General Form

A one-time $180 Class V Inventory Review Fee must be remitted with each UIC Inventory Information Form for EACH subclass of Class V injection well at EACH facility location.

View UIC Class V Subclasses at: http://www.waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV

Facility Name: [ ]
Phone: [ ]

Facility Physical Address: [ ]
(City) [ ]

Facility Mailing Address: [ ]
(City) [ ] (Zip Code) [ ]

Facility Geographic Location:
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: [ ]
☐ NAD 83 or ☐ NAD 27

Facility Contact

Contact Name: [ ]
Phone: [ ]
Email: [ ]

Contact Type: [ ] Owner [ ] Operator [ ] Facility Manager [ ] Contractor / Consultant [ ] Legal / Official Rep [ ] DEQ Engineer [ ] Local Health Dept [ ] Other: [ ]

Title: [ ]
Organization: [ ]

Contact Mailing Address: [ ]
(City) [ ] (Zip Code) [ ]

Contact Name: [ ]
Phone: [ ]
Email: [ ]

Contact Type: [ ] Owner [ ] Operator [ ] Facility Manager [ ] Contractor / Consultant [ ] Legal / Official Rep [ ] DEQ Engineer [ ] Local Health Dept [ ] Other: [ ]

Title: [ ]
Organization: [ ]

Contact Mailing Address: [ ]
(City) [ ] (Zip Code) [ ]

DWQ Use Only for Date Received Stamp and eDocs Number:

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Send hard copy signed by the owner/operator and a check for the $180 Inventory Review Fee* made payable 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 Subclass: [ ]
Facility ID No.: UTU- [ ]
GW SWPZ: [ ]
Date Entered: [ ] By: [ ]
(For DWQ use only)
**LAND OWNERSHIP AT FACILITY**

- [ ] Private
- [ ] Public (State or Local)
- [ ] Tribal
- [ ] Federal: ____________
- [ ] Other: ____________

**FACILITY DESCRIPTION**

Primary NAICS Code: ____________

Secondary NAICS Code: ____________

Description of Business Activity at Facility:

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

<table>
<thead>
<tr>
<th>Proposed</th>
<th>Under Construction / Modification</th>
<th>Active</th>
<th>Temporarily Abandoned</th>
<th>Permanently Abandoned</th>
</tr>
</thead>
</table>

**INJECTION WELL CONSTRUCTION AND SUBSURFACE DETAILS**

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

Depth to Ground Water: ____________

Ground Water Class: ____________

**INJECTATE CHARACTERIZATION**

Injectate and BMPs Description (see Instructions):

Injectate Volume (gallons): ____________

**COMMENTS**

Use this space for additional contact information and/or other important information about this (these) well(s).

**SIGNATURE OF OWNER / OPERATOR**

<table>
<thead>
<tr>
<th>Name &amp; Title (print or type)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________

Date Signed: ____________