



SMC Martin Inc.

**EVALUATION OF THE INVENTORY
AND ASSESSMENT OF CLASS V
INJECTION WELLS IN
NORTH DAKOTA**

FINAL

EVALUATION OF THE INVENTORY
AND ASSESSMENT OF CLASS V
INJECTION WELLS IN
NORTH DAKOTA

Submitted to:

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Contract No. 68-01-6288

Ref: #8425-040-94001

March 1985

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EXECUTIVE SUMMARY

An inventory of Class V injection wells in the State of North Dakota by Don Richard and G. Padmanabhan of the North Dakota State University was reviewed and evaluated in accordance with EPA Contract #68-01-6288. One-hundred eleven Class V injection wells were identified and located during the North Dakota State University inventory. Of these, 94 were ground-water heat pump return wells, 10 were abandoned wells used for geophysical exploration, 1 was used for disposal of sanitary wastes, 5 were soil backfill wells, and 1 was used for cooling water disposal. SMC-Martin contacted 35 percent of the inventory entries to verify the information on the inventory.

Class V injection wells have the potential to affect aquifers by causing temperature fluctuations and introducing contaminants into an aquifer. These problems can surface or be exacerbated when the waters are being injected or returned to an aquifer other than that from which it was withdrawn. No problems associated with return wells have been reported in North Dakota. Because all wells, including injection wells, must be permitted by the State, a current inventory can most effectively be maintained if the North Dakota State Water Department requires that wells be categorized as "injection" or "extraction" wells on the drilling permits.

INTRODUCTION

According to the regulations of the Underground Injection Control (UIC) program, an injection well is a drilled, driven, or dug hole whose depth is greater than the largest surface dimensions and which is used for the subsurface emplacement of fluids. These wells are used for a variety of purposes, including aquifer recharge, drainage, the production of oil, gas, and minerals, and waste disposal. Misuse and/or improper design, construction, operation, or abandonment of injection wells may pose a significant threat to ground-water drinking sources. The aim of the UIC program is to prevent or diminish deterioration of the quality of potential underground sources of drinking water.

EPA has defined Class V wells as "All other injection wells not incorporated in Classes I through IV." Examples of Class V wells include:

- o Air conditioning/cooling water return wells
- o Storm water drainage wells
- o Agricultural drainage wells
- o Other drainage wells
- o Recharge wells
- o Subsidence control wells
- o Waste disposal wells

Class V wells are reported to account for more than 61 percent of the total number of injection wells in the country. These

wells are of particular concern since they represent an unknown problem due to their number and the current lack of information on them. The purpose of this study was to review and evaluate the existing inventory completed by the North Dakota State University and to make specific suggestions on how North Dakota can complete and update their own inventory using in-house staff.

Under EPA Contract #68-01-6288, SMC Martin reviewed and evaluated all the inventory work conducted to date by the North Dakota State University ("An Inventory and Assessment of Class V Injection Wells in North Dakota," for the North Dakota State Health Department, 1983).

METHODOLOGY

To evaluate the accuracy and completeness of the inventory, SMC Martin carefully examined the inventory and assessment report prepared for the State of North Dakota, the methodology used by the North Dakota State University to conduct the inventory, and the inventory data base. A telephone survey was conducted of a representative sample of the inventory entries, including:

- o Private residences
- o Industrial and commercial sites
- o Municipal and other governmental operations
- o Various public facilities including schools, churches, etc.

For each entry in the inventory, the information was verified by contacting the party legally responsible for the well. This information was compared to the data required by the EPA:

1. Facility name and location.
2. Name and address of a legal contact.
3. Ownership of facility.
4. General nature, type, and number of injection wells.
5. Operational status of the injection wells.

In each case, all the information was either confirmed, updated, or corrected and an individual inventory sheet was completed.

Upon completion of the inventory verification phase of the study, a representative sample of commercial and industrial installers and dealers of heat pumps was contacted. These included:

- o All North Dakota members of the Contractor Division of the National Water Well Association;
- o Water well drillers;
- o Heating contractors;
- o Water treatment contractors;
- o Heat pump dealers, distributors, and installers;
- o Utility companies; and
- o Governmental agencies on all levels (federal, state, county, and municipal).

These sources were asked to identify known owners of heat pumps, which were then checked against the inventory to verify that these businesses had been contacted during the previous state effort. All new heat pump installations that were identified were contacted and added to the inventory.

Efforts to acquire data on non-heat pump return wells were geared toward contacting people in various government agencies and private industries. These industrial contacts included mining companies, testing labs, and septic tank installers.

RESULTS

Thirty-five percent of all the inventoried facilities were contacted and all information was verified. It was not necessary to contact all facilities on the inventory, as the data was generally accurate. Small discrepancies did occur but most manifested themselves as errors in zip codes, the inclusion of water supply wells, and name misspellings. These discrepancies were corrected on revised inventory forms, which are compiled in the Appendix. The North Dakota State University inventory provided sufficiently accurate information to contact and identify every facility. The information collected during the North Dakota State University inventory was found to be generally correct, and further facility contacts were deemed unnecessary.

To evaluate the completeness of the inventory, heating contractors, water well drillers, pump dealers, and septic tank installers were contacted. Only 70 percent could actually be reached in our effort, as the remaining 30 percent were found to no longer exist. Government agencies that were contacted included county sanitarians, county and municipal engineers, North Dakota Water Commission, North Dakota Health Department, the State Geological Survey, the State Land Department, and the U.S. Geological Survey. All of the government agencies and businesses were asked to what extent heat pumps are used and to

estimate, in their opinions, the number of heat pump return wells in North Dakota. Almost all of the people contacted estimated that approximately 100 ground-water heat pump recharge wells exist in the entire state, with one estimate placing the number as high as 500. North Dakota State University inventoried 94 ground-water heat pump recharge wells.

Therefore, based on the information provided by the telephone survey of the various establishments and residences, it is concluded that the inventory of Class VA wells for the State of North Dakota is fairly accurate and complete. The number of heat pump wells estimated by the heat pump dealers, water well drillers, etc., would indicate that the State of North Dakota was thoroughly inventoried for such wells.

In addition to the ground-water heat pump recharge wells, North Dakota State University inventoried 17 other Class V wells, including:

- o 10 geophysical exploration wells abandoned after plugging;
- o 1 cesspool;
- o 1 community mound (septic waste disposal); and
- o 5 sand backfill facilities (subsidence control).

In order to determine the completeness of the inventory regarding these other Class V injection wells the State Health Department, State Public Service Commission, and the Office of Surface Mines of the Federal Department of the Interior were contacted. Seven of the wells were verified and inventoried.

The ten geophysical exploration wells were not located during the initial inventory and were not traceable through contacts with various governmental agencies and commercial establishments. As a result, the exact nature or duration of the wells remains indeterminate, though an extensive record search of well logs in the State files may disclose the purpose and ownership of the wells.

SMC Martin surveyed potential installers of other types of injection wells to evaluate the completeness of the inventory. Mining companies and testing labs indicated that their firms were not involved with any type of injection wells. Conversations with numerous septic tank installers disclosed that the majority of the soils in North Dakota are so highly permeable that only low volume (single residence) systems can be used without risking contamination of the water supply.

Information gathered through conversations with people at the North Dakota Public Service Commission verified that five backfill projects had been completed and that two additional projects were proposed for the summer of 1985. The pertinent information concerning the completed and proposed projects are listed in Table 1.

Aside from the 17 wells inventoried during the University survey, no additional non-ground-water heat pump return wells were located. None of the agencies, businesses, or industries contacted during this study indicated that any injection wells were proposed in the near future.

TABLE 1
SUMMARY OF CLASS V SUBSIDENCE CONTROL
INJECTION WELLS

Completed Projects

North Dakota Public Service Commission

Beulah, ND

Completed: November, 1983

Backfill: 80% sand, 12% fly ash

Volume: 41,150 tons

No. of Wells: 150

Beulah, ND

Completed: November, 1983

Backfill: 80% sand, 12% fly ash

Volume: 10,000 tons

No. of Wells: 75-100

Office Surface Mines

Beulah, ND

Completed: September, 1983

Backfill: Grout and fly ash

Volume: 4,000 tons

No. of Wells: 60

Beulah, ND

Completed: October, 1983

Backfill: Grout and fly ash

Volume: 1,100 tons

No. of Wells: 50

Beulah, ND

Completed: August, 1983

Backfill: 88% sand, 12% fly ash

Volume: 45,000 tons

No. of Wells: 200-250

Proposed Projects

Office of Surface Mines

Beulah, ND

Proposed Completion: Summer, 1985

Volume: 50,000 tons

Beulah, ND

Proposed Completion: Summer, 1985

Volume: >50,000 tons

Similar results were reported by the North Dakota State University survey. Therefore, the University's inventory concentrated on groundwater heat pump return wells, as these facilities appear to be the most prominent type of injection well in the state.

