



United States Environmental Protection Agency
Injection Well Monitoring Report

Permit (or EPA ID) Number	API Number	Full Well Name	
	Month/Year	Month/Year	Month/Year
Injection Pressure (PSI)			
1. Minimum			
2. Average			
3. Maximum			
Injection Rate Check: Barrels/Day or Gallons/Day			
1. Minimum			
2. Average			
3. Maximum			
Annular Pressure (PSI)			
1. Minimum			
2. Average			
3. Maximum			
Injection Volume Check: Barrels/Day or Gallons/Day			
1. Monthly Total			
2. Yearly Cumulative			
Temperature (F °) - If Specified in UIC Permit			
1. Minimum			
2. Average			
3. Maximum			
pH - If Specified in UIC Permit			
1. Minimum			
2. Average			
3. Maximum			
Other Information Specified in the Permit (Attach Pages if Necessary)			
<p align="center">Certification</p> <p>I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)</p>			
Authorized Signatory and Official Title <i>(Please type or print)</i>	Signature		Date Signed

INSTRUCTIONS FOR FORM 7520-8

Use this form to submit monthly or quarterly injection well monitoring results, as required in your permit. Note: owners or operators of Class II wells should use Form 7520-11 to report annual monitoring results. Please submit a separate form for each well.

PERMIT OR EPA ID NUMBER: Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

API NUMBER: Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

FULL WELL NAME: Enter the full name of the well or project.

Enter the **MONTH** and **YEAR** for each month of the quarter for which monitoring results are being reported.

INJECTION PRESSURE: Enter the minimum, average, and maximum injection pressure that occurred during each month, in pounds per square inch (psi).

INJECTION RATE: Enter the minimum, average, and maximum injection rate, in barrels or gallons per day, that occurred during each month. **Please check the appropriate box to indicate the units reported.**

ANNULAR PRESSURE: Enter the minimum, average, and maximum pressure on the annulus between the tubing and long string casing that occurred during each month, in pounds per square inch (psi).

INJECTION VOLUME: Enter the monthly total and yearly cumulative volume (in barrels or gallons) that has been injected. **Please check the appropriate box to indicate the units reported.**

TEMPERATURE: If the UIC permit requires monitoring of the temperature of the injectate, provide the minimum, average, and maximum temperature that occurred during each month, in degrees Fahrenheit (F°).

pH: If the UIC permit requires monitoring of the pH of the injectate, provide the minimum, average, and maximum values that occurred during each month.

OTHER INFORMATION: If the UIC permit requires any other monitoring, provide the minimum, average, and maximum values that occurred during each month, as appropriate. (Attach pages to this form if necessary.)

CERTIFICATION: This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average 24.7 hours per response for operators of Class I hazardous wells, 14.4 hours per response for operators of Class I non-hazardous wells, and 27.9 hours per response for operators of Class III wells. 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, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.