

U.S. ENVIRONMENTAL PROTECTION AGENCY ANNUAL ANALYTICAL REPORT
FOR CLASS II INJECTION WELLS

UIC Permit Number _____ Year _____
This report shall be completed and submitted
at the end of each year and shall be
postmarked no later than the 10th day
of the first month of the following year.
Check one --> EOR SWD HS

OPERATOR NAME _____

ADDRESS _____ WELL NAME _____

CITY/STATE/ZIP _____ WELL COUNTY _____

(AREA CODE) PHONE _____

ANNUAL REQUIREMENTS

Attach the actual laboratory analysis of the following parameters:

Specific Gravity: no units

Total Dissolved Solids: in parts per million (ppm)

pH: no units

Resistivity: in ohm - meters at 75° Farenheit

Chemical Composition of Injected Fluids:

Sodium: in ppm

Calcium: in ppm

Magnesium: in ppm

Barium: in ppm

Iron (total): in ppm

Chloride: in ppm

Sulfate: in ppm

Carbonate: in ppm

Bicarbonate: in ppm

Sulfide: in ppm

Other Chemicals: in ppm

Comments: _____

Date of Sampling: _____

Sample Location: _____

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 punishment. (Ref. 40 CFR Section 144.32)

Name and Official Title	Signature	Date Signed
_____	_____	_____