



# Underground Injection Control (UIC) Well Registration Form for Class V UIC Wells: Open loop Heat/Air Conditioning (HAC) Return Flow Wells

The purpose of this form is to register UIC wells used to return open loop HAC water to the subsurface with the Washington State Department of Ecology

## A. Facility name and location

Facility Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone at the facility \_\_\_\_\_  
County \_\_\_\_\_  
Township, Range, Section, Quarter-Quarter \_\_\_\_\_

## B. Contact information

### Well Owner

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Property owner

Same as Well Owner:

If not the same, complete below:

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Technical contact person (engineer, contractor, consultant)

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**If your UIC well is in a wellhead protection area, critical aquifer recharge area, or other groundwater protection area, your local government may have additional ordinances or requirements. Please contact your local city or county for more information.**

## C. Site and project

- Approximate volume of water used per day: \_\_\_\_\_ gallons per day (gpd).
- Will a water right permit be required?  
If yes, list permit number \_\_\_\_\_
- Will the return flow water discharge to the supply aquifer?  
If no, include information on injection zone. \_\_\_\_\_
- Any chemicals being added to the system?  
If yes, list chemical name(s) \_\_\_\_\_
- State Environmental Policy Act (SEPA) lead agency: \_\_\_\_\_
- SEPA threshold determination: \_\_\_\_\_
- Return flow well distance from surface water (river, lake, stream). \_\_\_\_\_
- Will the HAC system use 5,000 gpd or greater? \_\_\_\_\_

**If the HAC system is within one mile of surface water and using 5,000 gpd or greater, then the following is required:**

- Site map, including all listings on the water quality assessment list (303-D), and total maximum daily load plans for the nearby surface water, water supply well locations, well head protection areas, critical aquifer recharge areas, and groundwater cleanup actions.
- Site geology and hydrogeology in adequate detail to demonstrate any effects on surface water quality or groundwater quality within a one mile radius of the discharge, including: aquifer characteristics; ground water depth; hydraulic conductivity; flow direction; aquifer test results; surface water features; and any local contaminant plumes.
- Description of project including the extraction and discharge zone.

## D. UIC well information

- Owner well ID (your id) \_\_\_\_\_
- Well status (active, proposed) \_\_\_\_\_
- Depth of UIC well \_\_\_\_\_
- Construction date \_\_\_\_\_
- Latitude (in decimal degrees) \_\_\_\_\_
- Longitude (in decimal degrees) \_\_\_\_\_

- **Include site map**

## E. Signature of authorized representative

I hereby certify that the information contained in this registration is true and correct to the best of my knowledge.

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Name of legally authorized representative

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Title

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Signature of legally authorized representative

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Date:

For questions or to send completed form, contact:

*UIC Coordinator  
Water Quality Program,  
Washington Department of Ecology*

*P.O. Box 47600  
Olympia, WA 98504-7600*

*To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at 360-407-6404. -Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

# Instructions to Complete the UIC Registration Form for Class V UIC Wells Open loop Heat/Air Conditioning (HAC) Return Flow Wells

**A. Facility name and location:** Provide the name, address, and phone number of the facility where the UIC wells are or will be located. Provide the township, range, and section for the facility.

## B. Contact information

**Well and property owner:** Provide the well owner's name, organization, address, phone number and email address. Property Owner: Complete if different from the well owner

**Technical contact:** Provide the name, organization, address, telephone number and email address of the person to contact in case there are any questions about this registration.

## C. Site and project

- Approximate volume of water used per day in gallons per day (gpd).
- Will a water right permit be required? Yes or no, if yes, list permit number.
- Will the return flow water discharge to the supply aquifer? Yes or no, if no, include information on injection zone.
- Any chemicals being added to the system? Yes or no, if yes, list product.
- State Environmental Policy Act (SEPA) lead agency.
- SEPA threshold determination:
  
- Return flow well distance from surface water (river, lake, stream) in feet or miles.
- Will the HAV system use 5,000 gpd or greater.

**If the HAC system is within one mile of surface water and using 5,000 gpd or greater, then the following is required:**

- **Site map**, including:  
All listings on the water quality assessment list (303-D): visit the 2008 Washington State Water Quality Assessment page at <http://www.ecy.wa.gov/programs/wq/303d/2008/>, click on Search Tool and type in the project township, range, and section.  
Total maximum daily load plans for the nearby surface water: visit <http://www.ecy.wa.gov/programs/wq/tmdl/TMDLsbyWria/TMDLbyWria.html>  
Water supply well locations: visit Ecology's water well log viewer at <http://apps.ecy.wa.gov/welllog/>.  
Wellhead protection areas: go to <http://www.doh.wa.gov/ehp/dw/swaphome.htm>. Click on the Assessment reports and GIS coverage.  
Critical aquifer recharge area information is found at your local government and for groundwater cleanup actions visit <http://apps.ecy.wa.gov/website/facsite/viewer.htm> .
- **Site geology and hydrogeology** in adequate detail to demonstrate any effects on surface water quality, groundwater quality within a one mile radius of the discharge, including: aquifer characteristics; ground water depth; hydraulic conductivity; flow direction; aquifer test results; surface water features; and any local contaminant plumes.
- Description of project including the extraction and discharge zone.

## D. UIC well information

- Owner well ID: provide a well identification name or number you create. Well status: (active, proposed)
- Depth of UIC well in feet.
- Construction date: provide the approximate well installation date.
- Latitude and longitude in decimal degrees: go to <http://ww4.doh.wa.gov/scripts/esrimap.dll?Name=geoview&Cmd=Map> and type the address in at the bottom of the screen. Locational information including, latitude and longitude, will be found in a table below the map.
- **Include site map**

For more information contact:

Underground Injection Control  
Washington Dept. of Ecology  
P.O. Box 47600  
Olympia, WA 98504-7600  
Phone: (360) 407-6143  
E-mail: [maha461@ecy.wa.gov](mailto:maha461@ecy.wa.gov)  
<http://www.ecy.wa.gov/programs/wq/grndwtr/uic/index.html>

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