PROCEDURES TO MAINTAIN A CURRENT INVENTORY

The inventory of ground-water heat pump return wells conducted in 1983 by the North Dakota State University is both thorough and accurate. However, in order to establish a complete inventory of all Class V injection wells in the entire State, the other types of Class V wells must also be inventoried thoroughly. Therefore, additional efforts may be necessary to achieve a complete inventory of all the Class V injection well types.

Under Chapter 33-25-01-16 of the North Dakota Administrative Code, every individual owner (whether residential, commercial, or industrial) is required to register their injection well with the State Department of Health. A copy of these regulations is presented in Appendix B. This rule sets up the ground work under which the state Class V injection well inventory can be maintained and updated by the Division of Water Supply and Pollution of the State Health Department. However, the compliance of the general public with this regulation is minimal, as few people are aware of this requirement. Thus, unless the public is educated about the existence and importance of UIC Rule #25-01-16 in Chapter 33 of the North Dakota Administrative Code, the effectiveness of this regulation is greatly compromised.

It appears that an alternative regulation may in fact be applicable for inventorying heat pump recharge wells with

greater effectiveness. Under Chapter 33, Rule 18-01 (Water Well Construction and Pump Installation), of the North Dakota Administrative Code, all water well drillers must submit a log of the wells that have been completed. A copy of a well driller's report is presented in Appendix C. It is through this rule that most of the Class V injection wells have been inventoried. This requirement applies to all wells and is not limited to ground-water heat pump return wells.

To date, these methods have proved effective as an additional 52 ground-water heat pump return wells have been inventoried by the State Health Department. The results of the updated inventory indicate that 146 ground-water heat pump return wells exist at 131 facilities in the state.

Cesspools and septic tank discharge wells are inventoried by the State Water Department. Installation of all septic tanks must be approved by the Water Department. Therefore, all septic systems qualifying as Class V injection wells are registered with the State and thus can be inventoried.

Similar permitting and registration requirements can be imposed upon various other industries (mining companies, chemical plants, municipalities, etc.) so as to maintain an updated inventory of all Class V injection wells.

ENVIRONMENTAL ASSESSMENT

Ground-water Heat Pumps

In general, a ground-water heat pump operates on the same principles as a refrigerator. Figure 1 is a schematic diagram of a typical ground-water heat pump. The unit transfers heat from the ground water to the atmosphere in the heating cycle and vice versa during the cooling cycle. The transfer of heat takes place through a refrigerant, generally freon.

The ground water, after exchanging heat with refrigerant, is injected or returned back into an aquifer. In the subsurface injection method of disposal, there are several types of injection systems. One method has separate supply and return wells (Figure 2). Another method is the twin-purpose well method (Figure 3). These two methods are the most prevalent systems employed by owners of heat pumps in North Dakota. The impact of ground-water heat pump injection wells is discussed in the following paragraphs.

No pollution or operation problems were reported at any of the facilities contacted during the inventory verification process. However, since ground-water heat pumps are becoming more popular, problems may develop in the future. Recent legislation which allows tax credits for heat pump installations has greatly increased the use of such heat pumps in North Dakota, and these activities must be monitored carefully.

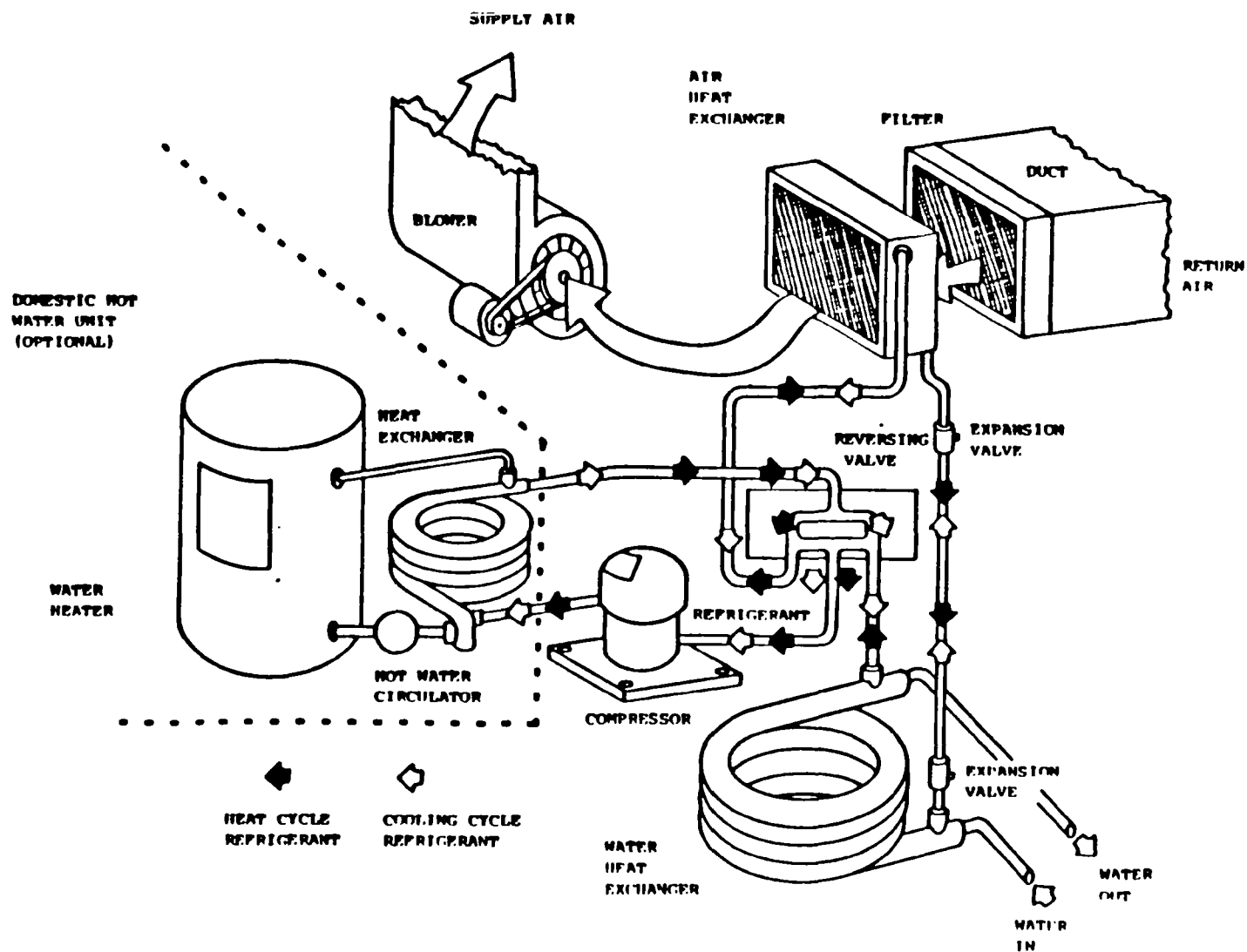


Figure 1. Schematic diagram to a ground-water heat pump.
 Source: An Inventory and Assessment of Class V Injection Wells in North Dakota for North Dakota State Health Department (1983).

