

NOTICE OF COMPLETION OF DECOMMISSION FOR AN INJECTION WELL



IDAHO DEPARTMENT OF WATER RESOURCES
322 East Front St., PO Box 83720, Boise, ID 83720-0098
Under the Provisions of Title 42, Chapter 39 of the Idaho Code

1. UIC No. _____

2. Name and Address of Legal Contact:

Legal Owner Operator or Representative

Contact Name _____

Business Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone No. 1 _____ Phone No. 2 _____

3. A. Date decommission completed: _____

B. Describe method of decommission: _____

Be it known that the undersigned (owner/operator) hereby submits this notice. The above information is true to the best of my knowledge.

Date

Signature and Title

Notice(s) can be submitted to your nearest IDWR office:

IDWR Northern Region, 7600 N Mineral Dr., Suite 100, Coeur d'Alene, ID 83815. (208) 762-2800.

IDWR Southern Region, 650 Addison Ave., Suite 500, Twin Falls, ID 83301. (208) 736-3033.

IDWR Eastern Region, 900 North Skyline, Idaho Falls, ID 83402. (208) 525-7161.

IDWR Western Region, 2735 Airport Way, Boise, ID 83705. (208) 334-2190.

IDWR State Office, 322 East Front St., PO Box 83720, Boise, ID 83720-0098. (208) 287-4800.