection Started

Date Well Constructed

XI. Well Information

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

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)

Authorized Signatory and Official Title *(Please Type or Print)*	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. 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. 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.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

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)

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

- ☐ Yes
- ☐ No

IV. Ownership

- ☐ Private
- ☐ Federal
- ☐ State/Tribal/ Municipal

V. Permit Action Requested

- ☐ New Permit
- ☐ Permit Renewal
- ☐ Modification
- ☐ Add Well to Area Permit
- ☐ Other

VI. SIC Code(s)

VII. Indian Country

- ☐ Yes
- ☐ No

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

- ☐ A. Individual
- ☐ B. Area

Number of Wells

Well Field and/or Project Names

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

- ☐ A. Operating
- ☐ B. Conversion
- ☐ C. Proposed

Date Injection Started

Date Well Constructed

XI. Well Information

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

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)

Authorized Signatory and Official Title *(Please Type or Print)*	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. 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. 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.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

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)

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

- ☐ Yes
- ☐ No

IV. Ownership

- ☐ Private
- ☐ Federal
- ☐ State/Tribal/ Municipal

V. Permit Action Requested

- ☐ New Permit
- ☐ Permit Renewal
- ☐ Modification
- ☐ Add Well to Area Permit
- ☐ Other

VI. SIC Code(s)

VII. Indian Country

- ☐ Yes
- ☐ No

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

- ☐ A. Individual
- ☐ B. Area

Number of Wells

Well Field and/or Project Names

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

- ☐ A. Operating
- ☐ B. Conversion
- ☐ C. Proposed

Date Injection Started

Date Well Constructed

XI. Well Information

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

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)

Authorized Signatory and Official Title *(Please Type or Print)*	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. 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.

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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.

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

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- 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."*).

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- well name, location and depth,
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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.

OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

EPA

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

____ 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 _____

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.

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.

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)

Authorized Signatory and Official Title of Transferor (Seller)*(Please type or print)*	Signature	Date Signed

Authorized Signatory and Official Title of Transferee (Buyer)*(Please type or print)*	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. 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: You must attach both of 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. 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.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

Injection Well Monitoring Report

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

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

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)

Authorized Signatory and Official Title *(Please type or print)*	Signature	Date Signed

INSTRUCTIONS FOR FORM 7520-8

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

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 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 or gallons per day, that occurred during each month. **Please check the appropriate box to indicate the units reported.**

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 or gallons) that has been injected. **Please check the appropriate box to indicate the units reported.**

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.)

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

State

County

WELL TYPE

- Brine Disposal
- Enhanced Recovery
- Hydrocarbon Storage

INJECTATE DESCRIPTION

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

Permit or EPA ID Number API Number Full Well Name

INJECTION PRESSURE		TOTAL VOLUME INJECTED			TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
MONTH, YEAR	MAXIMUM PSIG	BBL	GALLONS	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)

Authorized Signatory and Official Title *(Please type or print)*	Signature	Date Signed

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**.

User the space provided to describe the **INJECTATE**. Attach additional pages if needed.

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), gallons, 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.

Type or print all information. See reverse for instructions.

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INVENTORY OF CLASS V INJECTION WELLS

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

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

1. DATE PREPARED *(Year, Month, Day)*

2. FACILITY ID NUMBER (To be completed by the permitting authority)

3. FACILITY INFORMATION

NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL

INDIAN COUNTRY ☐ Yes ☐ No

4. LEGAL CONTACT INFORMATION

NAME, ADDRESS, ORGANIZATION, PHONE NUMBER AND/OR EMAIL

TYPE ☐ Owner ☐ Operator

5. LOCATIONAL INFORMATION

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 (decimal degrees)

Longitude (decimal degrees)

6. WELL INFORMATION:

A. CLASS V SUBTYPE		B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS				
		COMM	NON-COMM		UC	AC	TA	PA	AN

KEY: AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

BRIEF DESCRIPTION OF WELL(S) AND ACTIVITIES:

COMMENTS *(Optional)*:

Authorized Signatory and Official Title *(Please type or print)*

Date Submitted

INSTRUCTIONS FOR FORM 7520-16

Use this form to provide inventory information about Class V 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. However, if you are revising previously submitted inventory information, provide the ID number if known.

NAME, ADDRESS, PHONE AND/OR EMAIL OF FACILITY: Enter the name and street address, city/town, state, and ZIP code of the facility. Provide the name and title of a responsible official at the facility such as the facility manager. 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, title, street address, city/town, state, and ZIP code of the legal contact. Provide 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.

CLASS V SUBTYPE: Enter the type of injection well. Use the most pertinent code selected from the list on the next page.

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 V well type.

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

BRIEF DESCRIPTION OF WELL(S) AND ACTIVITIES: Briefly describe the wells and injection activities. Include information such as the injectate, injection rate, injection depth, and the overall nature of the injection activities.

COMMENTS (optional): Enter any additional comments related to the well, activities, or form submission.

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.

