## Illinois Environmental Protection Agency Bureau of Land Class V Injection Well Inventory Form

1.	Date Prepared: 2. County:
3.	Prepared by:
	Company/Agency:
	Phone Number:
4.	IEPA Site Number:
	Indicate here if a number has not been previously assigned by the Bureau of Land and provide the
	Township name:
5.	Facility Transaction (Check One):
	First Time Entry Modify Entry
6.	Facility Name:
	Facility Contact:
	Facility Phone Number:
	Facility Address:
	City:
	State: Zip Code:
7.	Owner:
	Owner's Organization:
	Owner's Phone Number:
	Owner's Address:
	City:
	State: Zip Code:
8.	Ownership (Check One) Private Public State Federal
	Other (specify)
9.	Injection Fluid Information
	Description of fluid:
	Is all of the fluid to be injected generated at this facility (Check One)?
	Yes No
	If no, indicate the name and address of the facility(s) where the fluid is generated:

This Agency is authorized to require this information under the Illinois Environmental Protection Act 415 ILCS 5/39. Disclosure of this information is required and failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

	ship of the drinking	water well:	Public	_ Private	
Well In	nformation"				
A. Well Code	B. Total Wells this code	C. Well Status	D. Well Lo Latitude Degree Minute Seconds		E Well Transaction
Comm					
Commo					
I certify with a s inquiry informa	y under penalty of la system designed to a of the person or pe ation submitted is, to	assure that qualified ersons who manage to the best of my kno	nt and all attachments were pre personnel properly gather and the system, or those persons di owledge and belief, true, accura uding the possibility of fine an	evaluate the information sub rectly responsible for gatheri te, and complete. I am awar	mitted. Based on ng the information e that there are sign