

**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)

**UIC-Regulated Domestic Wastewater Disposal Systems**

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

**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:

Local Environmental Health Director:	_____	Phone:	_____
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**WASTEWATER DISPOSAL SYSTEM STATUS (indicate number of wells in appropriate category)**

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned
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**WASTEWATER DISPOSAL SYSTEM CONSTRUCTION AND SUBSURFACE DETAILS**

Narrative Description of System Construction (including pre-treatment, treatment, and disposal) and Subsurface Details (see Instructions):

Depth to Ground Water:	_____	Ground Water Class:	_____
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**WASTEWATER CHARACTERIZATION**

Narrative Description of Wastewater Quality Entering Disposal System (see Instructions):

Daily Discharge Rate (gpd):	_____
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**COMMENTS**

\_\_\_\_\_

**SIGNATURE**

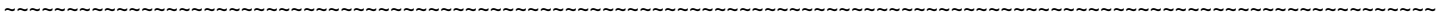
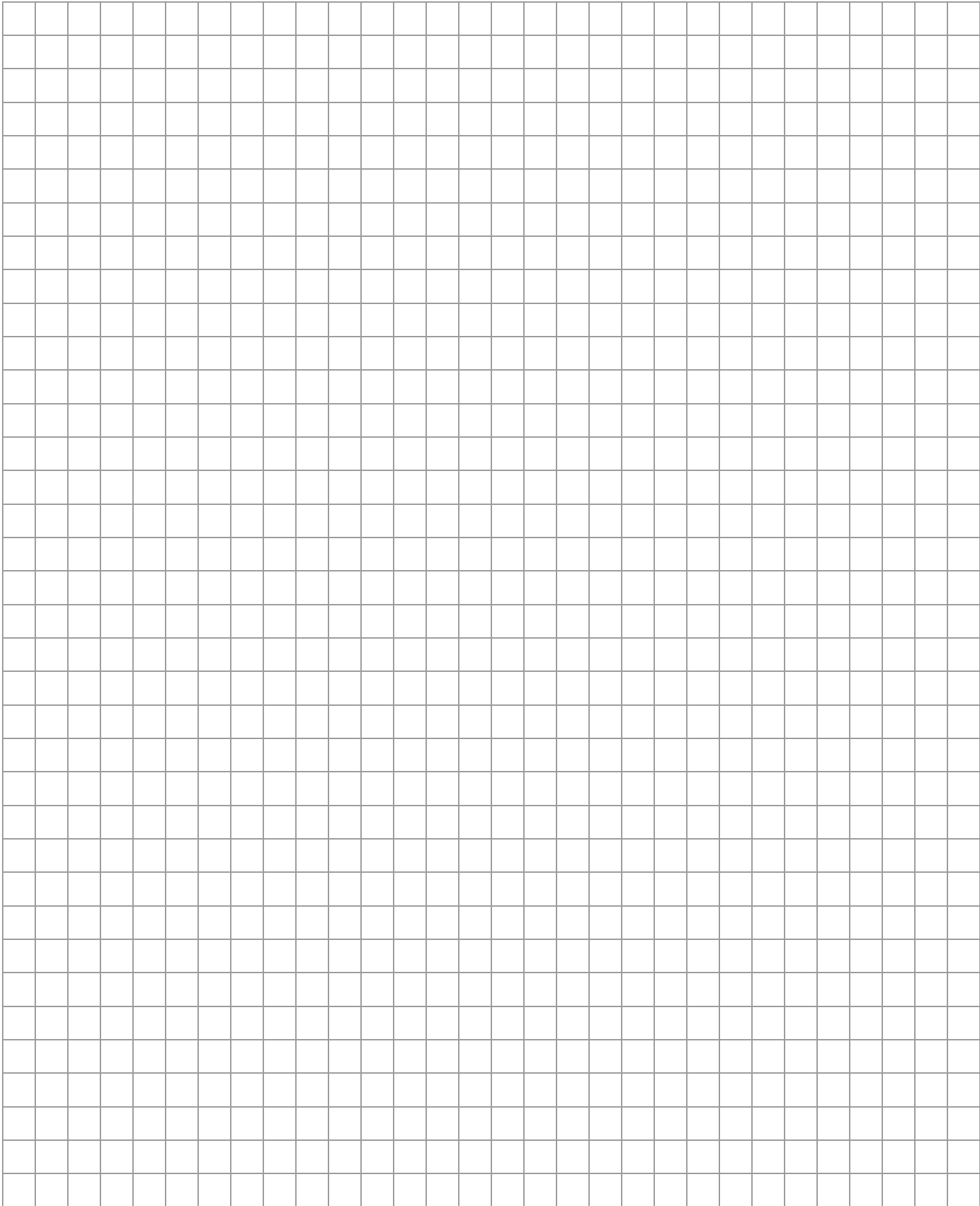
Name & Title (print or type)	Phone Number
Signature	Date Signed

Construction Details Plan View of Facility Property  
Showing Location(s) of Domestic Wastewater Disposal System(s)

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A large grid for drawing construction details, consisting of 20 columns and 30 rows of squares.

Construction Details Vertical Cross Section  
Showing Details of Domestic Wastewater Disposal System(s) and Subsurface



# Instructions for Completing the Utah Underground Injection Control Inventory Information Form for UIC-Regulated Domestic Wastewater Disposal Systems

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: facility name and location; 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://nrwt1.nr.state.ut.us/cgi-bin/stview.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.

## Land Use Zoning at Facility:

Contact your local planning and development official for zoning information.

## 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.

## Wastewater Disposal System Operating Status

Self explanatory.

## Wastewater Disposal System 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 wastewater disposal system(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 wastewater disposal system(s) and the details of the relevant subsurface hydrogeology. Include such details as unique system 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.

## Wastewater Characterization

In the space provided or on an attached sheet, provide a narrative describing the quality of the wastewater to be discharged. Describe any pretreatment performance standards that address concentrations of constituents that may cause exceedance of MCLs in a receiving underground source of drinking water (USDW).

## Comments

Include any other relevant information not already addressed in the other sections of this form.

## Signature

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.