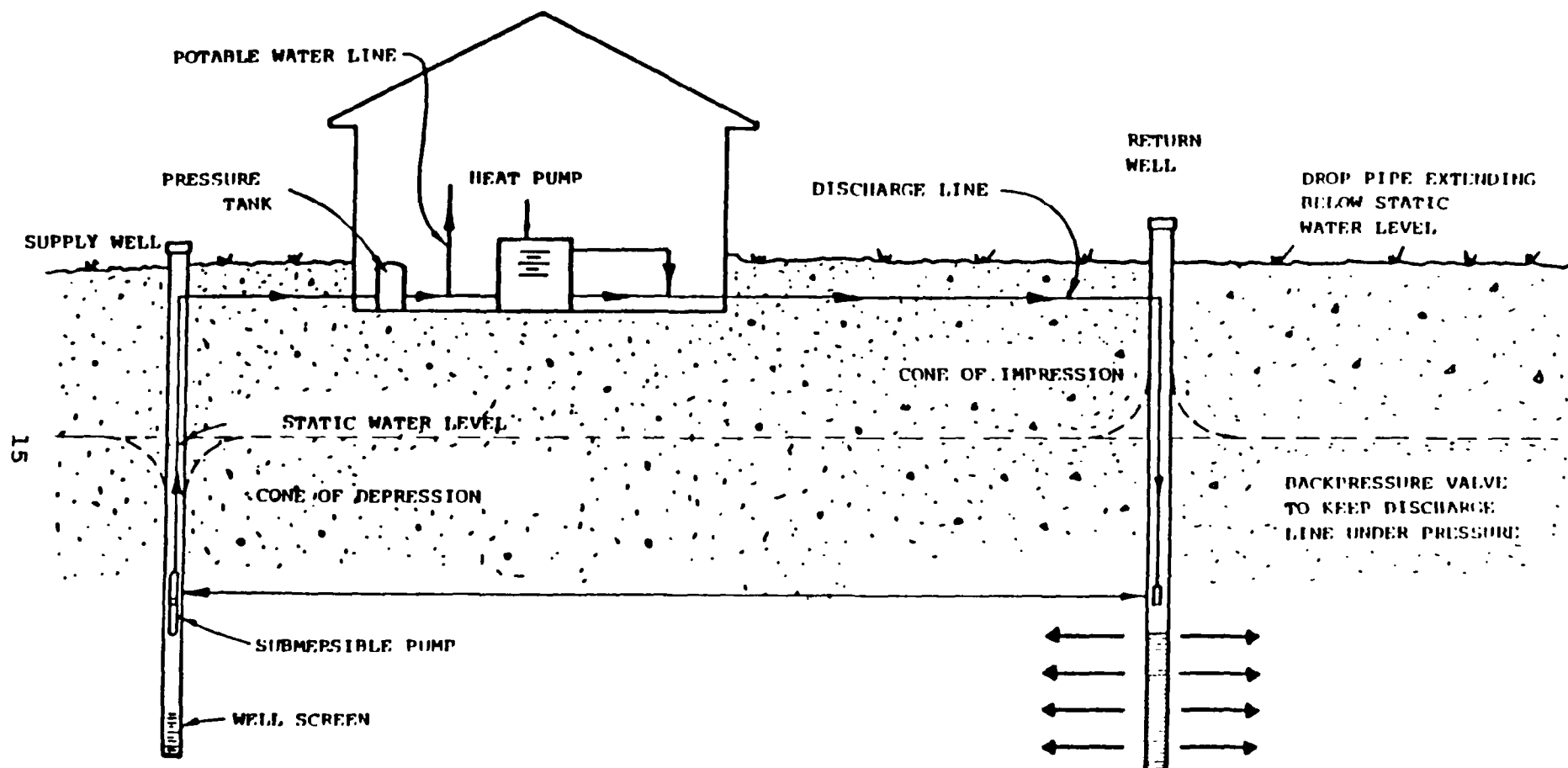


Figure 2. Separate supply and injection well system.
 Source: An Inventory and Assessment of Class V Injection
 Wells in North Dakota for North Dakota State
 Health Department (1983).

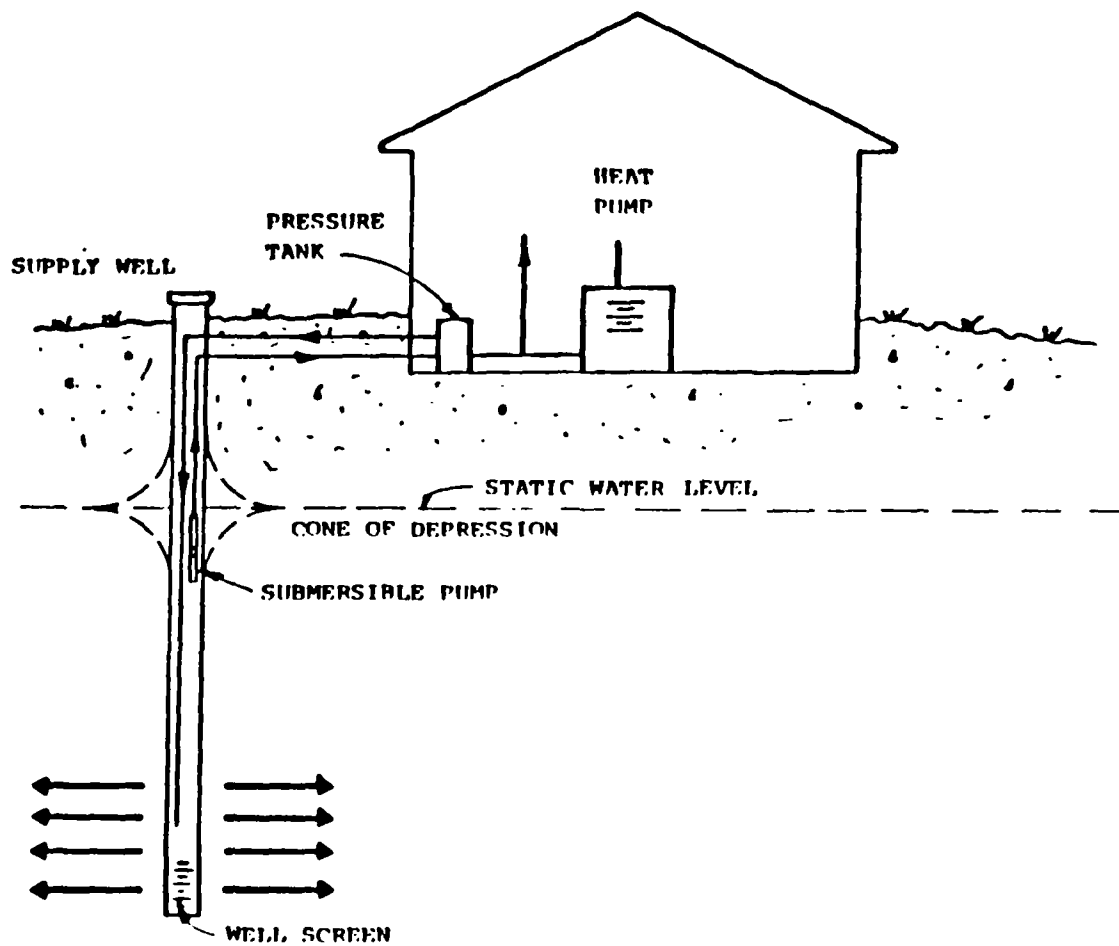


Figure 3. Diagram of a twin-well system.
 Source: An Inventory and Assessment of Class V Injection
 Wells in North Dakota for North Dakota State
 Health Department (1983).

Several potential problems that may develop as a result of increasing usage of ground-water heat pumps are:

- o Temperature fluctuations
- o Mixing of waters from different aquifers
- o Entry of freon, additives, or other contaminants into ground water.

These are discussed briefly below.

Temperature Fluctuations

The effluent from ground-water heat pumps is warmer in summer and cooler in winter than the normal average temperature of the ground water. Though the impact of temperature changes in the aquifer are difficult to estimate, possible complications may arise. Temperature fluctuations may alter the rates of chemical reactions, resulting in undesirable precipitation or corrosion problems. Temperature increases may also increase biological activity in the affected area. These effects may lead to plugging of wells, corrosion or precipitation in plumbing, and other problems that could render the wells (source and/or recharge) useless.

To date, no instances of well contamination due to temperature changes were found either by the North Dakota State University or by SMC Martin.

The utilization of ground-water heat pumps is relatively new and the long-term effects of ground-water temperature changes have not been studied in detail. However, the results reported in other studies conducted on the environmental impact of

ground-water heat pumps ("Ground-Water Heat Pumps in the Tidewater Area of Southeastern Virginia," SMC Martin, 1983) indicate that the injection of warm or cold water rarely has a significant effect on the temperature of the supply well.

Mixing of Water from Different Aquifers

The effect of mixing of waters from different aquifers has not been studied in detail. However, as suggested in the North Dakota State University inventory report, possible problems may arise, including precipitation of iron oxide if the appropriate chemical conditions exist. The likelihood of iron oxide precipitation is increased if the ground water contains significant concentrations of iron, if air is able to leak into the system, or if waters from two different aquifers are mixed.

Chemical Contamination

Freon 22 is the most widely used refrigerant in heat pumps. It is a clear, colorless, highly volatile gas that, when exposed to the atmosphere, evaporates as an inert gas. Compressor cooling oil, which may circulate with freon, is generally a high grade mineral oil. Freon 22 and mineral oil are of low toxicity and are generally regarded as safe materials.

Importation of chemicals into the aquifer may occur if chemical additives are used to clean or purge the source or return well of iron oxide, algae, or to inhibit corrosion. Processes involving the introduction of chemicals into the aquifer, however, do not require sufficient quantities to significantly alter the ground-water chemistry. None of the

owners of ground-water heat pumps contacted by SMC Martin reported having to treat their wells.

Subsidence Control Wells

Mine backfill operations present special problems where ground water migrates through the backfilled mine voids and leaches high concentrations of chemical species such as heavy metals and sulfuric acid from the backfill material itself. Because stopes or other large mined out areas are typically backfilled, a large volume of material may be deposited, adding to the potential for adverse environmental impact.

Generally, subsidence control wells are used to backfill mine areas underlying roads and construction areas in North Dakota. The method usually employed includes the installation of bulkheads at the outer perimeter of the area to be backfilled. After the installation of the bulkheads, numerous wells, or holes, are drilled in order to facilitate the emplacement of the backfill.

