

For Sample Use Only - Comparable Format Acceptable

Year _____ Month _____

U.S. ENVIRONMENTAL PROTECTION AGENCY QUARTERLY MONITORING REPORT
FOR CLASS II INJECTION WELLS

UIC Permit Number _____ Please complete and submit this report at the end of each month. This report must be postmarked no later than the 10th day of the following months:

April - end of 1st quarter October - end of 3rd quarter
July - end of 2nd quarter January - end of 4th quarter

OPERATOR NAME _____

ADDRESS _____ WELL NAME _____

CITY/STATE/ZIP _____ WELL COUNTY _____

(AREA CODE) PHONE _____

QUARTERLY REQUIREMENTS

Annulus Liquid Loss or Gain _____ gallons

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