



Oregon Department of Environmental Quality

Water Quality Division
811 SW Sixth Avenue
Portland OR 97204

UNDERGROUND INJECTION CONTROL REGISTRATION APPLICATION FEES

(To be attached to General, Industrial, and Commercial
UIC Registration form)

DEQ USE ONLY

Received: _____
Amount: _____
Check #: _____
UIC #: _____

Please check each type that applies and submit TWO COPIES of this form with payment to DEQ Business Office at the address below. See pages 4 and 5 for detailed instructions on how to fill out this form.

1. LEAST ENVIRONMENTAL RISK TO GROUNDWATER

Types:	<ul style="list-style-type: none"> • Common roof drains (Residential, Commercial, Industrial); Roof drainage injection system not mixed with any other type of discharge <p><i>Note:</i> Roof drainage injection system mixed with any other type become that type risk (box 2, below).</p>	\$100 for each injection system
_____ @ \$100 per UIC =		

2. MODERATE ENVIRONMENTAL RISK TO GROUNDWATER

Types:	<ul style="list-style-type: none"> • Mixed roof/parking lot injection systems <i>Example:</i> Roof drained mixed with driveway, parking lot, alley, or road runoff. • Small jurisdictions owning a total of fewer than 50 injection systems • Owners with fewer than 50 injection systems (at one site or multiple locations) • Owners who do not store, handle, or use hazardous materials, toxics, or petroleum products • Sites that generate fewer than 1,000 trips per day (for contiguous lots or acreage under one owner) • Small/medium parking lots, residential roads 	\$125 for each injection system
_____ @ \$125 per UIC =		

3. SIGNIFICANT POTENTIAL FOR ENVIRONMENTAL RISK

Types:	<ul style="list-style-type: none"> • Complex sites with significant potential for environmental risk • Large jurisdictions with 50 or more injection systems (city, county, state, or federal agencies, school districts – anyone with revenue collection ability) • Owners of 50 or more injection systems (Municipal, Commercial, or Industrial) at one site or multiple sites. • Owners of sites generating 1000 or more trips per day (ITE manual calculation) on all contiguous lots • Owners of sites with hazardous materials (storage, handling, generation or use), toxics, or petroleum products • Loading docks • Roof drain mixed with large parking lot drainage • Any site where monitoring is required <p><i>Note:</i> You will be invoiced an annual monitoring processing fee of \$100 per injection system.</p>	\$300 for each injection system
Please return this form with payment to: _____ @ \$300 per UIC =		

Oregon Department of Environmental Quality
Attn: Business Office
811 SW Sixth Avenue
Portland, Oregon 97204

Total Amount Enclosed =

DEQ USE ONLY

Received: _____

Amount Received: \$ _____

**UNDERGROUND INJECTION CONTROL REGISTRATION
General, Industrial and Commercial**

(Submit two copies. See following pages 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. 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. Latitude (decimal): _____ Longitude (decimal): _____	
6. Consultant Contact Name: Consultant Telephone #: Fax #:	7. Responsible Official/Owner Name: Address: City, State, Zip Code:

B. FACILITY DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)

1. SIC code: _____ or NAICS code: _____ Secondary SIC/NAICS code: _____

2. Briefly describe the nature of business at this facility: _____

3. Briefly describe the types of materials, products, and wastes handled at the facility. Attach a list of the soluble compounds from the MSDS sheets or a copy of the Fire Marshall's survey. Note if you qualify as a small quantity generator or large. _____

4. Land use zoning of facility: Industrial Commercial Residential Other: _____

5. Drinking water source: Monthly average usage (gal./day): _____ Public water Private Well

6. Process water source: Monthly average usage (gal./day): _____ Public water Private Well Recycled or Reclaimed

7. Existing soil/groundwater contamination (brownfield) Steep slopes/hazard area Floodplain/sensitive groundwater area
Note nearest cleanup site within one-half mile and attach a map from the DEQ Profiler utility, available at <http://deq12.deq.state.or.us/fp20/>.

8. Indicate if present: UIC spill prevention/response plan Employee training on spill plan Plug(s) or block(s) for UIC system
 Spill clean up supplies, describe: _____ Containment facilities, describe: _____
 Maintenance program and schedule for UIC system(s) (please attach)
 Storm water management plan (Attached) Monitoring plan Retrofit sampling

9. Attach and sign the UIC no-exposure certification form. Attached (not required if land use is residential)

10. Provide ITE projected trips per day from the traffic report for the site or the number of parking spaces: _____

11. Does and adequate confinement barrier or filtration medium (pre-treatment) exist at the site to protect groundwater?
 Yes No Do Not Know If "YES," attach relevant documentation, such as a vulnerability report form from the Oregon Health Division.

12. Is connection to or construction of a surface discharging storm sewer or sanitary sewer available? YES NO
If "NO," briefly explain or attach relevant documentation: _____

13. List any other DEQ or public agency permits applied for or issued to this facility: _____

C. 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

Oregon Department of Environmental Quality - UIC Registration for General, Industrial, & Commercial Systems

(See following pages for detailed instructions)

