



## MECHANICAL INTEGRITY ASSESSMENT REPORT - HOME-USE WELL

**INSTRUCTIONS:**

- (1) Fill out boxes 1-8 and 11 below. Each line should contain information for one quarterly inspection. Any comments should be added in the space provided following the table.
- (2) Only fill out boxes 9-10 if escaping gas is noted at well.
- (3) After completing all FOUR quarterly inspections, mail form to address below or scan and upload at DEP MIA website (See instructions on website. Note that reports are due by February 15 of each year).
- (4) Call 717.772.2199 for assistance.

**MAILING ADDRESS:**

PA DEP  
Bureau of Oil & Gas Planning & Program Management  
PO Box 8765  
Harrisburg, PA 17105-8765

1. Well Operator/Owner

2. Abridged API #	3. Well Type (Oil, Gas, or Combo)	4. Quarterly Inspection Date	5. Primary Production Gas Pressure (psig)	6. Escaping Gas from Surface/Wellhead Equipment/Outside Conductor (Y/N)	7. Escaping Oil from Surface/Wellhead Equipment/Outside Conductor (Y/N)	8. Escaping Produced Water from Surface /Wellhead Equipment/ Outside Conductor (Y/N)	9. Wellhead Hydrogen Sulfide (ppm)	10. Wellhead Methane (% LEL)	11. Corrosion Problems (Y/N)
		Quarter Q1 (Jan-1 to Mar-31)							
		Q2 (Apr-1 to Jun-30)							
		Q3 (Jul-1 to Sep-30)							
		Q4 (Oct-1 to Dec-31)							

12. Comments

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