**Utah Underground Injection Control (UIC) Inventory Information**

* 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://waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV](http://waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV)

### FACILITY LOCATION

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Physical Address:</td>
<td>(City)</td>
</tr>
<tr>
<td>Facility Mailing Address:</td>
<td>(City) (Zip Code)</td>
</tr>
</tbody>
</table>

**Facility Geographic Location:**

<table>
<thead>
<tr>
<th>T.</th>
<th>R.</th>
<th>Section</th>
<th>1/4 of</th>
<th>1/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latitude</td>
<td>Degrees</td>
<td>Minutes</td>
<td>Seconds</td>
<td>UTM Northing (Y):</td>
</tr>
<tr>
<td>Longitude</td>
<td>Degrees</td>
<td>Minutes</td>
<td>Seconds</td>
<td>UTM Easting (X):</td>
</tr>
</tbody>
</table>

| County: | □ NAD 83 or □ NAD 27 |

### FACILITY CONTACT

**Contact Name:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

**Contact Type:**

- Owner
- Operator
- Facility Manager
- Contractor / Consultant
- Legal / Official Rep
- DEQ Engineer
- Local Health Dept
- Other: ___

<table>
<thead>
<tr>
<th>Title:</th>
<th>Organization:</th>
</tr>
</thead>
</table>

**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: ___

<table>
<thead>
<tr>
<th>Title:</th>
<th>Organization:</th>
</tr>
</thead>
</table>

**Contact Mailing Address:**

| (City) | (Zip Code) |

---

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

Well Subclass: ____________________
Facility ID No.: UTU-_________________
GW SWPZ: _________________________
Date Entered: __________ By: ________
(For DWQ use only)

### Storm Water Drainage Wells

*For DWQ use only for Date Received Stamp and eDocs Number:*
**LAND OWNERSHIP AT FACILITY**

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

**FACILITY DESCRIPTION**

<table>
<thead>
<tr>
<th>Primary NAICS Code:</th>
<th>Secondary NAICS Code:</th>
</tr>
</thead>
</table>

Description of Business Activity at Facility:

**STORM WATER DRAINAGE 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>

**STORM WATER DRAINAGE WELL CONSTRUCTION AND SUBSURFACE DETAILS**

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

Depth to Ground Water: |

Ground Water Class: |

**STORM WATER CHARACTERIZATION**

Storm Water Capture Area and BMPs Description (see Instructions):

Annual Storm Water Volume (gallons): |

**COMMENTS**

Use this space for additional contact information and/or other important information about these storm water drainage wells.

**SIGNATURE OF OWNER / OPERATOR**

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

Signature |

Date Signed |
Instructions for Completing the Utah Underground Injection Control Inventory Information Form
for
Storm Water Drainage Wells

Owners or operators of all Class V injection wells, existing and new, must submit inventory information according to Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program. Required information includes: name of facility; name and address of legal contact; ownership of facility; nature and type of injection wells; and operating status of injection wells. The Utah UIC Inventory Information Form is designed to assist owners or operators to comply with this requirement, to collect sufficient information regarding the injection activity such that authorization-by-rule status can be assessed, and to coordinate UIC Program regulatory action with other agencies having regulatory authority over the subject facility. Inventory information must be submitted prior to injection for new wells.

This submission does not relieve the applicant of any liability for ground water cleanup or any claim for resource damage if ground water contamination is traced to the injection wells shown on this form.

Facility Location:
- Facility Physical Address: Enter street address of facility or other description of physical location of facility that would enable someone to drive to the location of the facility. You may also choose to provide a photocopy of a road map (no greater than 11” x 17”, preferably 8 ½” x 11”) with the facility location indicated if a street address is not available.
- Facility Geographic Location: Enter Township, Range, Section, Quarter Section, and Quarter/Quarter Section. Enter latitude and longitude in degrees, minutes, seconds OR enter Universal Transverse Mercator (UTM) Easting and Northing. For assistance in determining geographic location, go to http://nwrrt1.nr.state.ut.us/cgi-bin/strview.exe?Startup. You may also choose to provide a photocopy of a USGS 7½ - minute topographic quadrangle map, including the name of the map, with the facility location indicated.

Facility Contact:
- At least one of the contacts listed must be the legal representative of the owner of the Class V injection well(s) for which the UIC Inventory Information is being submitted. The owner/operator or the legal representative must be the signatory for the form. Provide additional contacts capable of providing reliable information regarding the operation of the facility.

Land Ownership at Facility:
- Self explanatory

Facility Description:
Enter primary and secondary North American Industry Classification System (NAICS) code numbers used in census & other government reports that best describe the primary business activities occurring at the facility. Go to the U.S. Census Bureau NAICS web site for assistance in determining the correct NAICS Code: http://www.census.gov/eos/www/naics/

The NAICS has replaced the U.S. Standard Industrial Classification (SIC) system, however, conversion tables are available at the U.S. Census Bureau NAICS Concordance web site located at: http://www.census.gov/eos/www/naics/concordances/concordances.html

Include a description of the business activities performed at the facility. Include the NAICS code description. You may wish to include additional narrative for clarity.

Storm Water Drainage Well Operating Status
- Self explanatory.

Storm Water Drainage Well Construction and Subsurface Details
- On the page provided or on a separate sheet, submit a plan view (not to exceed 11” x 17”) of the facility property showing the location of the injection well(s). Also, on the page provided or on a separate sheet, submit a vertical cross-section (not to exceed 11” x 17”) showing the details of the injection well(s) and the details of the relevant subsurface hydrogeology. Include such details as unique injection well ID number; construction type: if pre-fab construction, indicate type; construction dimensions; depth of well if vertical construction; screened interval if vertical construction; depth of engineered bottom if horizontal construction; depth to ground water; ground water class (see Utah Administrative Rules R317-6-3 for ground water class definition - http://www.rules.utah.gov/publicat/code/r317/r317-006.htm; hydrogeologically distinct horizons, etc.

Storm Water Characterization
- In the space provided or on an attached sheet, provide a narrative describing the storm water capture area from which the storm water is derived. Describe the BMPs (educational, operational, maintenance, structural) employed in this area to minimize contamination of the storm water.

Comments
- Include additional contact information and/or any other relevant information not already addressed in the other sections of this form.

Signature of Owner / Operator
- In keeping with the requirement of Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program that the owner or operator must submit inventory information, the UIC Inventory Information Form must be signed by the owner or operator (or his/her legal representative) of the injection well(s) for which the inventory information is being submitted.