

DEQ USE ONLY

Received: _____

Amount Received: \$ _____

**UNDERGROUND INJECTION CONTROL
REGISTRATION**

Residential, Commercial, and Industrial Roof Drains
(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 USE ONLY

Registration #: _____

A. AUTHORIZATION FEE

1. Number of injection systems _____ x \$100.00 = _____ (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/Owner 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: Public water Private Well – Estimate distance to well: _____ feet
Attach nearest well log: Attached Existing soil/groundwater contamination (Clean-up site)

3. Source of injection water (check one):
 Closed-Loop Roof Drain Parking/Street Runoff/Driveway Landscape Area Other _____

4. Status: Active Under Construction Inactive/Not in use

5. Installation Date: _____

6. Proposed Injection System Depth: _____ ft Pre-treatment*: _____
*Required by some municipalities

7. Number of systems: _____ (Please number and show on map)

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

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

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 RESIDENTIAL, COMMERCIAL AND INDUSTRIAL ROOF DRAINS

A. AUTHORIZATION FEE

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

C. FACILITY INFORMATION

1. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
2. Note if your drinking water source is municipal or from a private well. Estimate the distance in feet of the UIC system to a drinking water supply well. Acquire the newest well logs that show the soil profile for the closest water well. Well logs and water table information are available through the Water Resources Department (WRD), (503) 986-0900, or: <http://www.wrd.state.or.us/groundwater/index.shtml>. Attach the nearest well log. Note if your site is a clean-up site for soil/groundwater contamination.
3. Indicate the source of injection water (i.e., roof drain downspout, etc.).
4. Enter whether the UIC system is active, under construction, inactive, or permanently abandoned (closed).
5. Enter the year the UIC system was or will be installed.
6. Enter the proposed or existing UIC depth in feet.
7. If you have more than one injection system, note the total number of injection systems. **Attach a sketch showing the relative positions of the buildings, drywells, water features and adjacent land use.**
8. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.
9. Attach a clear map of the site to this form.

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>