

DEQ USE ONLY

Received: _____

Amount Received: \$ _____

**UNDERGROUND INJECTION CONTROL REGISTRATION
Geothermal Heating Systems**

(Submit two copies. See page 2 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. 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 Name: Address: City, State, Zip Code:

C. FACILITY DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)

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

2. Drinking water source: _____
Attached Public water Private Well Attach nearest well log.

3. Depth to winter high water table: _____ feet If not available, average depth to groundwater: _____ feet

4. Number of geothermal systems (if more than one, assign numbers and show on map): _____

5. Attach a map of the site, indicating streets, buildings by use, UICs, water features, etc. Attached

6. Distance to nearest domestic/public water well _____

7. Design Type:
 Geothermal Heat Districts Closed Loop Heat Pump Return – Residential Use
 Commercial Building Heating Other _____

8. Status: Active Under Construction Inactive/Not in use Decommissioned (closed)

9. Installation Date: _____

10. Injection System Depth: _____ ft Water temperature: _____

11. WRD Water Right Permit Number: _____

12. Phone Number of System Designer and Manufacturer: _____

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

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

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 INSTRUCTIONS FOR GEOTHERMAL SYSTEMS

A. AUTHORIZATION FEE

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

B. FACILITY NAME, LOCATION & CONTACT

1. Enter the legal name of the applicant. This name must be the **legal** Oregon corporate name (i.e., Acme Products, Inc.) or 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. 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.
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, if different from #4.

C. FACILITY DESCRIPTION

1. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
2. Note if the local site drinking water source is public or private. Attach a copy of the nearest well log to this form.
3. Provide the depth in feet to the winter high water table. If that information is unavailable or unknown, provide the average depth to groundwater in feet from your well log or the nearest drinking water well log with a soil profile. 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.
4. List the number of proposed or existing geothermal injection systems. If you have more than one well, state the total number of wells and describe. **Attach a sketch showing the relative positions of the buildings, drywells, water features and adjacent land use.**
5. Attach a detailed map of the site.
6. Estimate the distance in feet of the UIC system to the nearest domestic or public water supply well. This information will be used by the DEQ to evaluate the risk to the water well should drawdown (interference) or accidental spills occur. This data is available through the Water Resources Department as noted in #3, above.
7. Select the design type(s) that you are registering.
8. Note if the UIC system is active, under construction, inactive, or permanently abandoned (closed).
9. Enter the year the UIC system was or will be installed.
10. Enter the proposed UIC depth in feet. Enter the water temperature at the proposed depth.
11. Please provide information related to your water rights for geothermal use. Water rights information can be obtained by calling (503) 986-0900.
12. Please provide the system name and sales contact so that if DEQ has questions about the design we can contact them for more information.
13. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.

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]

REGISTRATION SUBMITTAL AND QUESTIONS

Please return this form with your payment to:

Department of Environmental Quality
Attn: Business Office
811 SW 6th Avenue
Portland OR 97204

For more information, contact:

Barbara Priest, DEQ WQ Division
811 SW 6th 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>