



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 Stormwater 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
Stormwater Drainage Systems**

(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: _____

4. Existing soil/groundwater contamination (brownfield) plan Nearest cleanup site within 1/2 mile: _____ (attach map)

5. Provide the number of projected trips per day from the traffic report for the site: _____

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

7. Drinking water source: Public water Private Well

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

9. Indicate if present and submit a copy of:

<input type="checkbox"/> UIC spill prevention/response plan	<input type="checkbox"/> Employee training on spill plan	<input type="checkbox"/> Plug(s) or block(s) for UIC system
<input type="checkbox"/> Spill clean up supplies	<input type="checkbox"/> Containment structures	<input type="checkbox"/> Retrofit sampling data
<input type="checkbox"/> Maintenance program and schedule for UIC system(s)	<input type="checkbox"/> Fire Marshall survey/MSDS sheets (soluble)	
<input type="checkbox"/> UIC storm water plan attached	<input type="checkbox"/> Monitoring plan attached	

10. Does an adequate confinement barrier or filtration medium exist at the site to protect groundwater? Yes No Do not know
If "YES," attach relevant DHS/USGS documentation.

11. Is connection to or construction of a surface discharging storm sewer feasible? Yes No
If "NO," provide relevant documentation as to why a swale or other green options cannot be used: _____

12. Note if the location is a sensitive site: Steep slope or hazard area Groundwater Management Area
 Flood Plain Other: _____

13. Sign and attach a UIC non-exposure certificate. Attached (Not required if land use is residential.)

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

15. Will these UICs be turned over to a municipality once developed? Yes No Do not know

C. UNDERGROUND INJECTION CONTROL INFORMATION – Go to next page of this form.

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 FOR STORM WATER DRAINAGE SYSTEMS

Oregon Department of Environmental Quality

(Submit two copies of this form to DEQ. See following pages for detailed instructions)

LEGAL NAME:	
C. UNDERGROUND INJECTION CONTROL INFORMATION	
<i>Attach a facility map that clearly identifies the location of each UIC system by name or number.</i>	
Provide the information requested below for <u>each</u> UIC storm water drainage system. Attach additional copies of this sheet if necessary.	
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"/> Drainfield <input type="checkbox"/> Infiltration trench <input type="checkbox"/> Other discharge
3. Drainage Area: <input type="checkbox"/> Roof drain only <input type="checkbox"/> Parking area only <input type="checkbox"/> Other, specify: _____	4. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Surface water(s): _____ Depth to winter high water table: _____ feet If not available, average depth to groundwater: _____ feet Attach well log(s) for the nearest water wells. <input type="checkbox"/> Attached
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 or Temporarily Abandoned <input type="checkbox"/> Permanently Abandoned/Decommissioned (date & method): <i>(Submit 30-Day Pre-Closure Form UIC 1000-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"/> Drainfield <input type="checkbox"/> Infiltration trench <input type="checkbox"/> Other discharge
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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 or Temporarily Abandoned <input type="checkbox"/> Permanently Abandoned/Decommissioned (date & method): <i>(Submit 30-Day Pre-Closure Form UIC 1000-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 REGISTRATION INSTRUCTIONS FOR STORM WATER DRAINAGE SYSTEMS

Use this form to register underground injection control (UIC) systems used for storm water drainage. Common storm water 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. 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 facility 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 materials which are water soluble from the facilities material safety data sheets (MSDS) OR a copy of the Fire Marshall survey (if required for your facility). Note if the site has a cleanup plan or has been remediated, and note the newest cleanup site (location or ECSI number).
4. Check if the site has an existing soil/groundwater contamination (brownfield) plan. List the nearest cleanup site if one exists within one-half mile. This information can be found using DEQ's Profiler at <http://deq12.deq.state.or.us/fp20/>.
5. 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.
6. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
7. Indicate the source of drinking water at this site.
8. Estimate the monthly average usage of water for processing or manufacturing purposes and indicate the source.
9. Check the appropriate boxes to provide information about the facility's ability to prevent spills or leaks of materials that may enter the storm drainage system, as well as employees' ability to respond to spills or leaks when they occur. DEQ requires 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 is required. An adequate supply of appropriate spill containment and clean up material be maintained on site; containment areas should also 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, and a monitoring plan may be applicable (e.g., large lot/heavy use areas). Please attach the retrofit sampling data (minimum TPH-DX and TCLP (all eight leachable metals)).
10. Indicate if an adequate confinement barrier or filtration medium exists at the facility site to protect the local groundwater. Aquifer confinement areas are not easy to determine and you may wish to contact a registered geologist for assistance, or the Department of Human Services (DHS), (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 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 (biological activity, soil attenuation, etc.).
11. Indicate if connection to or construction of surface discharging storm sewer is feasible. If it is not feasible, document alternatives and explain why they are not being used.
12. Indicate if site is considered sensitive due to steep slope, groundwater management area, flood plain, etc.
13. All facilities *except residential* are required to certify that the area serving the UIC does not receive toxic runoff.
14. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.
15. Note if your subdivision, once developed, will be annexed and become part of the municipal system for maintenance.

UIC REGISTRATION INSTRUCTIONS FOR STORM WATER DRAINAGE SYSTEMS

C. UNDERGROUND INJECTION CONTROL (UIC) INFORMATION

Please submit a locational map (preferably a topographical map from USGS) as well as 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. The facility design map should indicate treatment strategies and grading information to help determine direction of water flow.

For each UIC system, provide the number or name and its installation date. The installation date will be on your city/county permit. 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. 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). Storm water 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 and drinking water that could be impacted by accidental spills or contaminated storm water drainage. Provide the depth in feet to the winter high water table. 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): <http://www.wrd.state.or.us/groundwater/index.shtml> or (503) 986-0900. The Natural Resource Conservation Service or U.S. Geological Survey in your area may also have groundwater information. Note if the site has had past contamination problems, is located on steep shores, in the floodplain, a groundwater management area or a known hazard area. This information should be available at your local planning agency or the Oregon Department of Geology, (503) 731-4100.
5. Indicate status (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 (DEQ requires a 24-hour/2-year design storm be addressed.)
 - ◆ 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, roofs, and compacted areas such as graveled or dirt roads.
 - ◆ Type of treatment prior to subsurface discharge or best management practices (BMPs) to protect groundwater. For storm drainage systems, this could be a grassy swale, detention pond, sediment traps, catch basin inserts, treatment trains, or other pre-treatment designs. 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. Not all proprietary treatment systems satisfy federal and state water quality standards. Call DEQ to see if your proposed system can be rule authorized.
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 your local municipal water purveyor.

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:

- | | |
|--|---|
| ◆ 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 | ◆ Sole Proprietorship — Owner(s) Limited Liability Company — Member |
| ◆ Partnership — General partner | ◆ Trusts — Acting trustee |
| | ◆ City, County, State, Federal, or other Public Facility — Principal executive officer or ranking elected official |

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>