

DEQ USE ONLY
Received: _____
Amount Received: \$ _____

**UNDERGROUND INJECTION CONTROL REGISTRATION
Aquifer Storage & Recover (ASR)**

(Submit two copies. See pages 3-4 for detailed instructions.)



Return form with your payment to:
Oregon Department of Environmental Quality
Attn: Business Office
811 SW Sixth Avenue
Portland OR 97204

DEQ DATE STAMP
Registration #: _____

A. AUTHORIZATION FEE

1. Number of injection systems _____ x \$125.00 = _____ (Amount enclosed)

B. FACILITY NAME, LOCATION & CONTACT

1. Facility's Legal Name:	2. Common Name:
3. Facility Physical Address: City, State, Zip Code:	4. Facility Mailing Address: City, State, Zip Code:
5. Consultant Contact Name: Contact Telephone #: Fax #:	6. Responsible Official/Owner Name: Address: City, State, Zip Code:

7. Latitude (decimal): _____ Longitude (decimal): _____

C. FACILITY DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)

- Oregon Water Resources Dept. Water Site Permit #: _____ Discharge rate: _____ Discharge volume: _____ SIC Code: _____
- Briefly describe the nature of business at this site and list the SIC/NAICS codes: _____
- Briefly describe the types of materials, products, and wastes handled at the facility, if any. Attach a copy of the Fire Marshall's survey. If available, note if your site qualifies as a small- or large-quantity generator. Attach & sign the UIC no-exposure certification form: Attached
- Name of nearest cleanup site within one-half mile, if any (ESCI, LUST, Superfund, CERCLA): _____
Distance to site: _____ Attach map from DEQ Profiler, <http://deq12.deq.state.or.us/fp20/>.
- Land use zoning of facility: Industrial Commercial Residential Other: _____
- Drinking water source: Surface Water: _____ (River name) or Aquifer: _____
- Is the site located in a groundwater management area (GWMA), steep slope, known hazard area, or flood plain (circle)? Yes No
- Attach nearest drinking water well log (with soil profile) and site maps: Attached
- Is this aquifer confined? Yes No Do Not Know Has Department of Human Services (DHS) delineated this area? Yes No
If "YES," attach relevant documentation, such as a vulnerability report and maps from the Oregon Health Division.
- List any other DEQ or public agency permits applied for or issued to this facility: _____
- DEQ Reviewer/Contact at regional office: _____

D. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I hereby certify that the information contained in this registration is true and correct to the best of my knowledge and belief.

_____	_____
Name of Legally Authorized Representative (Type or Print)	Title
_____	_____
Signature of Legally Authorized Representative	Date

UIC REGISTRATION FOR AQUIFER STORAGE & RECOVERY (ASR) SYSTEMS

Oregon Department of Environmental Quality

(See pages 3 & 4 for detailed instructions)

E. UNDERGROUND INJECTION CONTROL INFORMATION

EPA Well Types

5A19- Cooling Water Return	5R21 -Aquifer Recharge	5W12 Water Treatment Plant Effluent	5X26 Aquifer Remediation
5D2 - Stormwater	5W9 -Untreated Sewage	5W20 Industrial Process Water	5X27 Other Wells
5D4 - Industrial Storm Runoff	5W10 Cesspool	5W31 Septic System (well disposal)	5X28 Motor Vehicle Waste
5G30 Special Drainage Water	5W11 Septic System (gen)	5W32 Septic System (drainfield)	5X29 Abandoned Drinking Well
5A5 - Electric Power Generator	5A6 --Geothermal Heat	5A7 ---Closed Loop Heat Pump Return	5D3 --Drill Hole

Complete the information requested below for each UIC system that is at the facility. Attach additional copies of this sheet if necessary. Also attach a facility map that clearly identifies the location of each UIC by name or number.

UIC SYSTEM # or NAME: _____ **INSTALLATION YEAR:** _____

1. Latitude (decimal): _____	2. Distance to nearest: Domestic/public water well: _____
Longitude (decimal): _____	Wetland: _____ Other surface water(s): _____
3. Type: <input type="checkbox"/> 5R21 <input type="checkbox"/> Other: _____	
4. Status: (see instructions for status definition)	5. Characteristics:
<input type="checkbox"/> Planning stage <input type="checkbox"/> Under construction <input type="checkbox"/> Active	Depth: _____ ft Diameter: _____ ft
<input type="checkbox"/> Not in use <input type="checkbox"/> Temporarily Abandoned	Design injection rate: _____
<input type="checkbox"/> Note any monitoring: _____	Location of nearest cleanup site (miles): _____