Though no instances of ground-water contamination have been reported as a result of backfilling, the potential threat still exists. The practice in North Dakota formerly was to mix sand and fly ash together for backfilling. However, the North Dakota State Health Department conducted leachate analyses on the fly ash and discovered that the fly ash contained high amounts of arsenic and salts (particularly sodium sulfate). As a result of this study, the practice of adding fly ash to the backfill material has recently been discontinued in North Dakota.

SUMMARY

Close examination of the Class V injection well inventory for the State of North Dakota indicates that the inventory is accurate and complete. Though minor discrepancies did occur (missing zip codes, name misspellings, etc.), these were easily remedied; it was possible to contact all facilities from the data on the inventory. Contacts with representatives of the various industries potentially involved with injection wells indicated that the total number of wells listed on the North Dakota State University inventory closely approximates the numbers estimated by these sources.

The methodology employed by the North Dakota State University proved to be both adequate and comprehensive. This method of telephone surveys and follow-up letters matched the challenge at hand with sufficiently good results.

Several methods can be used to maintain an updated inventory. Regulatory controls (mostly through permitting) seem to be an efficient means of inventorying the ground-water heat pump return wells, considering their relative scarcity. It is possible that with increased popularity of heat pumps, further regulatory steps may have to be taken in the future.

APPENDIX A

**INVENTORY FORMS FOR THOSE CLASS V INJECTION WELLS
IN NORTH DAKOTA WHICH WERE VERIFIED
BY SMC MARTIN**

	U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS <small>(This information is collected under the authority of the Safe Drinking Water Act.)</small>	I. DATE PREPARED <small>(mo., day, & year)</small> <div style="border: 1px solid black; padding: 2px;">012585</div>	II. FACILITY I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">NDN38N2380H1</div>	III. TRANSACTION TYPE ('X' one) <input type="checkbox"/> A. DELETION <input checked="" type="checkbox"/> B. FIRST TIME ENTRY <input type="checkbox"/> C. CHANGE OF ENTRY
--	---	--	---	--

IV. FACILITY NAME AND LOCATION

C	A. NAME
01	BECK GILLMAN
C	B. STREET ADDRESS OR ROUTE NUMBER
02	215 N LINCOLN AVE
C	C. CITY OR TOWN
03	NORTHWOOD
	D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
	ND 58267 035

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C	A. TYPE (mark 'X')	B. NAME (last, first, & middle initial)	C. PHONE (area code & no.)
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR	BECK GILLMAN	7015876236
C	D. ORGANIZATION		
05			
C	E. STREET OR P.O. BOX		
06	215 N LINCOLN AVE		
C	F. CITY OR TOWN		G. ST. H. ZIP CODE
07	NORTHWOOD		ND 58267
	I. OWNERSHIP ('X' one)		
	<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC <input type="checkbox"/> 3. OTHER (specify) <input type="checkbox"/> 4. STATE <input type="checkbox"/> 5. FEDERAL		

VI. WELL INFORMATION

WELL OPERATION STATUS:									
UC = UNDER CONSTRUCTION					AC = ACTIVE		TA = TEMPORARILY ABANDONED		
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE					AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE				
C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)	
			UC	AC	TA	PA	AN		
08	5A	0002		002				Source 25' deep Injection 20' deep	
09									
10									
11									
12									
13									
14									



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

01 25 85

II. FACILITY I.D. NUMBER

NDN38H1400H1

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 BUCKHOUSE LYLE

B. STREET ADDRESS OR ROUTE NUMBER

02 R R I

C. CITY OR TOWN

03 HANKINSON

D. ST.

ND

E. ZIP CODE

58041

F. COUNTY

077

G. INDIAN LAND (mark "X")

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark "X")

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

BUCKHOUSE LYLE

C. PHONE (area code & num.)

7012427833

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06 R R I

F. CITY OR TOWN

07 HANKINSON

G. ST.

ND

H. ZIP CODE

58041

I. OWNERSHIP ("X" one)

☒ 1. PRIVATE ☐ 2. PUBLIC ☐ 3. OTHER (specify)
☐ 4. STATE ☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAIM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)

Source well - 70'
Injection well - 60'



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012585

II. FACILITY I.D. NUMBER

NDN38H1400H2

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. NAME
01 COPPIN ALLEN

C. STREET ADDRESS OR ROUTE NUMBER

02 R R 1

C. CITY OR TOWN

03 HANKINSON

D. ST.

ND

E. ZIP CODE

58041

F. COUNTY

077

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X')
☒ 1. OWNER
☐ 2. OPERATOR
B. NAME (last, first, & middle initial)
COPPIN ALLEN
C. PHONE (area code & no.)
7012427727

C. ORGANIZATION

05

C. STREET OR P.O. BOX

06 R R 1

C. CITY OR TOWN

07 HANKINSON

D. ST.

ND

E. ZIP CODE

58041

I. OWNERSHIP ('X' one)

☒ 1. PRIVATE

☐ 2. PUBLIC

☐ 3. OTHER (specify)

☐ 4. STATE

☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAIM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012585

II. FACILITY I.D. NUMBER

NDN38H1400H3

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. A. NAME
01 FALK CHARLES

C. B. STREET ADDRESS OR ROUTE NUMBER
02 RR 1 BOX 32

C. C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')

03 HANKINSON ND 58041 077

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)

04 ☒ 1. OWNER ☐ 2. OPERATOR FALK CHARLES 7012427604

C. D. ORGANIZATION
05

C. E. STREET OR P.O. BOX
06 RR 1 ECX 32

C. F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)

07 HANKINSON ND 58041 ☒ 1. PRIVATE ☐ 2. PUBLIC ☐ 3. OTHER (specify)

☐ 4. STATE ☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5 A	0001		001				Well depth = 200'
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

01 25 85

II. FACILITY I.D. NUMBER

NDN38H1400H4

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C **A. NAME**
01 FALK JAMES

C **B. STREET ADDRESS OR ROUTE NUMBER**
02 R R 2

C **C. CITY OR TOWN** **D. ST.** **E. ZIP CODE** **F. COUNTY** **G. INDIAN LAND (mark 'X')**
03 HANKINSON ND 58041 077

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C **A. TYPE (mark 'X')** **B. NAME (last, first, & middle initial)** **C. PHONE (area code & no.)**
04 ☒ 1. OWNER ☐ 2. OPERATOR FALK JAMES

C **D. ORGANIZATION**
05

C **E. STREET OR P.O. BOX**
06 R R 2

C **F. CITY OR TOWN** **G. ST.** **H. ZIP CODE** **I. OWNERSHIP ('X' one)**
07 HANKINSON ND 58041 ☒ P. PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S. STATE ☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (if None)
			UC	AC	TA	PA	AN	
08	5 A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012585

II. FACILITY I.D. NUMBER

NDN38K1630H1

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 FORNESS MELVIN

B. STREET ADDRESS OR ROUTE NUMBER

02

C. CITY OR TOWN

03 KATHRYN ND 58049

D. ST.

E. ZIP CODE

F. COUNTY

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'X')
04 ☒ 1. OWNER ☐ 2. OPERATOR
B. NAME (last, first, & middle initial)
FORNESS MELVIN
C. PHONE (area code & no.)
7019248345

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06

F. CITY OR TOWN

07 KATHRYN ND 58049

G. ST.

H. ZIP CODE

I. OWNERSHIP ('X' one)

☒ R. PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☐ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE


AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)

	U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS (This information is collected under the authority of the Safe Drinking Water Act.)	I. DATE PREPARED (mo., day, & year)	II. FACILITY I.D. NUMBER	III. TRANSACTION TYPE ('X' one)
		01 25 85	NDN38L1780H1	<input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C	A. NAME	
01	GRIFFIN JAMES	
C	B. STREET ADDRESS OR ROUTE NUMBER	
02	RR 1 BOX 29	
C	C. CITY OR TOWN	D. ST.
03	LARIMORE	ND
	E. ZIP CODE	F. COUNTY
	58251	035
	G. INDIAN LAND (mark 'X')	

V. LEGAL CONTACT, TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C	A. TYPE (mark 'X')	B. NAME (last, first, & middle initial)	C. PHONE (area code & no.)
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR	GRIFFIN JAMES	7013436234
C	D. ORGANIZATION		
05			
C	E. STREET OR P.O. BOX		
06	RR 1 BOX 29		
C	F. CITY OR TOWN	G. ST.	H. ZIP CODE
07	LARIMORE	ND	58251
	I. OWNERSHIP ('X' one)		
	<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC <input type="checkbox"/> 3. OTHER (specify)		
	<input type="checkbox"/> 4. STATE <input type="checkbox"/> 5. FEDERAL		

