

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)

Storm Water Drainage 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: | | | | | |
| Contact Type: <small>(check all that apply)</small> | <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: | | | | | |
| Contact Type: <small>(check all that apply)</small> | <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: | | | | | |
| Contact Type: <small>(check all that apply)</small> | <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) | | | |

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: _____ |
|----------------------------------|--|---------------------------------|---|---------------------------------------|

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: _____ |
|---------------------------|-----------------------------|

Description of Business Activity at Facility:

STORM WATER DRAINAGE WELL OPERATING STATUS (indicate number of wells in appropriate category)

| Proposed | Under Construction / Modification | Active | Temporarily Abandoned | Permanently Abandoned |
|----------|-----------------------------------|--------|-----------------------|-----------------------|
| | | | | |

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

SIGNATURE

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