# Utah UIC Inventory Form for UIC-Regulated Large Underground Wastewater Disposal Systems (LUWDS)

(Design flow rate > 5,000 gallons per day)

## Facility Information

- **Facility Name:**
- **Phone:**

## Facility Location

- **Facility Physical Address:**
- **Facility Mailing Address:** (City) (Zip Code)

### Geographic Location:

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

| 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)

## Additional Information

- **Well Subclass:** ___________
- **Facility ID No.:** UTU- ___________
- **GW SWPZ:** ___________
- **Date Entered:** ___________ By: ___________

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* 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

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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 Division of Water Quality to: Utah Department of Environmental Quality Division of Water Quality, ATTN: UIC P.O. Box 144870 Salt Lake City, Utah 84114-4870

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(For DWQ use only)
## 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:

Local Environmental Health Director: ____________
Phone: ____________

## WASTEWATER DISPOSAL SYSTEM 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>

## 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: ____________

## WASTEWATER CHARACTERIZATION

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

Daily Design Discharge Rate (gpd): ____________

## COMMENTS

Use this space for additional contact information and/or other important information about this LUWDS.

## SIGNATURE OF OWNER / OPERATOR

Name & Title (print or type): ____________
Phone Number: ____________

Signature: ____________
Date Signed: ____________

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Last Revised: 18 March 2014
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