

PA ID No
ermit No
Pate

INJECTION WELL MONTHLY REPORT

Company Name, Address, Telephone	Facility Name and Address (if different)

This report is to be completed on a monthly basis by all non-hazardous Class I injection wells as defined by 40 CFR 144.6 (a)(2). This report is to be received by the Oklahoma Department of Environmental Quality, Land Protection Division, no later than 15 days after the end of the calendar quarter.

Well Number	Disposal Plan Number	Volume Injected (gallons)	Flow Rate (gpm)	Date Received	Date Injected	Hd	Temp.	Specific Gravity	Injection Pressure (psi)	Annulus Pressure (psi)

I hereby certify that this record is correct and accurate to	the best of my knowledge, and lists all wastes received by
this site for the month of	, 20
Signature of Site Owner/Operator	Date

Revised July 2016 DEQ Form # 652-600



Facility Name:	
EPA ID No.:	
Permit No.:	
Date:	

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY	Permit No.: Date:	
INJECTIO	ON WELL MONTHLY REPORT	
Month/Number of days any injection occurred	Well No.	Well No.
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<u>Part I</u>		
VOLUME (gallons)		
Volume for month		
Cumulative Total (for the year)		
Average Daily (when injecting)		
Maximum Daily		
Minimum Daily (when injecting)		
SURFACE INJECTION PRESSURE (psi)		
Average (when injecting) Maximum		
waximum		
ANNULAR PRESSURE (psi)		
Average (when pressurized)		
Maximum		
Minimum (at any time)		
INJECTION RATE (gpm)		
Average (when injecting)		
Maximum		
Part II AS AN ATTACHMENT, ENCLOSE THE FOLLOV 1. Describe all fluids injected during the mon		ELL

- A. Origin of each injection stream;
- B. Percent concentration of the major constituents of each injection stream, if applicable;
- C. Physical description of each injection stream—such as color, turbidity, odor, density, viscosity, temperature;
- D. Groundwater analysis of the deep monitor well.
- 2. Describe and give the results of any pertinent activities conducted during the month including, but not limited to:
 - A. Well workover operations;
 - B. Mechanical integrity tests performed (whether by operator or DEQ official);
 - C. Calibration and other maintenance of monitoring equipment.
- 3. Explain any unusual occurrences in the monitoring record during the month, including, but not limited to:
 - A. Breaks or inconsistencies;
 - Injection pressure exceeding permitted maximum;
 - Annular pressure drop below permitted minimum; C.
 - Maintenance to annular fluid volume or pressure.

I hereby certify that the information submitted in this and all attached documents is accurate and complete. (Signature of authorized representative) (Date) (Name and title) (Telephone) File this report no later than 15 days after the end of the calendar quarter to: Department of Environmental Quality Land Protection Division

P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677

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