VI. WELL INFORMATION

WELL OPERATION STATUS:		UC = UNDER CONSTRUCTION	AC = ACTIVE	TA = TEMPORARILY ABANDONED				
		PA = PERMANENTLY ABANDONED AND APPROVED BY STATE	AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE					
C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
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EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS (This information is collected under the authority of the Safe Drinking Water Act.)		I. DATE PREPARED (mo., day, & year)		II. FACILITY I.D. NUMBER		III. TRANSACTION TYPE ('X' one)	
				012565		NDN38H1400H5		<input type="checkbox"/> I. DELETION <input checked="" type="checkbox"/> II. FIRST TIME ENTRY <input type="checkbox"/> III. CHANGE OF ENTRY	
IV. FACILITY NAME AND LOCATION									
C. A. NAME									
01 HANKINSON CLINIC									
C. B. STREET ADDRESS OR ROUTE NUMBER									
02									
C. C. CITY OR TOWN									
03 HANKINSON									
D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')									
ND 58041 077									
V. LEGAL CONTACT, TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP									
C. A. TYPE (mark 'X')									
04 18 <input checked="" type="checkbox"/> I. OWNER <input type="checkbox"/> B. OPERATOR									
HANKINSON CLINIC									
C. PHONE (area code & no.)									
7012427034									
C. D. ORGANIZATION									
05									
C. E. STREET OR P.O. BOX									
06									
C. F. CITY OR TOWN									
07 HANKINSON									
G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)									
ND 58041 <input checked="" type="checkbox"/> R. PRIVATE <input type="checkbox"/> M. PUBLIC <input type="checkbox"/> O. OTHER (specify)									
<input type="checkbox"/> S. STATE <input type="checkbox"/> P. FEDERAL									
VI. WELL INFORMATION									
WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE									
C. WELL OPERATION STATUS									
C. D. COMMENTS (optional)									
08 5A 0001 UC AC TA PA AN									
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U.S. ENVIRONMENTAL PROTECTION AGENCY
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I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. NAME
01 H I G D E N D A N

C. STREET ADDRESS OR ROUTE NUMBER

02 212 N A D A M S T

C. CITY OR TOWN

03 N O R T H W O O D

D. ST.

N D

E. ZIP CODE

5 8 2 5 1

F. COUNTY

0 3 5

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X')
☒ 1. OWNER
☐ 2. OPERATOR
B. NAME (last, first, & middle initial)
H I G D E N D A N
C. PHONE (area code & no.)
7 0 1 5 8 7 5 9 9 2

C. D. ORGANIZATION

05

C. E. STREET OR P.O. BOX

06 212 N A D A M S T

C. F. CITY OR TOWN

07 N O R T H W O O D

G. ST.

N D

H. ZIP CODE

5 8 2 5 1

I. OWNERSHIP ('X' one)

☒ P. PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☐ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:
UC = UNDER CONSTRUCTION
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C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
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I. DATE PREPARED
(mo., day, & year)

IL FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

0	1	2	9	8	5	N	D	N	3	8	B	0	3	7	0	H
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IV. FACILITY NAME AND LOCATION

C	A NAME
01 VANCE HILL	

C	B. STREET ADDRESS OR ROUTE NUMBER
02	B R I A R D A L E R R 2

C		C. CITY OR TOWN																D. ST.	E. ZIP CODE				F. COUNTY			G. INDIAN LAND (mark 'X')																
0	3	B	I	S	M	A	R	K																			N	D	5	8	5	0	1			0	1	5				

V. LEGAL CONTACT, TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C	A. TYPE (mark 'X')	B. NAME (last, first, & middle initial)	C. PHONE (area code & no.)
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR	HILL VANCE .	701 223 8433

C		D. ORGANIZATION	
05			

C	E. STREET OR P.O. BOX
06	B R I A R D A L E R R 2

C		F. CITY OR TOWN										G. ST.	H. ZIP CODE			I. OWNERSHIP ('X' one)						
07	B	I	S	M	A	R	K						N	D	5	8	5	0	1	<input checked="" type="checkbox"/> R. PRIVATE	<input type="checkbox"/> M. PUBLIC	<input type="checkbox"/> O. OTHER (specify)
																<input type="checkbox"/> S. STATE	<input type="checkbox"/> F. FEDERAL					

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C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS										
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11													
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13													
14													

D. COMMENTS (optional)

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
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II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

☐ A. DELETION☒ B. FIRST TIME ENTRY☐ C. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C A. NAME
01 HOLMAN JOHNC B. STREET ADDRESS OR ROUTE NUMBER
02C C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
03 HANKINSON ND 58041 077

V. LEGAL CONTACT, TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)
04 ☒ OWNER ☐ OPERATOR HOLMAN JOHN 7012427795C D. ORGANIZATION
05C E. STREET OR P.O. BOX
06C F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)
07 HANKINSON ND 58041 ☒ PRIVATE ☐ PUBLIC ☐ OTHER (specify)
☐ STATE ☐ FEDERAL

VI. WELL INFORMATION

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08	5A	0001		001				
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U.S. ENVIRONMENTAL PROTECTION AGENCY
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III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C		A. NAME	
01	JOHNSON ART		
C		B. STREET ADDRESS OR ROUTE NUMBER	
02			
C		C. CITY OR TOWN	D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
03	LARIMORE	ND 58251	035

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C		A. TYPE (mark 'X')	B. NAME (last, first, & middle initial)		C. PHONE (area code & num)	
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR	JOHNSON ART		7013436386		
C		D. ORGANIZATION				
05						
C		E. STREET OR P.O. BOX				
06						
C		F. CITY OR TOWN	G. ST. H. ZIP CODE	I. OWNERSHIP ('X' one)		
07	LARIMORE	ND 58251	<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. FEDERAL	<input type="checkbox"/> 4. PUBLIC <input type="checkbox"/> 5. OTHER (specify)		

VI. WELL INFORMATION

WELL OPERATION STATUS:		UC = UNDER CONSTRUCTION		AC = ACTIVE		TA = TEMPORARILY ABANDONED		PA = PERMANENTLY ABANDONED AND APPROVED BY STATE		AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE	
C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)			
			UC	AC	TA	PA	AN				
08	5A	0001		001							
09											
10											
11											
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13											
14											

Please print or type with an ELITE typewriter in the shaded area only. INSTRUCTIONS ON REVERSE.

Form Approved OMB No. 158-R0170

 U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS <small>(This information is collected under the authority of the Safe Drinking Water Act.)</small>		I. DATE PREPARED <small>(mo., day, & year)</small>		II. FACILITY I.D. NUMBER		III. TRANSACTION TYPE ('X' one) <input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY																																																																																											
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				012985		NDN38W323016		<input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY	
IV. FACILITY NAME AND LOCATION									
C. A. NAME									
01 JOHNSON KEN									
C. B. STREET ADDRESS OR ROUTE NUMBER									
02 1205 14th AVENUE N									
C. C. CITY OR TOWN									
03 WAHPETON									
D. ST. E. ZIP CODE									
ND 58075									
F. COUNTY									
077									
G. INDIAN LAND (mark 'X')									
V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP									
C. A. TYPE (mark 'X')									
04 <input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR									
B. NAME (last, first, & middle initial)									
JOHNSON KEN									
C. PHONE (area code & no.)									
7016422304									
D. ORGANIZATION									
05									
E. STREET OR P.O. BOX									
06 1205 14th AVENUE N									
F. CITY OR TOWN									
07 WAHPETON									
G. ST. H. ZIP CODE									
ND 58075									
I. OWNERSHIP ('X' one)									
<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC <input type="checkbox"/> 3. OTHER (specify)									
<input type="checkbox"/> 4. STATE <input type="checkbox"/> 5. FEDERAL									
VI. WELL INFORMATION									
WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE									
C. WELL OPERATION STATUS									
UC AC TA PA AN									
08 5A 0001 001									
09									
10									
11									
12									
13									
14									
D. COMMENTS (optional)									



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. NAME
01 KRAUSE CLIFFORD

C. STREET ADDRESS OR ROUTE NUMBER
02

C. CITY OR TOWN D.ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')

03 HANKINSON ND 58041 077

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)

04 1. OWNER 2. OPERATOR KRAUSE CLIFFORD 7012428272

C. D. ORGANIZATION
05

C. E. STREET OR P.O. BOX
06

C. F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)

07 HANKINSON ND 58041 ☒ P. PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S. STATE ☐ F. FEDERAL

VI. WELL INFORMATION

UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38B0370H2

III. TRANSACTION TYPE ('E' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 KROM BOB

B. STREET ADDRESS OR ROUTE NUMBER

02 RR 2 BOX 304

C. CITY OR TOWN

03 BISMARCK

D. ST.

ND

E. ZIP CODE

58501

F. COUNTY

015

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'E')

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

KROM BOB

C. PHONE (area code & no.)

7012585043

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06 RR 2 BOX 304

F. CITY OR TOWN

07 BISMARCK

G. ST.

ND

H. ZIP CODE

58501

I. OWNERSHIP ('E' one)

☒ P. PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☐ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)

