**\$EPA** 

#### **United States Environmental Protection Agency** Office of Ground Water and Drinking Water Washington, DC 20460

# **UIC Federal Reporting System** Part IV: Quarterly Exceptions List

	OMB No. 2040-0042								
Approval expires 12/31/2011									
	I. Reporting Period								
	From	То							

(This information is collected under the authority of the Safe Drinking Water Act)																				
II.	III.	IV.	V. Summary of Violations						VI.		VII.									
Well	Name and Address	Well	Date of	Mark ('X') Violation Type							- Date of		Ма	rk ('X	) Enf	Date				
Class and Type	of Owner/Operator  ID No.  (Permit  No.)	Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	Compliance Achieved	
					iţ		ment													
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.																				
Signature of Person Completing Form				Typed or Printed Name and Title							Date							Telephone No.		

## **Instructions and Definitions**

The quarterly Exceptions list is used to track wells reported in significant noncompliance (SNC) on EPA Form 7520-2B for two or more consecutive quarters without being addressed with a formal enforcement action or returned to compliance. Any SNC reported on Form 7520-4 shall be reported until the SNC is resolved. Once a SNC is reported as resolved, it need not appear in subsequent reports.

### Section I - Reporting Period

All reporting is cumulative, year to date, beginning with October 1.

# Section II - Well Class and Type

Enter the well class and type of each well in SNC for two or more consecutive quarters. For Class I wells, specify IH for hazardous waste, IM of municipal waste, Ii for industrial waste. For Class II wells, specify IID for saltwater disposal, IIR for enhanced recovery, IIH for liquid hydrocarbon storage.

#### Section III - Name and Address of Owner/Operator

Enter the name and address of the owner/operator of the injection well. Use multiple lines of the form if needed. (You may use one form for each owner/operator.)

#### Section IV - Well ID No. (Permit No.)

Enter the I.D. number of the injection well in SNC. If the well has a UIC permit number, enter this as the I.D. number.

## Section V - Summary of Violations

Enter the date the SNC violation was first identified and place an "X" in the appropriate column. In the event that there were multiple SNC violations for a single well, enter each violation and the date it was identified on a separate line.

# **Section VI - Summary of Enforcement**

Enter the date an enforcement action was taken against the SNC violation and place an "X" in the appropriate column. In the event that there were multiple enforcement actions, enter each enforcement action and the date it was taken on a separate line.

#### **Paperwork Reduction Act**

The public reporting and record keeping burden for this collection of information is estimated to average 2 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.