

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:

