

MAIL HARD COPY SIGNED BY OWNER / OPERATOR TO:

Utah Department of Environmental Quality
 Division of Water Quality, ATTN: UIC
 P.O. Box 144870
 Salt Lake City, Utah 84114-4870

Utah
 Underground
 Injection
 Control
 (UIC)
 Inventory Information

Well Class: _____
 Facility ID No.: **UTU-** _____
 GW SWPZ.: _____
 Date Entered: _____ By: _____
 (For DWQ use only)

General Form

FACILITY LOCATION

FACILITY LOCATION									
Facility Name:					Phone:				
Facility Physical Address:					(City)				
Facility Mailing Address:					(City)			(Zip Code)	
T.		R.		Section		1/4 of		1/4	
Latitude:		Degrees		Minutes		Seconds		UTM Northing (Y): m or ft	
Longitude:		Degrees		Minutes		Seconds		UTM Easting (X): m or ft	
County:					<input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27				

FACILITY CONTACT

Contact Name:					Phone:		Email:		
Contact Type:		<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant	
(check all that apply)		<input type="checkbox"/> Legal / Official Rep		<input type="checkbox"/> DEQ Engineer		<input type="checkbox"/> Local Health Dept		<input type="checkbox"/> Other: _____	
Title:			Organization:						
Contact Mailing Address:					(City)			(Zip Code)	

Contact Name:					Phone:		Email:		
Contact Type:		<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant	
(check all that apply)		<input type="checkbox"/> Legal / Official Rep		<input type="checkbox"/> DEQ Engineer		<input type="checkbox"/> Local Health Dept		<input type="checkbox"/> Other: _____	
Title:			Organization:						
Contact Mailing Address:					(City)			(Zip Code)	

Contact Name:					Phone:		Email:		
Contact Type:		<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant	
(check all that apply)		<input type="checkbox"/> Legal / Official Rep		<input type="checkbox"/> DEQ Engineer		<input type="checkbox"/> Local Health Dept		<input type="checkbox"/> Other: _____	
Title:			Organization:						
Contact Mailing Address:					(City)			(Zip Code)	

LAND OWNERSHIP AT FACILITY

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
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LAND USE ZONING AT FACILITY

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Manufacturing / Industrial	<input type="checkbox"/> Professional / Institutional	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Open Space	<input type="checkbox"/> Public Lands	<input type="checkbox"/> Overlay Zones: _____	<input type="checkbox"/> Other: _____	

FACILITY DESCRIPTION

Primary NAICS Code: _____	Secondary NAICS Code: _____
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Description of Business Activity at Facility:

INJECTION WELL OPERATING STATUS (indicate number of wells in appropriate category)

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned

INJECTION WELL CONSTRUCTION AND SUBSURFACE DETAILS

Narrative Description of Injection Well Construction and Subsurface Details (see Instructions):

Depth to Ground Water: _____	Ground Water Class: _____
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INJECTATE CHARACTERIZATION

Injectate and BMPs Description (see Instructions):

Injectate Volume (gallons): _____

COMMENTS

SIGNATURE

Name & Title (print or type)	Phone Number
Signature	Date Signed