Injection well - 60' deep
Source - 300' deep



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 LACODINSKI VICTOR

B. STREET ADDRESS OR ROUTE NUMBER

02 R R 2 BOX 135

C. CITY OR TOWN

03 EDGELEY

D. ST.

ND

E. ZIP CODE

58433

F. COUNTY

045

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'X')

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

LACODINSKI VICTOR

C. PHONE (area code & no.)

7014932562

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06 R R 2 BOX 135

F. CITY OR TOWN

07 EDGELEY

G. ST.

ND

H. ZIP CODE

58433

I. OWNERSHIP ('X' one)

☒ 1. PRIVATE

☐ 2. PUBLIC

☐ 3. OTHER (specify)

☐ 4. STATE

☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A: CLAM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☐ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C A NAME
01 LAMOURE WATER WORKS

C B. STREET ADDRESS OR ROUTE NUMBER
02

C C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
03 LAMOURE ND 58458 045

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)
04 ☒ OWNER DELI KINDLE SPERE 7018835723
☐ B. OPERATOR

C D. ORGANIZATION
05 LAMOURE WATER WORKS

C E. STREET OR P.O. BOX
06

C F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)
07 LAMOURE ND 58458 ☒ R PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S. STATE ☐ P. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN380239001

III. TRANSACTION TYPE ('S' only)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C **A. NAME**
01 LEE RICK

C **B. STREET ADDRESS OR ROUTE NUMBER**

02 BOX 32

C **C. CITY OR TOWN**

03 OAKES

D. ST.

ND

E. ZIP CODE

58474

F. COUNTY

021

G. INDIAN LAND (code 'I')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C **A. TYPE (code 'S')**

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

LEE RICK

C. PHONE (area code & no.)

7017422891

C **D. ORGANIZATION**

05

C **E. STREET OR P.O. BOX**

06 BOX 32

C **F. CITY OR TOWN**

07 OAKES

G. ST.

ND

H. ZIP CODE

58474

I. OWNERSHIP ('S' only)

☒ 1. PRIVATE

☐ 2. PUBLIC

☐ 3. OTHER (specify)

☐ 4. STATE

☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAIM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)

Well depth '50'
Injection into source well



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. A. NAME
01 L E M N A L E O

C. B. STREET ADDRESS OR ROUTE NUMBER

02 B O X 7 2

C. C. CITY OR TOWN

03 N O M E

D. ST.

N D

E. ZIP CODE

5 8 0 2 7

F. COUNTY

0 0 3

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X')

04 ☒ 1. OWNER
☐ 2. OPERATOR

D. NAME (last, first, & middle initial)

L E M N A L E O

E. PHONE (area code & no.)

7 0 1 9 2 4 8 3 3 1

C. D. ORGANIZATION

05

C. E. STREET OR P.O. BOX

06 B O X 7 2

C. F. CITY OR TOWN

07 N O M E

G. ST.

N D

H. ZIP CODE

5 8 0 2 7

I. OWNERSHIP ('X' one)

☒ R PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☐ S STATE

☐ F FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
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AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAIM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 A	0 0 0 1		0 0 1			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38E0370H3

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. A. NAME
01 MADER LYNN

C. B. STREET ADDRESS OR ROUTE NUMBER

02 RR 2 BOX 131

C. C. CITY OR TOWN

03 BISMARCK

D. ST.

ND

E. ZIP CODE

58501

F. COUNTY

015

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X')

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

MADER LYNN

C. PHONE (area code & no.)

7012235629

C. D. ORGANIZATION

05

C. E. STREET OR P.O. BOX

06 RR 2 BOX 131

C. F. CITY OR TOWN

07 BISMARCK

G. ST.

ND

H. ZIP CODE

58501

I. OWNERSHIP ('X' one)

☒ R PRIVATE

☐ M PUBLIC

☐ O. OTHER (specify)

☐ S STATE

☐ F FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



I. DATE PREPARED
(mo., day, & year)

IL FACILITY LD. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

0	1	2	9	8	5
---	---	---	---	---	---

N	D	N	3	8	H	1	4	0	0	H
---	---	---	---	---	---	---	---	---	---	---

IV. FACILITY NAME AND LOCATION

[illegible][illegible]

C. CITY OR TOWN										D. ST.	E. ZIP CODE	F. COUNTY	G. INDIAN LAND (mark 'X')							
03	H	A	N	K	I	N	S	O	N	N	D	5	8	0	4	1	0	7	7	

V. LEGAL CONTACT, TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C	A. TYPE (mark 'E')	B. NAME (last, first, & middle initials)	C. PHONE (area code & no.)
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR	M E D E N W A L T M I K E	7 0 1 2 4 2 7 9 3 4

C	D. ORGANIZATION
05	

[illegible]

C	F. CITY OR TOWN										G. ST.	H. ZIP CODE	I. OWNERSHIP (X one)								
07	H	A	N	K	I	N	S	O	N			N	D	5	8	0	4	1	<input checked="" type="checkbox"/> R PRIVATE	<input type="checkbox"/> M. PUBLIC	<input type="checkbox"/> G. OTHER (specify)
																			<input type="checkbox"/> S STATE	<input type="checkbox"/> F FEDERAL	

VEHICLE INFORMATION

LL OPERATION STATUS

UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38WB230H3

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 MEIDE JEROME

B. STREET ADDRESS OR ROUTE NUMBER

02 RR 3 BOX 1

C. CITY OR TOWN

03 WAHPETON

D. ST.

ND

E. ZIP CODE

58075

F. COUNTY

077

G. INDIAN LAND (mark "X")

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark "X") **B. NAME (last, first, & middle initial)** **C. PHONE (area code & no.)**
04 ☒ 1. OWNER ☐ 2. OPERATOR MEIDE JEROME 7016423918

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06 RR 3 BOX 1

F. CITY OR TOWN

07 WAHPETON

G. ST.

ND

H. ZIP CODE

58075

I. OWNERSHIP ("X" one)

☒ 1. PRIVATE

☐ 2. PUBLIC

☐ 3. OTHER (specify)

☐ 4. STATE

☐ 5. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38W3230W4

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 MILLER JON

B. STREET ADDRESS OR ROUTE NUMBER
02 R R 2

C. CITY OR TOWN **D. ST.** **E. ZIP CODE** **F. COUNTY** **G. INDIAN LAND** (mark "X")
03 WAHPETON ND 58075 077

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark "X") **B. NAME** (last, first, & middle initial) **C. PHONE** (area code & no.)
04 ☒ 1. OWNER ☐ 2. OPERATOR MILLER JON 7016429491

D. ORGANIZATION
05

E. STREET OR P.O. BOX
06 R R 2

F. CITY OR TOWN **G. ST.** **H. ZIP CODE** **I. OWNERSHIP** ("X" one)
07 WAHPETON ND 58075 ☒ R PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S. STATE ☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								

U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS (This information is collected under the authority of the Safe Drinking Water Act.)		I. DATE PREPARED (mo., day, & year)		II. FACILITY I.D. NUMBER		III. TRANSACTION TYPE ("X" one)	
		012985		NDN3802390H4		<input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY	
IV. FACILITY NAME AND LOCATION							
C. A. NAME 01 OAKES SCHOOL DISTRICT							
C. B. STREET ADDRESS OR ROUTE NUMBER 02 PO BOX 330							
C. C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark "X") 03 OAKES ND 58474 021							
V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP							
C. A. TYPE (mark "X") B. NAME (last, first, & middle initial) C. PHONE (area code & no.) 04 <input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR ROSTER NICHOLAS 7017423234							
C. D. ORGANIZATION 05 OAKES SCHOOL DISTRICT							
C. E. STREET OR P.O. BOX 06 PO BOX 330							
C. F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ("X" one) 07 OAKES ND 58474 <input type="checkbox"/> R. PRIVATE <input checked="" type="checkbox"/> M. PUBLIC <input type="checkbox"/> O. OTHER (specify) <input type="checkbox"/> S. STATE <input type="checkbox"/> F. FEDERAL							
VI. WELL INFORMATION							
WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE							
C. A. CLASS AND TYPE B. TOTAL NO. OF WELLS C. WELL OPERATION STATUS D. COMMENTS (optional)							
08 5A 0003 UC AC TA PA AN Well depth 70-72' 09 Public School 10 11 12 13 14							



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38H1400HA

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 PROCHNOW CLARENCE

B. STREET ADDRESS OR ROUTE NUMBER
02 R R 1 BOX 89

C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
03 HANKINSON ND 58041 077

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)
04 ☒ 1. OWNER ☐ 2. OPERATOR PROCHNOW CLARENCE 7012427400

D. ORGANIZATION
05

E. STREET OR P.O. BOX
06 R R 1 BOX 89

F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)
07 HANKINSON ND 58041 ☒ R PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S STATE ☐ F FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38B019812