CLASS AND TYPE OF WELL

Category	Class/ Type	Description
Industrial	5A1	Carwashes
	5A2	Carwashes where no engine or undercarriage washing is performed
	5A3	Appliance service and repair facilities
	5A4	Beauty and barber shops
	5A5	Nail salons
	5A6	Dry cleaners
	5A7	Laundromats where no on-site dry cleaning is performed
	5A8	Funeral services
	5A9	Wood/furniture finishing facilities
	5A10	Machine and welding shops
	5A11	Medical service facilities
	5A12	Pesticide application service facilities
	5A13	Photographic processing facilities
	5A14	Printing facilities
	5A15	Veterinary, kennel, and pet grooming facilities
	5A16	Metal plating/fabrication facilities
	5A17	Equipment manufacturing/repair plants
	5A18	Cooling water with no additives
	5A19	Cooling water with additives
	5A20	Food processing operations
	5A21	Small engine repair shops
	5A23	Drinking water treatment residual
	5A24	Other industrial
	5A25	Air scrubber waste disposal
	5A26	Water softener regeneration brine disposal
Beneficial Use	5B1	Aquifer recharge
	5B2	Saltwater intrusion barrier
	5B3	Subsidence control
	5B4	Aquifer storage and recovery
	5B6	Subsurface environmental remediation
Fluid Return	5C1	Spent-brine return flow
	5C2	Heat pump return fluids
	5C3	Direct heat return- injection of fluids that have undergone chemical alteration during the production of geothermal energy for heating.
	5C4	Electric power return- injection of fluids that have undergone chemical alteration during the production of geothermal energy for electric power.
	5C5	Ground water aquiculture return flow- injection of fluids that have undergone chemical change during the production of geothermal energy for aquiculture.
Sewage Treatment Effluent	5D	Sewage treatment effluent
Cesspools	5E	Cesspools
Septic Systems	5F	Septic systems
Experimental Technology	5G1	Experimental technology – other
	5G2	Experimental technology – CO_2 sequestration
Drainage	5H1	Stormwater drainage
	5H2	Agriculture drainage
	5H3	Other drainage
Mine Backfill and Drainage	5I	Mine backfill and drainage
Waste Discharge Well	5J	Waste discharge well
Motor Vehicle Waste Disposal	5K	Motor vehicle waste disposal
In-situ and Solution Mining	5L1	Solution mining
	5L2	In-situ fossil fuel recovery
Other Class V Wells	5X	Other Class V wells

Approval Expires 4/30/2022 OMB No. 2040-0214

United States Environmental Protection Agency

Class V Well Pre-Closure and Post-Closure Notification Form

1. Name and Address of Facility	2. Description of Facility/Wells To Be Closed

3. State	4. County	5. Permit (or EPA ID) Number

6. Latitude	Longitude

7. Name, Address, Phone Number and/or Email of Permittee	8. Name, Address, Phone Number and/or Email of Legal Contact

9. Type of Wells	10. Number of Well(s)

11. Well construction type (check all that apply):

- ☐ Drywell
- ☐ Septic tank
- ☐ Cesspool
- ☐ Improved sinkhole
- ☐ Drainfield/Leachfield
- ☐ Other (Describe Below)

12. Type of discharge:

13. Average flow (gallons/day)	14. Year(s) of well(s) construction

15. Type of well closure (check all that apply):

- ☐ Sample fluids/sediments
- ☐ Appropriate disposal of remaining fluids/sediments
- ☐ Remove well & any contaminated soil
- ☐ Other (describe):
- ☐ Clean out well
- ☐ Install permanent plug
- ☐ Conversion to other well type (Describe):

16. Date of well closure (Proposed)	Date of well closure (Actual)

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)

Authorized Signatory and Official Title (*Please type or print*)	Signature	Date Signed

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 your Class V well is operating under a permit that requires a plugging report or other documentation, please follow the requirements of the permit.**

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 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 the original and most recent schematics or drawings 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. If you select "other," please describe the well's construction in the space provided.

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. DATE OF WELL CLOSURE: Provide the proposed/planned or actual date on which closure of the well occurred, as appropriate.

CERTIFICATION: This form must be signed and dated by either: an authorized 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.

OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

COMPLETION REPORT FOR INJECTION WELLS

Permittee Name, Address, Phone Number and/or Email

State

County

Permit (or EPA ID) Number

API Number

Full Well Name

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

Injection Interval (Perforated/Open Hole Interval)

Feet

to Feet

Depth to Bottom of Lowermost USDW (Feet)

Date Drilling Began

Date Drilling Completed

Date Well Completed

Name of Injection Zone

Fracture Pressure of Injection Zone

Permeability of Injection Zone

Porosity of Injection Zone

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)

Authorized Signatory and Official Title *(Please type or print)*

Signature

Date Signed

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.

PERMITTEE NAME, ADDRESS, PHONE AND/OR EMAIL: 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.

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 (if gathering and reporting this information is required in the permit) 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. 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.

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. If the as-built schematic differs from the schematic for the well as planned, please explain how they differ.

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.

OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

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

Permittee Name and Address, Phone Number and/or Email

Permit or EPA ID Number	API Number	Full Well Name

State	County

Locate well in two directions from nearest lines of quarter section and drilling unit

Latitude

Longitude

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.

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

Provide a narrative description of the work planned to be performed, or that was performed. Alternatively, attach a report that meets the requirements. Use additional pages as necessary. Please see the instructions for the specific information that must be provided.

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)

Authorized Signatory and Official Title *(Please type or print)*	Signature	Date Signed

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. Note: operators closing Class V wells should use Form 7520-17.

PERMITTEE NAME, ADDRESS, PHONE AND/OR EMAIL: 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; the method of plug emplacement; a tabular description of casing and tubing after plugging (i.e., size, weight, depth to be put in the well/left in the well, and hole size); a tabular description of plugs placed (i.e., depth of each plug, hole size, amount of cement, slurry weight and volume, calculated and measured top of the plug, materials used as plugs (e.g., cast iron bridge plug, cement, cement retainer)); a tabular description of all open hole and/or perforated intervals and intervals where casing will be varied (if any); 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, also include the following: 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. 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.

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.