

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST**

Operator	<u>LEI / LDS</u>	State Permit Number	<u>M453</u>
Address		EPA Permit Number	<u>M1-163-1W-005</u>
	<u>REMULUS MI</u>	Date of Test	<u>MARCH 2016</u>
Well Name & Number	<u>WELL 2-12</u>	Well Type	<u>1W</u>

Quarter	Quarter	Quarter	Section	Township	Range	Township Name	County	State
<u>SW</u>	<u>NU</u>	<u>SE</u>	<u>12</u>	<u>35</u>	<u>9E</u>	<u>REMULUS</u>	<u>WAYNE</u>	<u>MI</u>
GPS file number	Latitude		Longitude			Elevation		
<u>ONELE</u>	<u>42.24371</u>		<u>83.316903</u>					

Company Representative	<u>John Frost</u>	Field Inspector	<u>SAM W WILLIAMS</u>
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GAUGE CERTIFICATION

Type Pressure Gauge X POM Hospital } inch face _____ psi full scale _____ psi increments
 New Gauge? Yes No If no, date of calibration _____ Calibration certification submitted? Yes No

TEST RESULTS

Time	<u>0</u>	<u>36</u>	<u>60</u>				
Annulus	<u>944</u>	<u>932</u>	<u>921</u>				
Tubing	<u>57</u>						

WELL STATUS

- 5 Year TD# _____
- 2 Year TA TD# _____
- Rework after failure TD# _____
- New Permit TD# _____
- Enforcement Action TD# _____
- Annual Class 1 TD# 10-539

WELL CONFIGURATION

- Casing Size 7"
- Tubing Size 4 1/2"
- Packer Type _____
- Packer set @ _____
- Fluid Return (gal) _____

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x .03 233 psi
 Test Pressure change -13 psi

Test Passed Test Failed : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

COMMENT:

Signature of Company Representative	Date
<u>[Signature]</u>	<u>3/16/16</u>
Signature of UIC Field Inspector	Date
<u>[Signature]</u>	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator	EGT 1020	State Permit Number	M452
Address		EPA Permit Number	11-163-1W-0007
	ROMULUS, MI	Date of Test	MARCH 8, 2000
Well Name & Number	WELL 1-12	Well Type	1W

Quarter	Quarter	Quarter	Section	Township	Range	Township Name	County	State
SW	NW	SE	12	35	9E		WAYNE	MI
GPS file number	Latitude			Longitude			Elevation	
DN FILE	42.24351			83.31682				

Company Representative	JOHN FROST	Field Inspector	SALL H WILLIAMS
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GAUGE CERTIFICATION

Type Pressure Gauge X POM 4 1/2 inch face psi full scale psi increments
 New Gauge? Yes No If no, date of calibration Calibration certification submitted? Yes No

TEST RESULTS

Time	0	30	60				
Annulus	976	971	968.4				
Tubing	5						

WELL STATUS

- 5 Year TD#
- 2 Year TA TD#
- Rework after failure TD#
- New Permit TD#
- Enforcement Action TD#
- Annual Class 1 TD# 11-538

WELL CONFIGURATION

- Casing Size 1
- Tubing Size 4 1/2
- Packer Type GPS Model 12
- Packer set @ 4062'
- Fluid Return (gal) N/A

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x .03 29.8 psi
 Test Pressure change -7.1 psi

Test Passed Test Failed : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

COMMENT:

Signature of Company Representative	Date
<i>[Signature]</i>	
Signature of UIC Field Inspector	Date
<i>[Signature]</i>	

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

Address (EPA Regional Office) U.S.E.P.A. Region V 77 W. Jackson WU-16-J Chicago, IL 60604	Matrix Environmental, Inc. 1880 W. Winchester Rd., Ste. 111 Libertyville, IL 60048 IL (847-367-6835)	Firm to be Inspected <i>EVT EPS</i> <i>POMONA, MI</i>
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Date <i>MAR 8, 2010</i>	Notice of inspection is hereby given according to Section 1445(b) of the Safe Drinking Water Act (42 U.S.C. §300 f et seq.).
Hour <i>10:00 A.M.</i>	

Reason For Inspection *Annual MIT Alarm Test TD10-535399*

For the purpose of inspecting records, files, papers, processes, controls and facilities, and obtaining samples to determine whether the person subject to an applicable underground injection control program has acted or is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

10/2/10

10/2/10

Section 1445(b) of the SDWA (42 U.S.C. §300 j-4 (b) is quoted on the reverse of this form

Receipt of this Notice of Inspection is hereby acknowledged.

Firm Representative	Date	Inspector
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