INJECTION EVENT RECORD

North Carolina Department of Environment and Natural Resources – Division of Water Quality
Permit Number_____

1. **Permit Information**

_____
Permittee

_____
Facility Name

_____
Facility Address

2. **Injection Contractor Information**

_____
Injection Contractor / Company Name

Street Address_____

_____
City State Zip Code

(_____) _____
Area code – Phone number

3. **Well Information**

Number of wells used for injection _____

Well names_____

Were any new wells installed during this injection event?
☐ Yes ☐ No

If yes, please provide the following information:

Number of Monitoring Wells _____

Number of Injection Wells_____

Type of Well Installed (Check applicable type):
☐ Bored ☐ Drilled ☐ Direct-Push
☐ Hand-Augured ☐ Other (specify) _____

Please include two copies of form GW-1b for each well installed.

Were any wells abandoned during this injection event?
☐ Yes ☐ No

If yes, please provide the following information:

Number of Monitoring Wells _____

Number of Injection Wells_____

Please include two copies of the GW-30 for each well abandoned.

4. **Injectant Information**

_____
Injectant Type

Concentration _____

If the injectant is diluted please indicate the source dilution fluid._____

Total Volume Injected_____

Volume Injected per well_____

5. **Injection History**

Injection date(s)_____

Injection number (e.g. 3 of 5)_____

Is this the last injection at this site?
☐ Yes ☐ No

I DO HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE INJECTION WAS PERFORMED WITHIN THE STANDARDS LAID OUT IN THE PERMIT.

_____
SIGNATURE OF INJECTION CONTRACTOR DATE

_____
PRINT NAME OF PERSON PERFORMING THE INJECTION

Submit the original of this form to the Division of Water Quality within 30 days of injection.
Attn: UIC Program, 1636 Mail Service Center, Raleigh, NC 27699-1636, Phone No. 919-733-3221

Form UIC-IER
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