UIC SYSTEM # or NAME: _____ **INSTALLATION YEAR:** _____

1. Latitude (decimal): _____	2. Distance to nearest: Domestic/public water well: _____
Longitude (decimal): _____	Wetland: _____ Other surface water(s): _____
3. Type: <input type="checkbox"/> 5R21 <input type="checkbox"/> Other: _____	
4. Status: (see instructions for status definition)	5. Characteristics:
<input type="checkbox"/> Planning stage <input type="checkbox"/> Under construction <input type="checkbox"/> Active	Depth: _____ ft Diameter: _____ ft
<input type="checkbox"/> Not in use <input type="checkbox"/> Temporarily Abandoned	Design injection rate: _____
<input type="checkbox"/> Note any monitoring: _____	Location of nearest cleanup site (miles): _____

UIC SYSTEM # or NAME: _____ **INSTALLATION YEAR:** _____

1. Latitude (decimal): _____	2. Distance to nearest: Domestic/public water well: _____
Longitude (decimal): _____	Wetland: _____ Other surface water(s): _____
3. Type: <input type="checkbox"/> 5R21 <input type="checkbox"/> Other: _____	
4. Status: (see instructions for status definition)	5. Characteristics:
<input type="checkbox"/> Planning stage <input type="checkbox"/> Under construction <input type="checkbox"/> Active	Depth: _____ ft Diameter: _____ ft
<input type="checkbox"/> Not in use <input type="checkbox"/> Temporarily Abandoned	Design injection rate: _____
<input type="checkbox"/> Note any monitoring: _____	Location of nearest cleanup site (miles): _____

To expedite the registration of your facility, please fill out this form in its entirety.

**Use this form to register underground injection control (UIC) systems
Common UIC systems include dry wells, sumps, drain holes, infiltration trenches, or infiltration basins.**

A. AUTHORIZATION FEE

1. This form will be returned to sender if the fee is not attached or if the form is incomplete.

B. FACILITY NAME, LOCATION & CONTACT

1. Enter the **legal** Oregon corporate name (i.e., Acme Products, Inc.) or the name of the **legal** representative of the company if the company operates under an assumed business name (i.e., John Smith, dba Acme Products). The name must be a legal, active name registered with the Oregon Department of Commerce, Corporation Division (503) 378-4752, unless otherwise exempted by the Department of Commerce regulations.
2. Enter the common name of this facility if different than the legal name.
3. Enter the physical location of the facility (not mailing address), including city, state, and zip code.
4. Enter the mailing address of the facility if different from the physical location.
5. Enter the name, telephone and fax number of the consultant contact; this would be the person to call in case there are any questions about this registration
6. Enter the name and mailing address of the responsible official/owner or organization for this facility.
7. Enter the latitude and longitude of the approximate center of the ASR site in decimal degrees if possible. Latitude and longitude can be obtained by accessing DEQ's web site at <http://deq12.deq.state.or.us/fp20/>. If a GPS unit is used to determine lat/long, set the datum to the state standard, NAD83; otherwise, location data will not be accurate.

C. FACILITY DESCRIPTION

1. Note the Water Resources Dept. (WRD) reference file number, application number, and license number.
2. Enter the Standard Industrial Classification (SIC) four-digit code **or** North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility that generates the most money and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997, however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>. Include a secondary code if applicable. Briefly describe the nature of business at the facility. For example, "retail clothing store," "gasoline service station with repair shop," "retail and wholesale cabinet store with cabinet manufacturing," or "rental service store for home, yard, and contractor equipment with in-house maintenance shop."
3. Briefly describe the types of materials, products, and wastes handled at the facility. For example, from a service station one might expect "new and used gasoline, diesel, transmission oil, brake fluid, antifreeze, solvents and tires; general cleaners (409, Simple Green, etc.); office wastes; and general garbage." Submit a list of the water-soluble compounds from the MSDS sheets or a copy of the Oregon State Fire Marshal survey and note if hazardous waste generator. The non-exposure form can be found at <http://www.deq.state.or.us/wq/uic/forms.htm>.
4. Note if the site has had past contamination problems or if a cleanup site exists within one-half mile. See the DEQ Profiler utility at <http://deq12.deq.state.or.us/fp20/>.
5. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
6. Indicate the source of drinking water for the site.
7. Indicate whether the site is located in a DEQ groundwater management area, is located on steep slopes, in a floodplain (e.g., flooded in 1996), a groundwater management area, or in a known hazard area (mapped by Oregon Department of Geology, USGS and others). The hazard data should be available at your local planning agency or the Oregon Department of Geology, (503) 731-4100.
8. If you do not have your well log, you may be able to access it through the Oregon Water Resources Department (WRD) web site at <http://www.wrd.state.or.us/groundwater/index.shtml>, or by calling (503) 986-0900. The Natural Resource Conservation Service in your area may also have this information.
9. Indicate if your local aquifer is confined locally. You may wish to contact a registered geologist, cite US Geological Service report, Water Resources Department study, or the Department of Human Services (DHS) Vulnerability Studies, (541) 726-2587. Note if DHS has delineated the two-year time-of-travel zone through their source water program.
10. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.
11. Please note the regional DEQ office contact (hydrogeologist).

D. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

The signature of a legally authorized representative must be provided in order to process this registration.

Definition of Legally Authorized Representative:

Please also provide the information requested in brackets []

- ◆ **Corporation** — president, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities that is authorized in accordance to corporate procedure to sign such documents
- ◆ **Partnership** — General partner *[list of general partners, their addresses and telephone numbers]*
- ◆ **Sole Proprietorship** — Owner(s) *[each owner must sign the application]*
- ◆ **City, County, State, Federal, or other Public Facility** — Principal executive officer or ranking elected official
- ◆ **Limited Liability Company** — Member *[articles of organization]*
- ◆ **Trusts** — Acting trustee *[list of trustees, their addresses and telephone numbers]*

UIC REGISTRATION INSTRUCTIONS FOR AQUIFER STORAGE & RECOVERY (ASR) SYSTEMS

E.. UNDERGROUND INJECTION CONTROL (UIC) INFORMATION

Please submit a facility map that clearly identifies the location of each UIC system (specific point of discharge or injection, e.g. dry well, sump, drain hole, infiltration trench, etc.) by number or name.

For each UIC system, provide the number or name and its installation date. The installation date will be on your well log or permit. Your city or county building department may also have this information for your site. If the installation date is not known, provide the Oregon Resources Department (WRD) card number and/or the well identification number, or estimate when the UIC system was installed. Also, for **each** UIC system provide the following:

1. Enter the latitude and longitude of the approximate center of each ASR in decimal degrees if possible. Latitude and longitude can be obtained by accessing DEQ's web site at <http://deq12.deq.state.or.us/fp20/>. If a GPS unit is used to determine lat/long, set the datum to the state standard, NAD83; otherwise, location data will not be accurate..
2. Type of UIC system (listed on top of page 2).
3. Estimated distance in feet of the ASR system to the nearest domestic or public water supply well, wetland, and other surface water.
4. Indicate whether the UIC system is being planned, under construction, active, inactive, temporarily abandoned, or permanently abandoned (closed or decommissioned). A UIC system is considered "temporarily abandoned" when it is taken out of service but still exists. Owners of temporarily abandoned UICs intend to bring them back into service at a future date. A watertight cap or seal that prevents any materials from entering the UIC must cover temporarily abandoned UICs. A UIC is considered "permanently abandoned" when it is completely filled so that movement of water within the UIC is permanently stopped. With the exception of hand-dug UIC systems, a licensed water well constructor, or the landowner under a Landowner's Water Well Permit, must perform a permanent abandonment. Please see Oregon Administrative Rule (OAR) 690-220-0005 or visit WRD's web page for the rule at http://arcweb.sos.state.or.us/rules/OARS_600/OAR_690/690_220.html. WRD has also developed a well guide that may be of use: *A Consumer's Guide to Water Well Construction, Maintenance and Abandonment* available at <http://www.wrd.state.or.us/publication/wellcon99/index.shtml#abandoning>. You may also contact WRD at (503) 986-0900. If the UIC system has been permanently abandoned/decommissioned, provide the date and method of closure. If you are planning to decommission the system, submit a *DEQ Pre-Closure Notification Form* 30 days before proposed closure.
5. The following design characteristics:
 - ◆ Depth and diameter in feet
 - ◆ Design injection rate
 - ◆ Nearest cleanup site. To find the nearest cleanup site, use DEQ's Profiler utility at <http://deq12.deq.state.or.us/fp20/>.
 - ◆ Size of the impervious area in square feet drained by the UIC system. An impervious area is an area that does not allow rain to soak into the ground. It includes paved areas, concrete pads, buildings, and compacted areas such as graveled or dirt roads. For example, if the UIC system is used for roof drainage, estimate the square footage of the building the roof drain serves.
 - ◆ Type of treatment prior to subsurface discharge or BMPs to protect groundwater. For storm drainage systems, this could be a grassy swale, "stormceptor"-type pretreatment devices, catch basin inserts, or other pre-treatment design. It does not include the rocks inside a dry well. If there is no treatment prior to the UIC system, write "no treatment." Please visit DEQ's UIC webpage for more information about pretreatment systems under Storm Water Guidelines.

REGISTRATION SUBMITTAL AND QUESTIONS

Please return this form with your payment to:	For more information, contact:
Department of Environmental Quality Attn: Business Office 811 SW 6 th Avenue Portland OR 97204	Barbara Priest, DEQ WQ Division 811 SW 6 th Avenue, Portland, OR 97204 Phone (503) 229-5945 Fax: (503) 229-6037
DEQ's UIC web page: http://www.deq.state.or.us/wq/uic/uic.htm	