OKLAHOMA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Underground Injection Control
Site Inspection and Internal M.I.T. Report

Date:_____

Facility:_____Telephone: ( )_____

Site
Location:_____Address:_____

(A) **Operations**

1. Well Identification
   Permit No._____
   Well No._____
   EPA I.D. No._____
   Well Class_____
2. Protective Barrier [Permit Requirement]
   Present_____
   Adequate_____
3. Corrosion Inhib-Annulus [40 CFR 146.13(a)(3)]
   Present_____
   Type_____
4. Injection Pressure [40 CFR 146.13(a)(1)]
   Permitted Max_____
   Recorded Max_____
   Observed Pressure_____
   DEQ Gauge_____
   Violation_____
5 Annulus Pressure [40 CFR 146.13(a)]
   Permitted Min_____
   Recorded Min_____
   Observed Pressure_____
   DEQ Gauge_____
   Violation_____
6. Temperature [Permit Requirement]
   Permitted Max_____
   Permitted Min_____
   Recorded Max_____
   Recorded Min_____
   Violation_____
7. Flow Rate [Permit Requirement]
   Permitted Max_____
   Recorded Max_____
   Violation_____
8. Well Area
   Good Housekeeping_____
   Pollution (nature/origin)_____

(B) **Continuous Monitoring** [40 CFR 146.13(b)(2)]

1. Injection Pressure Gauge
   Gauge Present on Tubing_____
   In Working Order_____
   Proper Range & Calibration _____
2. Annulus Pressure Gauge
   Gauge Present on Annulus_____
   In Working Order_____
   Proper Range &Calibration_____
   10 psi maintained_____
3. Pressure Recorder
   Injection: Present/Condition_____
   Annulus: Present/Condition_____
4. Flow Rate Recorder
   Present/Condition_____
5. Injection Volume Recorder
   Present/Condition_____

(C) **Record Keeping**

1. Completeness/Quality of Monitoring
   [40 CFR144.28(i)]
   Records_____
2. Manifests [40 CFR 144.14(3)]
   Copies Maintained at Facility_____
   Properly Completed_____
3. Injectate Sampling [40 CFR 144.28(g)(1)]
   Samples Collected_____
   Samples Analyzed_____

(D) **Tank Battery** [Permit Requirement]

1. Tanks Free of Leakage_____
2. Retaining Wall Present_____
3. In Good Condition_____
4. Area Free of Fluids_____
5. Area Free of Debris_____

(E) **Storage Pits** [Permit Requirement]

1. Levies Free of Seepage_____
2. Levies Free of Overgrowth_____
3. At Least 2' Freeboard_____

(F) **Monitoring Wells** [40 CFR 144.28(g,h)(1)(ii)]

1. Required Wells Present_____
2. Number of Wells_____
3. Monthly Samples Taken_____
4. Wells Capped & Locked_____

(G) **Miscellaneous** [Permit Requirement]

1. Proper Sign at Facility Entrance_____
2. Facility has Limited Access_____
3. Proper Hours of Operation_____

(H) **Financial Assurance**[40 CFR 144.52(7)]

1. Updated Annually_____

(I) **Annual Formation Pressure Decay Test**
[40 CFR 146.13(d)(1)]

1. Date Performed_____
2. Adequate_____

Injection Well Mechanical Integrity Test

Well Injection		Well Shut-In
TIME	PRESSURE	
	INJECTION	ANNULUS

Comments: