

# Appendix B CLASS I INJECTION WELL PERMIT ANNUAL REPORT FORM

## 2016DB0001 Class I UIC Injection Well Annual Report

State of Alaska

Submit this report to:

Alaska Department of Environmental Conservation  
 Division of Water  
 Wastewater Discharge Authorization Program  
 555 Cordova St  
 Anchorage, AK 99501  
 Fax (907) 269-3487 or Phone (907) 269-6287  
[dec-wgreporting@alaska.gov](mailto:dec-wgreporting@alaska.gov)

Authorization Number:  
 ADEC folder Number:  
 EPA Permit Number (Opt.)

or FAX / phone to:  
 or email to:

<b>Name:</b>	<b>Responsible party:</b>
<b>Address:</b>	<b>Phone / email:</b>
<b>Facility:</b>	<b>Onsite contact:</b>
<b>Location:</b>	<b>Phone / email:</b>

<b>Required Reporting Frequency:</b> Annually	<b>Due Date:</b> Jan 31, <input type="text"/>	<b>Reporting Period:</b> Begin: <input type="text"/> End: <input type="text"/>
--	--	---

Disposal Category	Injection Volumes					Units	Sample Type
	1 <sup>st</sup> 1/4	2 <sup>nd</sup> 1/4	3 <sup>rd</sup> 1/4	4 <sup>th</sup> 1/4	Combined Total		
Domestic Wastewater/Graywater	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Measured
Drilling Fluids and Drill Cuttings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
Produced Water/Workover/Completion Fluids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
Desalination/Brine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
Excavation/Stormwater/Containment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
Other exempt fluids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
Other non-exempt non-hazardous Fluids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0.0	BBL	Estimate
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	BBL	Estimate
	-						

BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THAT INFORMATION, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE	TELEPHONE

COMMENT OR EXPLANATION OF FLUIDS (REFERENCE ALL ATTACHMENT HERE)

CHECK HERE IF THERE WAS NO DISPOSAL DURING THE ENTIRE REPORTING PERIOD.