



Nevada Division of Environmental Protection
Bureau of Water Pollution Control
Underground Injection Control Program
 901 S. Stewart St Ste 4001
 Carson City Nevada 89701
 Ph: 775-687-9418 Fx: 775-687-4684

UIC Form U230 – Field Sampling & Monitoring Summary

This form is to be completed in the field for all UIC water samples to document the sampling location facts and events, and submitted with the sample results.

Sample Date: (mm/dd/yy) _____

Complete All Applicable Blanks – Water samples can be rejected if information not provided.

FACILITY AND PERMIT INFORMATION	
Well Name & No.:	UIC Permit No.:
Is there any well name or identification at the wellhead?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, label should be placed on or near wellhead
Project/Facility Name:	
Well Location (Section/TR or Lat/Long) :	
City/Valley:	County:
Sample for (circle one): NEW WELL ROUTINE REPORTING Other: _____	
Reporting Frequency: <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other _____	
SAMPLE LOCATION or WELL INFORMATION	
Well / Location Type:	Water/Domestic Well Monitoring Geo-Prod Geo-Injection Geo-Observation Discharge Pipe Oil Water Separator Holding Tank Pond Septic Tank Other: _____
(Note: If sample location is not a well (e.g. spring, pond, pipeline, tank), please provide all relevant data on sample location in the space below)	
Non-well location:	
Completion date of well/tank:	
Diameter of casing:	Type of Casing: Steel PVC Other: _____
Total depth of well:	
Bottom depth of cement for last cemented casing string:	
Screened or open hole interval (top/bottom depths):	
STATUS OF WELL / SAMPLE LOCATION	
Condition or Activity of well during past week/month, prior to sampling:	
Discuss any field conditions the Division should be aware of with regard to this sample:	
Was the well secured upon arrival?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was there any problems or damage to the well upon arrival	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was well in an artesian condition prior to sampling? :	<input type="checkbox"/> YES <input type="checkbox"/> NO
WATER LEVEL – WELL GAUGING	
Last date well/sample location (e.g. tank) gauged (mm/dd/yy) :	Depth to water - last event:
Method used to gauge well/location? :	Cap Tube Tape Measure Other: _____
Measured Water Level :	



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SAMPLING INFORMATION			
Date sample collected (mm/dd/yy) :		Time Sampled :	
Name of Sampler :			
Location sample taken (be specific) e.g "sample port in pipeline 10 feet from wellhead" :			
Type of Sample (circle one) :	<input type="checkbox"/> Grab <input type="checkbox"/> Composite other (specify): _____		
Collection method (circle one) :	<input type="checkbox"/> well bailed <input type="checkbox"/> water pumped <input type="checkbox"/> artesian flow <input type="checkbox"/> air/gas lift		
Collection method/ non-well Describe how sample was taken:			
How much fluid (gallons or well volumes) was discharged / purged before collecting sample? :			
Filtering Note: UIC requirements specify water samples <u>shall not be filtered</u> , unless previously approved. If filtration is approved, sample shall be filtered with a 1.0 micron filter, not 0.45 micron. If approved, document date of approval: _____			
Was the sample filtered? :	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was conductivity measured during discharge to establish stabilized conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was decontamination procedures (reference O & M?) followed during sampling of multiple wells	<input type="checkbox"/> YES <input type="checkbox"/> NO		
FIELD MEASUREMENTS			
pH : _____ S. Conductivity : _____ Temperature : _____			
What UIC Sample List is <u>required</u> :	<input type="checkbox"/> UIC List 1 <input type="checkbox"/> UIC List 2 <input type="checkbox"/> UIC List 3 Other**: _____		
** Other constituent listed must have prior UIC approval before using			
Were any holding times exceeded?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
In Final sample documentation, ensure all results are reported with appropriate units. If measurements are below detection limits, indicate detection limit value. DO NOT REPORT VALUES AS NON-DETECT OR ND, INSTEAD REPORT as <(Detection Limit Value)			
FORM PREPARATION			
Project Manager:			
Company:			
Telephone No.:	eMail Address:		
Signature:	Date:		
Qualified Sample Person:			
Company:			
Telephone No.:	eMail Address:		
Signature:	Date:		

Attachments: