

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	PHOTO 4: AREA OF IMPACTED SOIL AROUND WELLHEAD.		
Corrective Action:	Conduct maintenance on equipment, cleanup stained material and review self inspection processes. COMPLY WITH RULE 1002. (2).D.		Date: 07/11/2022
Type	UNUSED EQUIPMENT		
Comment:	PHOTO 5: UNUSED EQUIPMENT STORED ON LOCATION (2" PUMP AND STATER).		
Corrective Action:	REMOVE UNUSED EQUIPMENT PER RULE 606.		Date: 07/11/2022

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Type: Ancillary equipment	# 2		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.		
Corrective Action:			Date:
Type: Progressive Cavity	# 1		
Comment:	ELECTRIC DRIVE		
Corrective Action:			Date:
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	IS ACCESSABLE		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

