**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 or proposed status of your system:**

1) \_\_\_\_\_ Well(s) still used for injection activities

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

\_\_\_\_ Recovery

\_\_\_\_ Irrigation

\_\_\_\_ Monitoring

\_\_\_\_ Other (indicate use) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_ Injection discontinued and: \_\_\_\_\_ Well(s) temporarily abandoned

 \_\_\_\_\_ Well(s) permanently abandoned

 \_\_\_\_\_ Well(s) not abandoned

4) \_\_\_\_\_ Injection well(s) never constructed

**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(s) 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit Rescission:**

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

 **\_\_\_\_\_ Yes \_\_\_\_\_ No**

**If former injection well(s) are be used for other purposes, describe how well(s) will be rendered incapable of future injection activity, if applicable (can add additional page as attachment):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print or Type Name Title