

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

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)			

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:

Local Environmental Health Director: _____	Phone: _____
--	--------------

WASTEWATER DISPOSAL SYSTEM STATUS (indicate number of wells in appropriate category)

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

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 Discharge Rate (gpd): _____

COMMENTS

SIGNATURE

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