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 REBENITSCH BEN

B. STREET ADDRESS OR ROUTE NUMBER

02 R R 1 BOX 29

C. CITY OR TOWN

03 BALDWIN

D. ST.

ND

E. ZIP CODE

58521

F. COUNTY

015

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'X')
04 1. OWNER
2. OPERATOR
B. NAME (last, first, & middle initial)
REBENITSCH BEN
C. PHONE (area code & no.)
7012223042

D. ORGANIZATION

05

E. STREET OR P.O. BOX

06 R R 1 BOX 29

F. CITY OR TOWN

07 BALDWIN

G. ST.

ND

H. ZIP CODE

58521

I. OWNERSHIP ('X' one)

☒ R PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☐ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5 A	0001		001				
09								
10								
11								
12								
13								
14								

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS (This information is collected under the authority of the Safe Drinking Water Act.)		I. DATE PREPARED (mo., day, & year)		II. FACILITY I.D. NUMBER		III. TRANSACTION TYPE ('X' one)	
				013185		NDN38H156044		<input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY	
IV. FACILITY NAME AND LOCATION									
C. NAME									
01 RICHARDS GERALD									
C. STREET ADDRESS OR ROUTE NUMBER									
02									
C. CITY OR TOWN									
03 HORACE									
C. ST. E. ZIP CODE									
ND 58									
C. COUNTY									
017									
C. INDIAN LAND (mark 'X')									
V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP									
C. A. TYPE (mark 'X')									
<input checked="" type="checkbox"/> 1. OWNER									
<input type="checkbox"/> 2. OPERATOR									
04 RICHARDS GERALD									
C. PHONE (area code & no.)									
7012825454									
C. D. ORGANIZATION									
05									
C. E. STREET OR P.O. BOX									
06									
C. F. CITY OR TOWN									
07 HORACE									
C. G. ST. H. ZIP CODE									
ND									
C. I. OWNERSHIP ('X' one)									
<input checked="" type="checkbox"/> 1. PRIVATE									
<input type="checkbox"/> 2. PUBLIC									
<input type="checkbox"/> 3. OTHER (specify)									
<input type="checkbox"/> 4. STATE									
<input type="checkbox"/> 5. FEDERAL									
VI. WELL INFORMATION									
WELL OPERATION STATUS:									
UC = UNDER CONSTRUCTION									
AC = ACTIVE									
TA = TEMPORARILY ABANDONED									
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE									
AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE									
C. A. CLASS AND TYPE									
08 5A									
C. B. TOTAL NO. OF WELLS									
0001									
C. C. WELL OPERATION STATUS									
UC AC TA PA AN									
001									
C. D. COMMENTS (optional)									
09									
10									
11									
12									
13									
14									



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

01 29 85

II. FACILITY I.D. NUMBER

N D N 3 8 R 2 7 3 0 G 1

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C A NAME
01 R O L L A C O M M U N I T Y C E N T E R

C B. STREET ADDRESS OR ROUTE NUMBER

02 1 1 1 6 t h A V E N U E N E

C C. CITY OR TOWN

03 R O L L A

D. ST.

N D

E. ZIP CODE

5 8 3 6 7

F. COUNTY

0 7 9

G. INDIAN LAND (mark "X")

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C A. TYPE (mark "X") B. NAME (last, first, & middle initial) C. PHONE (area code & no.)
04 ☒ 1. OWNER ☒ 2. OPERATOR ARMSTRONG GARY 7 0 1 4 7 7 3 6 1 0

C D. ORGANIZATION

05

C E. STREET OR P.O. BOX

06 B O X 7 2 6

C F. CITY OR TOWN

07 R O L L A

G. ST.

N D

H. ZIP CODE

5 8 3 6 7

I. OWNERSHIP ("X" one)

☒ R PRIVATE

☐ M PUBLIC

☐ O. OTHER (specify)

☐ S STATE

☐ F FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5 G	0 0 0 1		0 0 1			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38E0950H1

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C. A. NAME
01 ROSEMAN FRED

C. B. STREET ADDRESS OR ROUTE NUMBER

02

C. C. CITY OR TOWN

03 ELLENDALE

D. ST.

ND

E. ZIP CODE

58521

F. COUNTY

021

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X')
04 ☒ 1. OWNER
☐ 2. OPERATOR
B. NAME (last, first, & middle initial)
ROSEMAN FRED
C. PHONE (area code & no.)
6055323881

C. D. ORGANIZATION

05

C. E. STREET OR P.O. BOX

06 R R I BOX 34

C. F. CITY OR TOWN

07 RAYMOND

G. ST.

SD

H. ZIP CODE

57258

I. OWNERSHIP ('X' one)

☒ R PRIVATE

☐ M. PUBLIC

☐ G. OTHER (specify)

☐ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION

AC = ACTIVE

TA = TEMPORARILY ABANDONED

PA = PERMANENTLY ABANDONED AND APPROVED BY STATE


AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS				
			UC	AC	TA	PA	AN
08	5A	0001		001			
09							
10							
11							
12							
13							
14							

D. COMMENTS (optional)

Please print or type with an ELITE typewriter in the shaded area only. INSTRUCTIONS ON REVERSE.

Form Approved OMB No. 158-R0170

 U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS <small>(This information is collected under the authority of the Safe Drinking Water Act.)</small>	I. DATE PREPARED <small>(mo., day, & year)</small>	II. FACILITY I.D. NUMBER	III. TRANSACTION TYPE ('X' one) <input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY
	012985	ND N 3 B H 1 4 5 0 H 2	

IV. FACILITY NAME AND LOCATION																				
C	A. NAME																			
01	R	U	S	S	E	L	D	R	I	L	L	I	N	G	C	O	.			
C	B. STREET ADDRESS OR ROUTE NUMBER																			
02	B	O	X	1	4	8														
C	C. CITY OR TOWN									D. ST.	E. ZIP CODE	F. COUNTY	G. INDIAN LAND (mark 'X')							
03	H	A	R	V	E	E	Y	ND				5	8	7	1	0	1	0	3	

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP																						
C	A. TYPE (mark 'X')				B. NAME (last, first, & middle initial)												C. PHONE (area code & no.)					
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR				RUSSEL ROGER												7013242714					
C	D. ORGANIZATION																					
05	R	U	S	S	E	L	D	R	I	L	L	I	N	G	C	O						
C	E. STREET OR P.O. BOX																					
06	B	O	X	1	4	8																
C	F. CITY OR TOWN																G. ST.	H. ZIP CODE	I. OWNERSHIP ('X' one)			
07	H	A	R	V	E	E	Y	ND				5	8	7	1	0	<input checked="" type="checkbox"/> R. PRIVATE <input type="checkbox"/> S. STATE <input type="checkbox"/> M. PUBLIC <input type="checkbox"/> F. FEDERAL <input type="checkbox"/> O. OTHER (specify)					

VI. WELL INFORMATION									
WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE									
C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)	
			UC	AC	TA	PA	AN		
08	5 A	0001		001					
09									
10									
11									
12									
13									
14									



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

012985 N D N 38 B 0330 H 2

IV. FACILITY NAME AND LOCATION

C. A. NAME
01 SALISBURY DAVE

C. B. STREET ADDRESS OR ROUTE NUMBER
02 R R 1 BOX 152 E

C. C. CITY OR TOWN D. ST. E. ZIP CODE F. COUNTY G. INDIAN LAND (mark 'X')
03 BEULAH ND 58523 057

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C. A. TYPE (mark 'X') B. NAME (last, first, & middle initial) C. PHONE (area code & no.)
04 ☒ 1. OWNER ☐ 2. OPERATOR SALISBURY DAVE 7018734563

C. D. ORGANIZATION
05

C. E. STREET OR P.O. BOX
06 R R 1 BOX 152 E

C. F. CITY OR TOWN G. ST. H. ZIP CODE I. OWNERSHIP ('X' one)
07 BEULAH ND 58523 ☒ R PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S. STATE ☐ P. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLAIM AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5 A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

012985

II. FACILITY I.D. NUMBER

NDN38D0790H1

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 SCHMAKER NOEL

B. STREET ADDRESS OR ROUTE NUMBER
02 R R 1 BOX 73

C. CITY OR TOWN **D. ST.** **E. ZIP CODE** **F. COUNTY** **G. INDIAN LAND (mark "X")**
03 DICKKEY ND 58431 045

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark "X") **B. NAME (last, first, & middle initial)** **C. PHONE (area code & no.)**
04 ☒ 1. OWNER ☐ 2. OPERATOR SCHMAKER NOEL 7018835896

D. ORGANIZATION
05

E. STREET OR P.O. BOX
06 R R 1 BOX 73

F. CITY OR TOWN **G. ST.** **H. ZIP CODE** **I. OWNERSHIP ("X" one)**
07 DICKKEY ND 58431 ☒ R PRIVATE ☐ M. PUBLIC ☐ O. OTHER (specify)
☐ S STATE ☐ F FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS: UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
the authority of the Safe Drinking Water Act.)

