

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 P. O. Box 2244
 Frankfort, KY 40602
 Phone: (502) 573-0147
 Fax: (502) 573-1099
 http://oilandgas.ky.gov



FOR OFFICIAL USE ONLY
Operator No.: _____

**ANALYSIS OF GROUNDWATER SOURCE WITHIN 1,000 FEET OF DEEP HIGH-VOLUME
 HORIZONTAL FRACTURING TREATMENT**

Well Owner/Operator: _____

“Deep” Horizontal Well Name and Number: _____ Permit Number: _____

Water Source

Water Well Pond Spring/Stream

Water Source Owner: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Horizontal distance water source to wellhead: _____ Check if access to test water source was denied (See Below)

(Check One) Initial Baseline Analysis (Prior to Fracturing Treatment) Test Date: _____

Subsequent Analysis (After Fracturing Treatment) Test Date: _____

Water Component Parameters		Percentage (%)	Mg/L or PPM	Water Component Parameters		Percentage (%)	Mg/L or PPM
Chloride				Arsenic			
Iron				Calcium			
Magnesium				Chromium			
Total Dissolved Solids				Mercury			
Dissolved Gases	Methane			Silver			
	Ethane			Selenium			
	Propane			Cadmium			
pH				Lead			
Conductivity				Manganese			
(BTEX) Volatile Organic Compounds	Benzene			Barium			
	Toluene			NORM (Radio-Nuclides)	Alpha		
	Ethylbenzene				Beta		
	Xylene						
Surfactants							
Sulfate							

Laboratory performing water analysis: _____

Address: _____

 Signature of Authorized Agent

 Title

ACCESS TO TESTING DENIED CERTIFICATION

I certify under the penalty of law that I have attempted to obtain permission from landowner identified above to obtain a water sample from the groundwater source but was denied access.

Authorized Agent: _____
 Print Name

Title: _____

Signature: _____

Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____

 Notary Public