



City of Grand Prairie Gas Drilling & Fracturing Continuous Noise Monitoring Report

Well Unit: _____ **Well Name:** _____
Operator: _____ **Date Drilling Began:** _____

City Noise Limit as Determined by Study:

	Daytime	Nighttime
Drilling		
Fracturing		Fracturing Prohibited

Reporting Dates: _____

Type of sound level meter: _____

Date of last calibration for equipment: _____

Is continuous monitoring point also the compliance point? _____

What was the maximum level recorded and duration? _____

What was the Date & Time of the maximum level? _____

Did noise exceed allowable levels? _____

If yes, what caused the excessive noise? _____

What action has taken place to ensure compliance? _____

(please use an extra sheet, if needed)

Operator has reviewed report and is aware of the compliance or non-compliance issues:

Operator's representative signature

Date

Operator's representative printed name

NOTE: FORM MUST ACCOMPANY ALL DAILY OR WEEKLY REPORTS.