

**EPA-REGION 7 SHALLOW INJECTION WELL
REGISTRATION/INFORMATION VERIFICATION RECORD**

FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)

Facility Name: _____

Facility Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Number of Employee's (full and part time): _____

EPA Identification Number(s): _____

IDNR Identification Number(s): _____

FACILITY OWNER INFORMATION (If different than Facility Information)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL DRAINAGE WELL DRY WELL HEAT PUMP RETURN FLOW WELL
SEPTIC SYSTEM (tank size in gallons: _____)

OTHER (please describe: _____)

Well Status: PROPOSED ACTIVE ABANDONED PLUGGED

Approximate Date Installed: _____ If Plugged or Abandoned, When? _____

Well Location: Township: _____ Range: _____ Section: _____ 1/4 Section: _____

Latitude: _____ Longitude: _____

Depth of Well (In Feet): _____ Injection Formation: _____

Nature of Injected Fluid(s): _____

Has any chemical analysis been done on the injectate? YES NO (if yes please attach copies of the results)

FACILITY WATER SUPPLY

Municipal / Public / Rural: YES NO Private: YES NO (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES NO

Is the well protected with a backflow prevention device: YES NO

Signature: _____ Date: _____

Owner Operator