**Department of Environmental Quality - Division of Water Resources**

**STATUS OF INJECTION WELL(S)/PERMIT RESCISSION REQUEST FORM**

Permit Number:

Permittee Name(s):

Mailing Address:

Physical Address of Well(s) (if different than mailing address):

City County Zip Code

Daytime Telephone No.: Cell No.:

Email Address:

**Please check the selection which most closely describes the current status of your system:**

1) Well(s) still used for injection activities

2) Well(s) not used for injection but used for other purposes: a) Water Supply

b) Recovery

c) Irrigation

d) Monitoring

3) Injection discontinued and: a) Well(s) temporarily abandoned

b) Well(s) permanently abandoned

c) Well(s) not abandoned

4) Injection well(s) never constructed N/A injection well(s) never proposed

**Well(s) Abandonment/Comments:**

If you checked (3)(a) or (b), attach a copy of the GW-30 (Well Abandonment Record). If not applicable, then describe the method used (or to be used) to abandon the well(s), including a description of how the well were sealed and material used. If the work below is proposed, a GW-30 will need to be submitted to the UIC Program 30 days after abandonment.

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**Permit Rescission:**

If you checked (2), (3), or (4) and will not use a well for injection on this site in the future, you should request rescission of the permit. Do you wish to rescind the permit?

**Yes No**

**Certification:**

"I hereby certify, under penalty of law, which I have personally examined and am familiar with the information submitted in this document, and that to the best of my knowledge the information is true, accurate, and complete."

Signature Date

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Print or Type Name Title