

**North Carolina Department of Environment and Natural Resources
Division of Energy, Mineral, and Land Resources
Energy Section - Oil and Gas Program**

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**Form
22**

Rev 03/2015

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Water Supply Testing Report

*Use Supplemental
Information Form if needed.*

15A NCAC 05H. 1805

Permittee Name:	<input type="text"/>	<table border="1"> <tr> <td>Attachments:</td> <td>Permittee</td> <td>OGP:</td> </tr> <tr> <td>Analytical Reports from Laboratory</td> <td></td> <td></td> </tr> <tr> <td>Analytical Tables</td> <td></td> <td></td> </tr> <tr> <td>Supplemental Info/Comments</td> <td></td> <td></td> </tr> </table>	Attachments:	Permittee	OGP:	Analytical Reports from Laboratory			Analytical Tables			Supplemental Info/Comments		
Attachments:	Permittee		OGP:											
Analytical Reports from Laboratory														
Analytical Tables														
Supplemental Info/Comments														
Company Name:	<input type="text"/>													
Address:	<input type="text"/>													
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	Fax:	<input type="text"/>							
Phone:	<input type="text"/>			Email:	<input type="text"/>									

API Number:	<input type="text"/>	Nearest Town/City:	<input type="text"/>
Lease/Well Name:	<input type="text"/>		
Well Number:	<input type="text"/>	County:	<input type="text"/>
		Well Site Ingress/ Egress Location:	<input type="text"/>

Consultant/Contractor Information:

Name of Company:	<input type="text"/>	Address:	<input type="text"/>				
Contact Name:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>				

Analytical Laboratory Information:

Analytical Laboratory:	<input type="text"/>	Analytical Laboratory:	<input type="text"/>		
State Certification Number:	<input type="text"/>	State Certification Number:	<input type="text"/>		
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Phone Number:	<input type="text"/>				

Certification: *This page must display the seal and signature of the certifying PE or LG and the name and certification for the company.*

I, , a
for , do certify that the information
contained in this report is correct and accurate to the best of my knowledge.

_____ is licensed to practice _____ in the state of North Carolina.

The certification number of the company or corporation is _____

API Number:

Permittee Name:

B. Executive Summary: Summarize the most pertinent information for baseline or subsequent water sampling presented in this report. Indicate maximum concentrations found in surface and groundwater sources and indicate if any receptors have been impacted or are at risk of an impact.

API Number:

Permittee Name:

C. Presentation of Current Baseline or Subsequent Water Sampling Results. *(Provide water levels in wells (if measured), description of groundwater and surface water sampling event(s), description of water sampling results, description of field observations; describe current and historical water sampling results (if applicable), and evaluate extent or change in constituent concentrations.)*

API Number:

Permittee Name:

D. Description of water supplies sampled: *age, type, and type of water treatment*

E. List or indicate any exceedances of the 15A NCAC 18C.

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name:

Title:

Signature:

Date:
