

 <h2 style="margin: 0;">INVENTORY OF INJECTION WELLS</h2> <p style="margin: 0;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY</p> <p style="margin: 0; font-size: small;">(This information is collected under the authority of the Safe Drinking Water Act)</p>	1. DATE PREPARED <i>(Year, Month, Day)</i>	2. FACILITY ID NUMBER <i>(To be completed by the permitting authority)</i>
---	---	---

3. FACILITY INFORMATION	4. LEGAL CONTACT INFORMATION
NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL	NAME, ADDRESS, ORGANIZATION, PHONE NUMBER AND/OR EMAIL
INDIAN COUNTRY Yes No	TYPE Owner Operator

5. LOCATIONAL INFORMATION																
Surface Location <table style="width:100%; border: none;"> <tr> <td style="width:15%;">1/4 of</td> <td style="width:15%;">1/4 of</td> <td style="width:20%;">Section</td> <td style="width:20%;">Township</td> <td style="width:30%;">Range</td> </tr> <tr> <td></td> <td style="text-align: center;">ft. from (N/S)</td> <td style="text-align: center;">Line of quarter section</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">ft. from (E/W)</td> <td style="text-align: center;">Line of quarter section.</td> <td></td> <td></td> </tr> </table>	1/4 of	1/4 of	Section	Township	Range		ft. from (N/S)	Line of quarter section				ft. from (E/W)	Line of quarter section.			Latitude Longitude
1/4 of	1/4 of	Section	Township	Range												
	ft. from (N/S)	Line of quarter section														
	ft. from (E/W)	Line of quarter section.														

6. WELL INFORMATION:									
A. CLASS AND TYPE	B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS					COMMENTS <i>(Optional)</i> :
	COMM	NON-COMM		UC	AC	TA	PA	AN	
KEY: AC = Active PA = Permanently Abandoned and Approved by State UC = Under Construction AN = Permanently Abandoned and not Approved by State TA = Temporarily Abandoned									

Name and Official Title <i>(Please type or print)</i>	Date Submitted
---	----------------

INSTRUCTIONS FOR FORM 7520-16

Use this form to provide inventory information about injection wells regulated under the Underground Injection Control Program.

DATE PREPARED: Enter date in order of year, month, and day.

FACILITY OR EPA ID NUMBER: This will be completed by EPA or the permitting authority.

NAME, ADDRESS, PHONE AND/OR EMAIL OF FACILITY: Enter the name and street address, city/town, state, and ZIP code of the facility. Also provide an email address (if available) and/or a phone number.

INDIAN COUNTRY: Check yes if the well is located in Indian country. Indian country (as defined in 18 U.S.C. 1151) includes: all land within the limits of any Indian reservation under the jurisdiction of the U.S. government; all dependent Indian communities within the borders of the U.S.; and all Indian allotments, the Indian titles to which have not been extinguished.

NAME, ADDRESS, PHONE, ORGANIZATION, AND/OR EMAIL OF LEGAL CONTACT: Enter the name and street address, city/town, state, and ZIP code and the name of the organization to which the legal contact for any questions regarding the information provided belongs. Also provide an email address (if available) and/or a phone number.

LEGAL CONTACT TYPE: Check the appropriate box to indicate the type of legal contact (i.e., owner or operator). For wells operated by lease, the operator is the legal contact.

WELL LOCATION: Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. For an area permit, give the latitude and longitude of the approximate center of the area.

WELL CLASS AND TYPE: Enter the class (as defined in 40 CFR 144.6) and type of injection well. Use the most pertinent code selected from the list on the next page. When selecting type X, please explain in the comment space.

NUMBER OF WELLS: Enter the total number of **commercial** and **non-commercial** wells of each class/type, as applicable. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

TOTAL NUMBER OF WELLS: Enter the total number of injection wells of each specified class and type.

WELL OPERATION STATUS: Enter the number of wells under each operation status (use the key on the front of the form).

PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average 0.4 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.

CLASS AND TYPE OF WELL

CLASS I: Wells that inject industrial and municipal waste, including hazardous waste, beneath the lowermost formation containing a USDW.

Type

- I Non-Hazardous Industrial Disposal Well.
- M Non-Hazardous Municipal Disposal Well.
- H Hazardous Waste Disposal Well injecting below the lowermost USDW.
- R Radioactive Waste Disposal Well.
- X Other Class I Wells (not included in Type "I," "M," "H," or "R").

CLASS II: Wells used to dispose of fluids which are brought to the surface in connection with oil or natural gas production; to inject fluids for enhanced recovery of oil or natural gas; or to store hydrocarbons.

Type

- A Annular Disposal Well.
- D Produced Fluid Disposal Well.
- H Hydrocarbon Storage Well (excluding natural gas).
- R Enhanced Recovery Well.
- X Other Class II Wells (not included in Type "A," "D," "H," or "R").

CLASS III: Wells that inject fluids for the extraction of minerals.

Type

- G In Situ Gasification Well.
- M Solution Mining Well.
- S Sulfur Mining Well by Frasch Process.
- T Geothermal Well.
- U Uranium Mining Well (excluding solution mining of conventional mines).
- X Other Class III Wells (not included in Type "G," "M," "S," "T," "U," or "X").

CLASS IV: Wells that inject hazardous waste into/above USDWs.

Type

- H Hazardous Facility Injection Well.
- R Remediation Well at RCRA or CERCLA site.

CLASS V: Wells not currently classified as Class I, II, III, IV, or VI.

Type

- A Industrial Well.
- B Beneficial Use Well.
- C Fluid Return Well.
- D Sewage Treatment Effluent Well.
- E Cesspool (non-domestic).
- F Septic System.
- G Experimental Technology Well.
- H Drainage Well.
- I Mine Backfill Well.
- J Waste Discharge Well.