

North Carolina Department of Environmental Quality – Division of Water Resources  
**INJECTION EVENT RECORD (IER)**

Permit Number \_\_\_\_\_

**1. Permit Information**

\_\_\_\_\_  
Permittee

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address (include County)

**2. Injection Contractor Information**

\_\_\_\_\_  
Injection Contractor / Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Area code – Phone number

**3. Well Information**

Number of wells used for injection \_\_\_\_\_

Well IDs \_\_\_\_\_

Were any new wells installed during this injection event?

Yes  No

If yes, please provide the following information:

Number of Monitoring Wells \_\_\_\_\_

Number of Injection Wells \_\_\_\_\_

Type of Well Installed (Check applicable type):

Bored  Drilled  Direct-Push  
 Hand-Augured  Other (specify) \_\_\_\_\_

***Please include a copy of the GW-1 form for each well installed.***

Were any wells abandoned during this injection event?

Yes  No

If yes, please provide the following information:

Number of Monitoring Wells \_\_\_\_\_

Number of Injection Wells \_\_\_\_\_

***Please include a copy of the GW-30 for each well abandoned.***

**4. Injectant Information**

\_\_\_\_\_  
Injectant(s) Type (can use separate additional sheets if necessary)

Concentration \_\_\_\_\_

If the injectant is diluted please indicate the source dilution fluid. \_\_\_\_\_

Total Volume Injected (gal) \_\_\_\_\_

Volume Injected per well (gal) \_\_\_\_\_

**5. Injection History**

Injection date(s) \_\_\_\_\_

Injection number (e.g. 3 of 5) \_\_\_\_\_

Is this the last injection at this site?

Yes  No

I DO HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THE INJECTION WAS PERFORMED WITHIN THE STANDARDS LAID OUT IN THE PERMIT.

\_\_\_\_\_  
SIGNATURE OF INJECTION CONTRACTOR DATE

\_\_\_\_\_  
PRINT NAME OF PERSON PERFORMING THE INJECTION