Inventory Information for Public Water Supplies Utilizing Class V Injection Wells for Disposal of In-line Analytical Wastewater and/or backwash

Contact Information:

Name of Public Water System (PWS) PWS ID _____ Name of Owner/Operator/Contact for System Fax # Telephone # Mailing Address (street address, city, county, state) **Injection Well Information:** _____ (Provide same information for any additional injection wells) Describe injection well (dry well, French drain, septic system, etc) Provide well diagram Description and/or characterization of wastewater Discharge rate (gallons per day) Location of injection well (street address [if applicable], city, county) Location Coordinates (or provide detailed map) N_____, W____ Provide map depicting locations of public and private water wells within ¼ mile of injection

Note: Provide similar information for any additional injection wells. Also operator must notify EPA of any modifications in injection fluid and volume, or if ground water is adversely impacted by operations of injection wells.