STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

##### DIVISION OF MINING AND RECLAMATION

UIC ANNUAL REPORT

Reporting Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permittee: |  | | | |
| Permit Number: | |  | Date of Original Permit Issuance: |  |

1. **Total volume injected for all injection points (use “K” for “thousand”)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Total** |
| **Gallons** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

**II. Maximum and minimum Mine Pool Levels (additional rows are for reporting all *permitted* pool sections or areas):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Monitoring Point** | **Maximum Pool Level** | | **Date** | **Minimum Pool Level** | | **Date** | **Comments** |
|  |  | feet |  |  | feet |  |  |
|  |  | feet |  |  | feet |  |  |
|  |  | feet |  |  | feet |  |  |
|  |  | feet |  |  | feet |  |  |
|  |  | feet |  |  | feet |  |  |

**III. Injection Points installed and/or abandoned:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Injection Point Number** | **Installed** | **Date** | **Abandoned** | **Date** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**IV. Modifications to existing Underground Injection Control Permit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Modification Number** | **Major or minor**  **(M or m)** | **Date of Application** | **Date of Issuance** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
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UIC ANNUAL REPORT

Reporting Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permittee: |  | | | |
| Permit Number: | |  | Date of Original Permit Issuance: |  |

**V. Injection Volume in Gallons (use K for thousand)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Injection Point** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Total for Year** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Total:** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

Reporting Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permittee: |  | | | |
| UIC Permit Number: | |  | Date of Original Permit Issuance: |  |

**VI. Non-Compliance (list all):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Injection Point** | **Date** | **Parameter** | **Limit/Analysis/Units** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**VII. Any Additional Pertinent Information:**

|  |
| --- |
|  |

I certify under 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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Typed or Printed Name and Title of Principal Officer) | (Signature of Principal Officer) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Signed: |  |  |  |