

# 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

AEM Group  
44339 Plymouth Oaks Blvd.  
Plymouth, MI 48170-2585

Firm to be Inspected

*EGT*

*Romulus Mz*

Date *9/17/2015*

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 *9:00*

Reason For Inspection *ROUTINE INSPI5-20 § 21*

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.

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

*John [Signature]*

*Sept. 17, 2015*

*Sam Williams*

# FIELD INSPECTION REPORT USEPA - REGION 5

## Class 1 Wells - Underground Injection Control Program

(Fill out one report for each well inspected)

Date of last inspection n/a

Inspection Date 9/17/2015

**OPERATOR**

**WELL DATA**

Name	EGT	Well Name	WELL 1-12
Address		USEPA #	MT-163-1W-0010
City, State, ZIP	Romulus, MI	State #	M452
Phone/Mail Contact		County / State	Wayne, MI
On-site Contact (signing below)		Locational Information	T <u>35</u> ; R <u>9E</u> , Sec. <u>12</u> Qtr. Section <u>SW NW SE</u>
Phone #		42.24351 83.31682	Latitude _____ Longitude _____
Fax #		Completion Date	

Inspection Type (check one)  ROUTINE     COMPLAINT     COMPLIANCE  
 Notification (check one)     UNANNOUNCED     ANNOUNCED (date scheduled \_\_\_\_\_)

**PERMIT LIMITATIONS**

Characteristic	Limitation	Monitoring Frequency (e.g. Continuous, Monthly, etc.)
Injection Pressure	/	
Annulus Pressure		
Min. Annulus/Injection Differential		
Specific Gravity		
Flow Rate		
Cumulative Volume		
Annulus Fluid Loss		
pH		

(NOTE: Write in NA if value is Not Applicable to the situation.)

TALIB SYED & ASSOCIATES, INC.(TSA)		CONTRACT FIELD INSPECTION	
INSPECTOR	SIGNATURE	DATE	
Sam Williams	<i>Sam Williams</i>	9/17/2015	
COMPANY REPRESENTATIVE	<i>John [Signature]</i>	9/17/2015	

OPERATING CONDITIONS	Gauge Reading	Recorder Reading	WELL STATUS
TUBING PRESSURE (psi)	111	<del>Q</del>	Active <input checked="" type="checkbox"/>
ANNULUS PRESSURE (psi)	974		Shut In <input type="checkbox"/>
FLOW RATE (show units used)	<del>Q</del>		
CUMULATIVE VOLUME (show units used)			
SIGHT GLASS LEVEL	32.5		
INJ. TEMPERATURE			
PH			
OTHER			

(NOTE: Write in NA if value is Not Applicable to the situation)

MONITORING SYSTEMS			COMMENTS
ALARM SYSTEM PRESENT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ALARM SYSTEM TEST RESULTS	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
PRESSURES AT WHICH ALARM SYSTEM TRIPPED (INJ/ANNULUS)			
AUTOMATIC SHUT-OFF SYSTEM PRESENT ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
AUTOMATIC SHUT-OFF TESTED ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Well Shut Down OK
PRESSURES AT WHICH SHUT-OFF SYSTEM TRIPPED (INJ / ANNULUS)	/	/	E-Stop, lock down system
HIGHEST INJECTION PRESSURE NOTED ON CHARTS (psi)			
ARE RECORDS RETAINED ON SITE ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY ANOMALIES OR SPIKES NOTED ON CHARTS ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
RECORDS REVIEWED DURING INSPECTION ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

RESULTS OF RECORD REVIEW:

na

**WELL TESTING**

<input type="checkbox"/> Part I (SAPT)      Date/Time	<input type="checkbox"/> Part II
<input type="checkbox"/> RTS	<input type="checkbox"/> Oxygen Activation
<input type="checkbox"/> Temperature	<input type="checkbox"/> Noise
<input type="checkbox"/> Ambient Reservoir Monitoring	<input type="checkbox"/> Frac /Microfrac
<input type="checkbox"/> Casing Inspection	<input type="checkbox"/> Cement Bond Log
<input type="checkbox"/> Other (specify)	

**SITE CONDITIONS** (Remember to record any changes since last inspection)

Well Head Appearance good

Annulus Tank System good  
( tank volume, tank setup, etc.)

Monitoring Equipment good.

