

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

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		E			
City / Town			State	ZIP Code		County		Tribal Land <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Well Information							
Description of Well	Total Number of Wells	Well Operation Status					KEY:
		UC	AC	TA	PA	AN	
							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):