D. 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): _____ Longitude (decimal): _____	2. Type: <input type="checkbox"/> Dry well/sump <input type="checkbox"/> Drill hole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Drainfield <input type="checkbox"/> Infiltration trench / basin
3. Waste type discharged: _____ Discharge rate: _____ Discharge volume: _____	4. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Other surface water(s): _____ Attach a well log for the nearest water well. <input type="checkbox"/> Attached Depth to winter high water table: _____ feet If not available, average depth to groundwater: _____ feet
5. Status: (see instructions for status definition) <input type="checkbox"/> Planning stage <input type="checkbox"/> Under construction <input type="checkbox"/> Active <input type="checkbox"/> Not in use <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Permanently Abandoned/Decommissioned (date & method): _____ <i>(Submit 30-Day Pre-Closure Form UIC 100-CLO.)</i>	6. Characteristics: Depth: _____ ft Diameter: _____ ft Design drainage rate: _____ Size of impervious area drained: _____ Type of treatment prior to discharge: _____
7. <input type="checkbox"/> Located in a delineated source water area	

UIC SYSTEM # or NAME: _____	INSTALLATION YEAR: _____
1. Latitude (decimal): _____ Longitude (decimal): _____	2. Type: <input type="checkbox"/> Dry well/sump <input type="checkbox"/> Drill hole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Drainfield <input type="checkbox"/> Infiltration trench / basin
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1. Lat: Latitude (decimal): _____ Longitude (decimal): _____	2. Type: <input type="checkbox"/> Dry well/sump <input type="checkbox"/> Drill hole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Drainfield <input type="checkbox"/> Infiltration trench / basin
3. Waste type discharged: _____ Discharge rate: _____ Discharge volume: _____	4. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Other surface water(s): _____ Attach a well log for the nearest water well. <input type="checkbox"/> Attached Depth to winter high water table: _____ feet If not available, average depth to groundwater: _____ feet
5. Status: (see instructions for status definition) <input type="checkbox"/> Planning stage <input type="checkbox"/> Under construction <input type="checkbox"/> Active <input type="checkbox"/> Not in use <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Permanently Abandoned/Decommissioned (date & method): _____ <i>(Submit 30-Day Pre-Closure Form UIC 100-CLO.)</i>	6. Characteristics: Depth: _____ ft Diameter: _____ ft Design drainage rate: _____ Size of impervious area drained: _____ Type of treatment prior to discharge: _____
7. <input type="checkbox"/> Located in a delineated source water area	

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. 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 latitude and longitude of the approximate center of the facility or site in decimal degrees if possible; degrees/minutes/seconds format is acceptable. Latitude and longitude can be obtained by accessing DEQ's Profiler 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.
6. 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.
7. Enter the name and mailing address of the responsible official/owner or organization for this facility. This is the name and address DEQ will use as a contact regarding this site.

B. FACILITY DESCRIPTION

1. 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.
2. 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.
4. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
5. Estimate the monthly average usage of drinking water in gallons per day and indicate the source.
6. Estimate the monthly average usage of water for processing or manufacturing purposes and indicate the source.
7. Note if the site has had past contamination problems, is located within one-half mile of a cleanup site, 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. See DEQ Profiler at <http://deq12.deq.state.or.us/fp20/>.
8. Check the appropriate boxes to provide information about the facility's ability to prevent spills or leaks of materials that may enter any drainage system, as well as your employee's ability to respond to spills or leaks when they occur. DEQ recommends that facilities have a written spill prevention and response plan and training on the plan so employees will know what to do in case of a spill. In addition, a way to plug or block the UIC drainage system (dry well, sump, drain hole, infiltration trench, etc.) in the event of a spill needs to be documented. It is also suggested that an adequate supply of appropriate spill containment and clean up material be maintained on site; containment facilities should be used for the storage of materials that could easily drain into the UIC system in the event of a leak or spill. Specify what type of maintenance is performed on the UIC system and the frequency of such maintenance. If no maintenance occurs, indicate as such. Storm water plans are required to be developed and kept on site.
9. All facilities *except residential* are required to certify that the area serving the UIC does not receive toxic runoff.
10. New projects usually have an ITE traffic report providing the projected trips per day for the site. For existing sites, please provide the number of parking spaces. This will be used to determine the category requirements.
11. Indicate if an adequate confinement barrier or filtration medium exists at the facility site to protect the local groundwater. 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 (you will need information on township, range and section). Some examples of situations where the groundwater may not be protected include: dry wells that are drilled into or very near the groundwater table, areas where the soils are very porous so that drainage into a dry well or sump is quickly discharged to groundwater without contaminants being reduced by natural degradation (e.g., biological activity, soil attenuation), etc.
12. Indicate if connection to or construction of surface discharging system. If it is not feasible, document why. For example, "there is no city sewer available to connect to," "the city's surface drainage system is filled to capacity and they will not allow connection," etc.
13. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.

UIC REGISTRATION INSTRUCTIONS FOR GENERAL, INDUSTRIAL, & COMMERCIAL SYSTEMS

C. 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]

D. 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 the facility or site in decimal degrees if possible; degrees/minutes/seconds format is acceptable. Latitude and longitude can be obtained by accessing DEQ's Profiler 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 DEQ's UIC webpage). Stormwater systems can be 5D2 (regular), 5D3 (drillhole) or 5D4 (industrial).
3. Where the drainage into the UIC system is coming from. **Please note:** You may need to document no toxic exposure.
4. Estimated distance in feet of the UIC system to the nearest domestic or public water supply well, wetland, and other surface water. This information is used by DEQ to evaluate the risk to sensitive sites that could be impacted by accidental spills or contaminated storm water drainage. Attach a well log for the nearest water well and note the depth to first water.
5. Note 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.
6. The following design characteristics:
 - ◆ Depth and diameter in feet
 - ◆ Design drainage rate if known
 - ◆ 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 Stormwater Guidelines.
7. Call Department of Human Services (DHS) Drinking Water Program at (541) 726-2587 to determine if your UIC is in a delineated 2-year time of travel area of a public water system, or contact your local municipal supplier.

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	