



CLASS I DISPOSAL WELL STATIC FLUID LEVEL TEST PLAN

Kansas Department of Health and Environment
 Bureau of Water-Geology & Well Technology Unit
 1000 SW Jackson St. Suite 420
 Topeka, KS 66612-1367

UIC Permit(s): _____

Facility: _____

The Static Fluid Level tests will be conducted on the following described Class I injection well(s) and the results and interpretation submitted in accordance with the KDHE guidelines.

| Well ID | Minimum time well to be shut-in prior to test | Method of Measurement | Scheduled Date |
|---------|---|-----------------------|----------------|
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Please check the boxes to indicate the following are attached:

Well Schematic(s)

Comments: _____

 Signature Title Company Date

Facility contact information for this SFL Plan:

 E-mail

 Telephone Number