

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
 for

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

Subsurface Environmental Remediation Injection Wells

FACILITY LOCATION												
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:							<input type="checkbox"/> NAD 83		or		<input type="checkbox"/> NAD 27	
FACILITY CONTACT												
Contact Name:						Phone:			Email:			
Contact Type: (check all that apply)	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant					
	<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: (check all that apply)	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant					
	<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: (check all that apply)	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant					
	<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)			

INJECTATE CHARACTERIZATION

Narrative Description of Injectate (see Instructions):

Annual Injectate Volume (gallons):

COMMENTS

SIGNATURE

Name & Title (print or type)

Phone Number

Signature

Date Signed