

Facility Well Name

UIC Permit #

Month

Year

Submitted

Approved

KOLAR Document ID

# Class I-V Injection Well Monthly Monitoring

## Summary of Monthly Report

Number of days injection occurred:

	Injection Volume gpd max	Injection Rate gpm	Annulus Pressure psig min		Injection Pressure		Amount Added to Seal Pot
			Gauge psig	Cont. Record psig	Gauge psig	Cont. Record psig	
Monthly Average							
Monthly Maximum							
Monthly Minimum							
Monthly Total							

## Summary of Continuous Recorder Data

Maximum Annulus Pressure psig	Minimum Annulus Pressure psig	Maximum Injection Pressure psig	Minimum Injection Pressure psig

**Comments:**



# Weekly Injectate Samples

## Kansas Lab Certificate Number

Week	Temperature		pH		Chloride				
	Degrees Fahrenheit	Date	Standard Units	Date	Cl concentration (mg/l)	Date Sample Collected	Date Sampl Analysed		

**No monthly injectate samples required.**

