CLASS I INJECTION WELL PERMIT ANNUAL REPORT FORM

2021DB0002 Class I UIC Injection Well Annual Report

State of Alaska

Alaska Department of Environmental Conservation Submit this report to: Division of Water Wastewater Discharge Authorization Program **Authorization Number:** 555 Cordova St **EPA Permit Number:** Anchorage, AK 99501 or FAX / phone to: Fax (907) 269-3487 or Phone (907) 269-6287 Well Name: dec-wqreporting@alaska.gov and email to: dec.water.oilandgas@alaska.gov Name: Responsible party: Address: Phone / email: Facility: **Onsite contact:** Location: Phone / email: **Required Reporting Frequency: Due Date:** Reporting Period: Annually Jan 31, Begin: End: Injection Volumes **Disposal Category** Sample 1st 2nd Combined **Units Type** Quarter Quarter Quarter Quarter **Total** Domestic Wastewater/Graywater Measured **Drilling Fluids and Drill Cuttings** BBL **Estimate** Produced Water/Workover/Completion Fluids **Estimate** BBL Desalination/Brine BBL **Estimate** Excavation/Stormwater/Containment **Estimate** BBL Other Exempt Fluids BBL **Estimate** Other Non-Exempt Non-Hazardous Fluids BBL **Estimate** Total **Estimate** BBL 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. NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER SIGNATURE OF PRINCIPAL EXECUTIVE DATE TELEPHONE OFFICER OR AUTHORIZED AGENT COMMENT OR EXPLANATION OF FLUIDS (REFERENCE ALL ATTACHMENT HERE) CHECK HERE IF THERE WAS NO DISPOSAL DURING THE ENTIRE REPORTING PERIOD.