

COMPLETE (EXISTING) WELL / FACILITY INSPECTION FORM

API NUMBER 47- FACILITY / PAD NAME

GPS COORDINATE (DEG.DECIMAL): Longitude Latitude

ASSIGNED API NUMBER 47- WELL OPERATOR

FARM NAME WELL NUMBER COUNTY

		(CHECK ANSWERS)		
		YES	NO	N/A
A.	The ACCESS ROAD meets all requirements? (22-6-30, 22-6A-14, 35CSR4-16, 35CSR8-12)			
1.	CULVERTS PROPERLY SIZED AND SPACED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	DISSIPATING DEVICES (ROCK CHECKS, SUMPS, SEDIMENT BASINS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	PROPERLY MAINTAINED (ACCESS INTEGRITY INCLUDING VEGETATION ON SLOPES, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	DIVERSION DITCHES IN PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	The WELL and LOCATION are properly equipped and reclaimed? (22-6-30, 22-6-6, 22-6A-14, 35CSR4-16, 35CSR8-12)			
1.	API NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	DIVERSION DITCHES INSTALLED AND MAINTAINED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	PROPERLY MAINTAINED (GENERAL SITE, WELL, AND EQUIPMENT INTEGRITY, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	ALL DISTURBED AREAS RECLAIMED (VEGETATION COVERAGE, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	IS SITE, WELL, AND STRUCTURES FREE OF OIL, GAS AND SALT WATER LEAKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	IS WELL PRODUCING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	FREE OF CORROSION OR PITTING ON WELL CASINGS, WELLHEAD, OR VALVINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	PRODUCTION REPORTS BEEN FILED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	ANNUAL INSPECTIONS BY OPERATOR AVAILABLE (35CSR4-11.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Does the SPILL PREVENTION meet all requirements?(22-6-7, 35CSR1-1 TO 9, 35CSR4-11 TO 17, 35CSR8-18)			
1.	ARE TANKS PROPERLY EQUIPPED WITH THE FOLLOWING?			
	A. SECONDARY CONTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. TANK / LINE LEAKAGE PREVENTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. VALVES INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. EQUALIZING LINES ON MULTIPLE-TANK SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. MANHOLES AND OPERATING VALVES LOCKED, SEALED, AND SECURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	SECONDARY CONTAINMENT STRUCTURES INSTALLED AND AND MAINTAINED:			
	A. IMPERVIOUS CONTAINMENT AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. ARE CONTAINMENT WALLS INTACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. SURFACE WATER PROPERLY DRAINED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. ANY VISIBLE OIL SHEEN IN CONTAINMENT AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. VALVES INSTALLED ON DIKE DRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. DIKE DRAIN VALVES CLOSED AND SECURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	PRODUCTION FACILITY PROGRAM MAINTENANCE:			
	A. SPCC PLAN (40CFR112) AVAILABLE*			
	*ARE DIKE-CONTAINMENT DIMENSIONS (CAPACITY) ACCORDING TO PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
	*ARE SPCC OPERATOR INSPECTIONS OR RECORDS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	

B. FREE OF CORROSION ON SURFACES OF TANKS, FLOWLINES OR VALVES ☐ ☐

C. ESTIMATED CAPACITY LARGEST (AST) TANK / VESSEL \_\_\_\_\_BARRELS

D. APPROPRIATE WATER POLLUTION CONTROL PREVENTION ☐ ☐

E. SITE SECURITY / SAFETY (FENCE AND GATE INTACT, LADDERS SECURED, ETC) ☐ ☐

D. IS SALT WATER (WELL FLUIDS) BEING PROPERLY COLLECTED AND DISPOSED OF? (22-6-7) ☐ ☐ ☐

E. WAS THIS INSPECTION ROUTINE? ☐ ☐  
AND SPECIFY IF (COMPLAINT, RANDOM, ETC.) \_\_\_\_\_

F. IS THIS WELL / FACILITY PART OF A UIC ACTIVITY OR SECONDARY RECOVERY FIELD? ☐ ☐

G. WERE ENFORCEMENT ACTIONS TAKEN\*\* AS A RESULT OF THIS INSPECTION? ☐ ☐  
\*\*SPECIFY (VIOLATION, ORDER, OR WARNING) \_\_\_\_\_

COMMENTS:\_\_\_\_\_

\_\_\_\_\_

DATE\_\_\_\_\_

INSPECTOR\_\_\_\_\_