Holding Tanks no change  
(e.g., # of, volumes, signs, etc.)

Piping no change  
(e.g., coming from ?, leaks ?)

Injection Equipment #1 Pump out for repair  
(e.g., pump types, etc.)

Photo's Taken?  No       Yes (How many ?)

# FIELD INSPECTION REPORT USEPA - REGION 5

## Class 1 Wells - Underground Injection Control Program

(Fill out one report for each well inspected)

Date of last inspection n/a

Inspection Date 9/17/2015

**OPERATOR**

**WELL DATA**

Name	EGT	Well Name	Well 2-12
Address		USEPA #	MI-163-1W-COM
City, State, ZIP	Romulus MI	State #	MI 483
Phone/Mail Contact		County / State	
On-site Contact (signing below)		Locational Information	T <u>35</u> ; R <u>9E</u> ; Sec. <u>12</u> Qtr. Section <u>SW NW SE</u>
Phone #		Completion Date	
Fax #			

Inspection Type (check one)  ROUTINE     COMPLAINT     COMPLIANCE  
 Notification (check one)     UNANNOUNCED     ANNOUNCED (date scheduled \_\_\_\_\_)

**PERMIT LIMITATIONS**

Characteristic	Limitation	Monitoring Frequency (e.g. Continuous, Monthly, etc.)
Injection Pressure	/	
Annulus Pressure		
Min. Annulus/Injection Differential		
Specific Gravity		
Flow Rate		
Cumulative Volume		
Annulus Fluid Loss		
pH		

(NOTE: Write in NA if value is Not Applicable to the situation.)

TALIB SYED & ASSOCIATES, INC.(TSA)		CONTRACT FIELD INSPECTION
INSPECTOR	SIGNATURE	DATE
Sam Williams	<i>Sam Williams</i>	9/17/2015
COMPANY REPRESENTATIVE	<i>John Ford</i>	9/17/2015

OPERATING CONDITIONS	Gauge Reading	Recorder Reading	WELL STATUS
TUBING PRESSURE (psi)	<del>0</del>		Active <input checked="" type="checkbox"/>
ANNULUS PRESSURE (psi)	342.7		Shut In <input type="checkbox"/>
FLOW RATE (show units used)	<del>0</del>		
CUMULATIVE VOLUME (show units used)			
SIGHT GLASS LEVEL	24.8		
INJ. TEMPERATURE			
PH			
OTHER			

(NOTE: Write in NA if value is Not Applicable to the situation)

MONITORING SYSTEMS			COMMENTS
ALARM SYSTEM PRESENT	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ALARM SYSTEM TEST RESULTS	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
PRESSURES AT WHICH ALARM SYSTEM TRIPPED (INJ/ANNULUS)			
AUTOMATIC SHUT-OFF SYSTEM PRESENT ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
AUTOMATIC SHUT-OFF TESTED ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	WELL SHUT DOWN OK
PRESSURES AT WHICH SHUT-OFF SYSTEM TRIPPED (INJ / ANNULUS)	/	/	System lock down
HIGHEST INJECTION PRESSURE NOTED ON CHARTS (psi)			
ARE RECORDS RETAINED ON SITE ?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
ANY ANOMALIES OR SPIKES NOTED ON CHARTS ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
RECORDS REVIEWED DURING INSPECTION ?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

RESULTS OF RECORD REVIEW: n/a

**WELL TESTING**

<input type="checkbox"/> Part I (SAPT)      Date/Time	<input type="checkbox"/> Part II
<input type="checkbox"/> RTS	<input type="checkbox"/> Oxygen Activation
<input type="checkbox"/> Temperature	<input type="checkbox"/> Noise
<input type="checkbox"/> Ambient Reservoir Monitoring	<input type="checkbox"/> Frac /Microfrac
<input type="checkbox"/> Casing Inspection	<input type="checkbox"/> Cement Bond Log

Other (specify)

**SITE CONDITIONS** (Remember to record any changes since last inspection)

Well Head Appearance good

Annulus Tank System good  
( tank volume,tank setup, etc.)

Monitoring Equipment good

Holding Tanks no change  
(e.g., # of,volumes,signs,etc.)

Piping no change  
(e.g., coming from ?,leaks ?)

Injection Equipment good  
(e.g., pump types, etc.)

Photo's Taken?  No       Yes (How many ?)