



Tennessee Department of Environment and Conservation
Division of Water Resources - Drinking Water Unit
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Ave., 11th Floor, Nashville, TN 37243-1102

INJECTION WELL MONITORING REPORT

Permittee Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ UIC Permit Number: _____

Description	Month/Year: _____	Month/Year: _____	Month/Year: _____
Injection Pressure (PSI)			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
Injection Rate (Gallon/Minute)			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
Annular Pressure (PSI)			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
Injection Volume (Gallon)			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
Temperature (Fahrenheit)			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
pH			
1. Minimum	_____	_____	_____
2. Average	_____	_____	_____
3. Maximum	_____	_____	_____
Other			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Certification

I certify under penalty of law I have personally examined and am familiar with the information submitted in the attached document. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Print Name	Print Official Title	Signature	Date Signed