



Underground Injection Control (UIC) Well Registration Form for Voluntary or Independent Cleanup Sites

The purpose of this form is to register with the Department of Ecology UIC wells used at voluntary clean up sites that inject products or treated ground water

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 _____
Phone _____

Technical Contact Person, if applicable (Engineer, Contractor, Consultant)

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
Phone _____
Email _____

Facility Description

List the Primary Standard Industrial Classification Code (SIC) or NAIC Code for your facility (<http://www.census.gov/epcd/www/naics.html>)

SIC Code _____ or NAIC Code _____

Briefly describe the type or nature of business at this facility:

C. Site and Project information

The following information is required to determine rule authorization for UIC wells used at a **voluntary clean up site**. Please attach this information with your registration.

1. Describe the overall process. The table in Section E provides a place to list injection substances, amounts by weight, estimated volumes and the estimated maximum concentrations as the substance leaves the injection well. Alternatively, you may attach this information on a separate sheet.
2. Site map including the location of monitoring wells, UIC wells, the plume and ground water flow direction.
3. Drill logs and as-built drawings of monitoring wells.
4. Characterization of the hydrogeology at the site; include the depth to ground water, flow direction and hydraulic gradient.
5. Detailed evaluation of whether injected products and by products will be contained on site or not. Include a brief description of the monitoring plan, include the monitoring frequency, list of monitored wells and analytes tested.
6. Description of potential by-products.
7. Description of existing ground water quality.
8. Copy of access agreement if working on neighboring property

Approximately when will the injection project start? _____

Approximately when will the injection project end? _____

Distance from property line to nearest of surface water, to the nearest foot: _____

Distance from property line to nearest drinking water well, to the nearest foot: _____

Which drinking water supply wellhead protection area or source water intake protection area is the site located in (See the Washington State Department of Health website for protection areas in each county: [Department of Health wellhead mapping](#)? List the water district or none. _____

Dept. of Ecology Voluntary Cleanup Program Site Manager: _____

Dept. of Ecology Voluntary Cleanup Program Site Number _____

E. Other UIC Well Information

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Well ID Name or Number | | | | | | | |
| Latitude (decimal format) | | | | | | | |
| Longitude (decimal format) | | | | | | | |
| Construction Date | | | | | | | |
| EPA Well Type (see table) | | | | | | | |
| Status (<u>A</u> ctive, <u>U</u> nused, <u>C</u> losed, <u>P</u> roposed) | | | | | | | |
| Depth of UIC well | | | | | | | |
| Injectate Information (Use this table or attach on a separate sheet) | | | | | | | |
| Injection substance | | | | | | | |
| Mass | | | | | | | |
| Mass Units | | | | | | | |
| Volume ¹ | | | | | | | |
| Volume Units | | | | | | | |
| Concentration ² | | | | | | | |
| Concentration Units | | | | | | | |

¹ Volume includes water or other liquid that is mixed with the injectate prior to injection.

² Estimate what the maximum concentration would be as the substance leaves the injection well.

EPA Class V Well Types () previous well codes)

| | | | |
|--|---------------------------------------|---|------------------------------------|
| 5A (5W20) Industrial process water | 5A18 Cooling water with no additives | 5A19 Cooling water return with additives | 5B2 Saline water Intrusion barrier |
| 5B3 Subsidence control | 5B4 (5R21) Aquifer storage & recovery | 5B6 (5X26) Aquifer remediation | 5C2 Heat pump return flow |
| 5C3 (5A6) Geothermal direct heat injection | 5E (5W10) Cesspool | 5F (5W11) Septic system (drainfield, well disposal) | 5H (5D4) Industrial storm runoff |
| 5H1 (5D2) Stormwater | 5H2 Agricultural drainage | 5H3 (5G30) Drainage water | 5K (5X28) Motor vehicle waste |
| 5X (5X27) Other wells | | | |

Signature of authorized representative

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

Name of legally authorized representative

Title

Signature of legally authorized representative

Date

| For Department Use Only | |
|-------------------------|--|
| Site ID: | |
| Date received: | |
| Date acknowledged: | |
| Date Entered: | |
| Final Disposition: | |

***Please send completed form to:
UIC Coordinator
Water Quality Program,
Washington Department of Ecology
P.O. Box 47600
Olympia, WA 98504-7600***

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with a speech disability may call 877-833-6341.

Instructions for the UIC Well Registration Form for Voluntary Cleanup Site

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 county parcel number for the facility.

B. Contact Information

Well Owner: Provide the well owner's name, organization, address and phone number.

Property Owner: Complete if different than the Well owner

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

C. Facility Description

SIC or NAIC Codes for your industry or commercial business: Enter the Standard Industrial Classification (SIC) four-digit code **or** North American Industry Classification System five or six-digit code (NAICS) for the facility.

These codes are used to describe the primary activity at the facility that generates the most money and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997; however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>. Include a secondary code if applicable.

Briefly describe the type or nature of business at this facility: For example, a gas station, rental business for the home, yard, and contractor equipment with in-house maintenance shop, or retail convenience store.

D. Site and Project Information

Provide the answers to questions, section D as an attachment. Some of the questions can be answered in section E. Ecology will contact you if the additional information is needed.

E. Other UIC Well Information

- Well ID: Provide your well identification name or number.
- Latitude and longitude: Enter the latitude and longitude in decimal degrees for each UIC well. Visit <http://mynasadata.larc.nasa.gov/latitudelongitude-finder/> type the address in and then move the mouse to the well location.
- Construction Date: Provide the approximate date the well was installed. EPA well type:
- EPA well types are listed in the table 1 below.
- Status: Active if the well is in use; unused if well is not in use, closed, or proposed if the well is in the design phase.
- Well depth: Provide the approximate well depth.
- Injection substance: provide name of product to be injected.
- Provide mass of injected substance and mass units.
- Provide the mass units of the injected substance.
- Provide the volume, volume units, concentration of the injected fluid and the concentration units.

If you need *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.