

This information is collected under the authority of the Safe Drinking Water Act.

Notice: Code of Federal Regulations (40 CFR 144.26 Inventory Requirements): owners or operators of all injection wells authorized by rule shall submit inventory information to an approved State Underground Injection Control Program. Personal information collected on this form will be used for inventory purposes. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32 to 19.39, Wis. Stats.) and requirements.

Date Prepared (Year, Month, Day)	Facility ID Number	Transaction Type (Please check one of the following) <input type="checkbox"/> Deletion <input type="checkbox"/> Entry Change <input type="checkbox"/> First Time Entry <input type="checkbox"/> Replacement
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Facility Name and Location

Last Name	First	MI	Latitude: DEG MIN SEC	Longitude: DEG MIN SEC	
			N	W	
Street Address / Route Number			Township	Range	Section ¼ Section
			N		
City / Town	State	ZIP Code	County		Tribal Land <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Contact

Type <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Last Name	First	MI	Telephone Number (incl. area code)
Organization			Ownership	
Street / P.O. Box			<input type="checkbox"/> Private <input type="checkbox"/> County / Local Government <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Specify Other _____	
City / Town	State	ZIP Code		

Well Information

WELL CLASS	WELL TYPE	TOTAL NUMBER OF WELLS	WELL OPERATION STATUS					KEY:
			UC	AC	TA	PA	AN	
								KEY: DEG = Degree MIN = Minute SEC = Seconds SECT = Section ¼ SECT = Quarter Section AC = Active UC = Under Construction PA = Permanently Abandoned and Approved by State AN = Permanently Abandoned and Not Approved by State TA = Temporarily Abandoned and Not Approved by State

Comments (Optional):