I. DATE PREPARED
(mo., day, & year)

II. FACILITY I.D. NUMBER

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

C	A. NAME																												
01	THOMPSON DAN																												
C	B. STREET ADDRESS OR ROUTE NUMBER																												
02	RR 1 BOX 56																												
C	C. CITY OR TOWN															D. ST.	E. ZIP CODE					F. COUNTY			G. INDIAN LAND (mark 'X')				
03	WYNDMERE															ND	58081					077							

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

C	A. TYPE (mark 'X')										B. NAME (last, first, & middle initial)															C. PHONE (area code & no.)									
04	<input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR										THOMPSON DAN															7014392724									
C	D. ORGANIZATION																																		
05																																			
C	E. STREET OR P.O. BOX																																		
06	RR 1 BOX 56																																		
C	F. CITY OR TOWN															D. ST.	H. ZIP CODE					I. OWNERSHIP ('X' one)													
07	WYNDMERE															ND	58081					<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC <input type="checkbox"/> 3. OTHER (specify)													

VI. WELL INFORMATION

WELL OPERATION STATUS:			C. WELL OPERATION STATUS					D. COMMENTS (optional)
A. CLASS AND TYPE	B. TOTAL NO. OF WELLS		UC	AC	TA	PA	AN	
08	5A	0001		001				
09								
10								
11								
12								
13								
14								

U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF DRINKING WATER INVENTORY OF INJECTION WELLS (This information is collected under the authority of the Safe Drinking Water Act.)		I. DATE PREPARED (mo., day, & year)		II. FACILITY I.D. NUMBER		III. TRANSACTION TYPE ('X' one)	
		013185		NDN38J1600H3		<input type="checkbox"/> 1. DELETION <input checked="" type="checkbox"/> 2. FIRST TIME ENTRY <input type="checkbox"/> 3. CHANGE OF ENTRY	
IV. FACILITY NAME AND LOCATION							
C. NAME							
01 TRAUT WELLS INC							
C. STREET ADDRESS OR ROUTE NUMBER							
02 933 17th STREET							
C. CITY OR TOWN							
03 JAMESTOWN							
D. ST. E. ZIP CODE							
ND 58401							
F. COUNTY							
093							
G. INDIAN LAND (mark 'X')							
V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP							
C. A. TYPE (mark 'X')							
04 <input checked="" type="checkbox"/> 1. OWNER <input type="checkbox"/> 2. OPERATOR							
B. NAME (last, first, & middle initial)							
C. PHONE (area code & no.)							
7012520118							
D. ORGANIZATION							
05 TRAUT WELLS INC							
E. STREET OR P.O. BOX							
06 933 17th STREET							
F. CITY OR TOWN							
07 JAMESTOWN							
G. ST. H. ZIP CODE							
ND 58401							
I. OWNERSHIP ('X' one)							
<input checked="" type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC <input type="checkbox"/> 3. OTHER (specify)							
<input type="checkbox"/> 4. STATE <input type="checkbox"/> 5. FEDERAL							
VI. WELL INFORMATION							
WELL OPERATION STATUS:							
UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE							
C. WELL OPERATION STATUS							
UC AC TA PA AN							
08 5A 0001 001							
09							
10							
11							
12							
13							
14							
D. COMMENTS (optional)							
168' deep							



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
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I. DATE PREPARED
(mo., day, & year)

03 18 85

II. FACILITY I.D. NUMBER

NDN38B00000B2

III. TRANSACTION TYPE ('X' one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 NORTH DAKOTA PUBLIC SERVICE COMMISSION SEC13-14T152N R8.2 W

B. STREET ADDRESS OR ROUTE NUMBER

02

C. CITY OR TOWN

03 BUECHLER

D. ST.

ND

E. ZIP CODE

F. COUNTY

G. INDIAN LAND (mark 'X')

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark 'X')

04 ☒ 1. OWNER
☐ 2. OPERATOR

B. NAME (last, first, & middle initial)

ANDERSON

GARTH

C. PHONE (area code & no.)
701 224 4095

D. ORGANIZATION

05 ND PUBLIC SERVICE COMMISSION

E. STREET OR P.O. BOX

06

F. CITY OR TOWN

07 BISMARCK

G. ST.

ND

H. ZIP CODE

58501

I. OWNERSHIP ('X' one)

☒ 1. PRIVATE
☐ 2. STATE
☐ 3. PUBLIC
☐ 4. FEDERAL
☐ 5. OTHER (specify)

J. OTHER (specify)

VI. WELL INFORMATION

WELL OPERATION STATUS:
UC = UNDER CONSTRUCTION AC = ACTIVE TA = TEMPORARILY ABANDONED
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5S	0001						Approximately 75-100 holes drilled for backfill injection.
09								
10								
11								
12								
13								
14								



U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF DRINKING WATER
INVENTORY OF INJECTION WELLS
(This information is collected under
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I. DATE PREPARED
(mo., day, & year)

05 16 85

II. FACILITY I.D. NUMBER

NDN39B0330B

III. TRANSACTION TYPE ("X" one)

- ☐ 1. DELETION
☒ 2. FIRST TIME ENTRY
☐ 3. CHANGE OF ENTRY

IV. FACILITY NAME AND LOCATION

A. NAME
01 PUBLIC SERVICE COMMISSION SW1/4 SW1/4 S12 T144N R38W

B. STREET ADDRESS OR ROUTE NUMBER

02

C. CITY OR TOWN

03 BEULIAH

D. ST.

ND 58523

E. ZIP CODE

F. COUNTY

057

G. INDIAN LAND (mark "X")

V. LEGAL CONTACT: TYPE, NAME, PHONE, MAILING ADDRESS, AND OWNERSHIP

A. TYPE (mark "X")

☒ 1. OWNER
☒ 2. OPERATOR

B. NAME (last, first, & middle initial)

ANDERSON GARTH

C. PHONE (area code & no.)

7012244095

D. ORGANIZATION

05 ND PUBLIC SERVICE COMMISSION

E. STREET OR P.O. BOX

06

F. CITY OR TOWN

07 BISMARCK

G. ST.

ND 58501

H. ZIP CODE

I. OWNERSHIP ("X" one)

☒ R. PRIVATE

☐ M. PUBLIC

☐ O. OTHER (specify)

☒ S. STATE

☐ F. FEDERAL

VI. WELL INFORMATION

WELL OPERATION STATUS:

UC = UNDER CONSTRUCTION
PA = PERMANENTLY ABANDONED AND APPROVED BY STATE

AC = ACTIVE

TA = TEMPORARILY ABANDONED

AN = PERMANENTLY ABANDONED AND NOT APPROVED BY STATE

C	A. CLASS AND TYPE	B. TOTAL NO. OF WELLS	C. WELL OPERATION STATUS					D. COMMENTS (optional)
			UC	AC	TA	PA	AN	
08	5S	00001				001		At least 100 to 150 wells were used to inject backfill; however whole site is considered one well by the state.
09								
10								
11								
12								
13								
14								

APPENDIX B

**NORTH DAKOTA ADMINISTRATIVE CODE GOVERNING
CLASS V INJECTION WELLS**

33-25-01-16. Authorization of Class V underground injection wells.

1. Authorization of injection into a Class V well is authorized indefinitely, subject to the requirements of subsections 4, 5, and 6 of section 33-25-01-10 and subsection 3 of section 33-25-01-12.
2. The owner or operator of any existing Class V well shall, within one year of the effective date of an underground injection control program, notify the director of the existence of any well meeting the definitions of Class V under the owner's or operator's control, and submit the following inventory information:
 - a. Name of owner or operator of the well and legal contact;
 - b. Number of wells and location by township, range and section;
 - c. Nature and volume of injected fluids;
 - d. Construction features of the well, including well depth, screened interval, and casing size and type, and
 - e. Any other information which the director requests.
3. All new Class V wells shall be in compliance with article 43-35 and submit to the director a log of formations penetrated and the inventory information requested in subsection 2.
4.
 - a. The director may require the operator of a Class V well authorized by rule to apply for and obtain an individual or area permit. Cases where permits may be required include:
 - (1) The injection well is not in compliance with the applicable rule.
 - (2) The injection well is not or no longer is within the category of wells and types of well operations authorized by rule.
 - (3) Protection of an underground source of drinking water requires the injection operation be regulated by requirements not contained in the rules.
 - b. Any owner/operator authorized by rule may request and be granted a permit and hence be excluded from coverage by rule.
 - c. All injection wells regulated by rule shall submit inventory information to the director.
 - d. Upon program approval, the director shall notify owner/operators of injection wells of their duty to submit inventory information.
 - e. Failure to submit required inventory information for Class V well within one year of program approval will result in authorization removal for that well.

APPENDIX C

**STATE OF NORTH DAKOTA WELL DRILLERS
REPORT FORM**

