

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai`i

INSTRUCTIONS TO ABANDON A REGISTERED INJECTION WELL

This application form is only for abandoning a permit-registered injection well. Appropriate application forms are available to cover other permit-related actions.

This one-page application form has been designed to be self-explanatory and easy to use. However, the form's effectiveness greatly depends on information accuracy and completeness. Please be careful when completing the application form to prevent processing delays.

An injection-well abandonment application does not require you to hire an engineer's or geologist's professional service. However, professional service may enhance efficient field work and processing, especially if technical issues regarding the injection well's backfilling arise.

The injection-well abandonment application should be submitted at least 60 days before the anticipated date of the abandonment work. Sixty days accommodate evaluation, inspection, corrections, and issuing backfilling instructions.

Once the application is deemed satisfactorily complete, written backfilling instructions will be issued to the applicant.

Do not backfill the injection well without the UIC program's issued written instructions. Unauthorized or improper backfilling will be subject to reexcavation and proper rebackfilling at the applicant's expense.

An application filing fee of \$100 payable to the State of Hawai`i is required. Government agency permittees are fee exempt.

Questions may be directed to Jaime Rimando, Norris Uehara, or Chauncey Hew of the Safe Drinking Water Branch at 808-586-4258 (Honolulu). Call direct toll free: Kaua`i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Moloka`i and Lana`i 1-800-468-4644, ext. 64258.

Office Use:

APPLICATION: ABANDONMENT OF REGISTERED INJECTION WELL

Underground Injection Control (UIC), Dept. of Health, State of Hawai'i
919 Ala Moana Blvd., #308, Honolulu, HI 96814 808-586-4258

Facility Name: _____ Permit No. _____

Permittee: _____

List all injection well (Nos.) for abandonment: _____

Anticipated date of abandonment work (i.e., well clearing and backfilling): _____

Note: Well clearing and backfilling are complex tasks that may require days of work. Plan and budget carefully.

Intention: abandon all injection wells, terminate UIC permit abandon specific injection well, keep UIC permit active

Reason(s) for abandonment: no longer needed dysfunctional to be replaced with new inj. well mislocation
 under order reduce number of injection wells unsafe condition undesired injection zone undesired injection effects

Submit the following:

(a) the attached Land Owner's Consent form fully completed containing the land owner's signature, only if the permittee is different from the land owner.

(b) the attached **Signatory and Certification Statement For UIC Submittals** form fully completed and signed by the permittee.

Permittee's current point-of-contact (for letters & administrative matters):

Printed Name: _____ Title: _____

Company: _____

Address: _____ Phone: _____ Fax: _____

Person filing this application:

Is the permittee (facility officer)

Is representing the permittee (consultant, professional service)

Printed Name: _____ Title: _____

Company: _____ Application Date: _____

Address: _____ Phone: _____ Fax: _____

\$100 Filing fee to State of Hawai'i Attached, check # _____ Not required, owned by government agency

Note: This abandonment application should be fully completed and submitted to the UIC program at least 60 days before the anticipated date of abandonment work.

After UIC program review of this application, further information may be requested of you for clarification or completeness. Please be accurate and complete with this application form to avoid processing delays.

The injection well shall be cleared and open to its original depth in preparation for proper backfilling. The backfilling material and emplacement method will be specified in the UIC program's written instruction issued to the permittee.

Do not backfill without written instruction from the UIC program. Unauthorized backfilling will trigger corrective action, including reexcavation and proper backfilling and witnessing.

For instruction writing purpose, the UIC program may schedule an injection well inspection to view the injection well's current condition.

CONSENT OF THE FEE SIMPLE LAND OWNER FOR AN UNDERGROUND INJECTION CONTROL (UIC) APPLICATION (This form is only applicable when the applicant and the land owner are **NOT** the same entity.)

This form represents the consent of the fee simple land owner that the applicant and its facility are submitting an Underground Injection Control (UIC) application for: (Check the appropriate proposed action)

- New injection well construction
- Permit modification
- Permit renewal
- Change-of-Operator
- Facility-Name-Change
- Existing Injection Well needing permit registration
- Abandonment of a Registered Injection Well
- Abandonment of an Unregistered Injection Well

Facility Name: _____

UIC Permit No. (if issued): _____

Address: _____

_____ TMK No. _____

Applicant: _____

Fee Simple Land Owner's Name: _____

Mailing Address: _____

Land Owner's Signature: _____ Date: _____

Note: The purpose of this form is to show, for the purpose of UIC application processing, that the fee simple land owner is aware and consents to the proposed action of the applicant. This form may be substituted by a written consent from the involved entities, if different wording is preferred. However, be sure to be current, accurate, and clear about the proposed action.

**SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS**
*Submitted Statement shall bear an original signature and date.
Photocopy signatures are unsatisfactory.*

e-Permitting Submission No. _____

Certification for Application for Facility Name: _____

Please check one:

- I certify that for a municipality, I am a principal executive officer or ranking elected official.
- I certify that for a state, non-federal or other public agency, I am a principal executive officer or ranking elected official.
- I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- I certify that I am a general partner for a partnership.
- I certify that I am the proprietor for a sole proprietorship.
- I certify that I am a trustee for a trust.
- I certify that for a corporation/association of apartment owners/home owners association, I am the President, Vice President, Secretary or Treasurer of the corporation/association of apartment owners/home owners association and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation/association of apartment owners/home owners association.
- I certify that for a corporation, I am the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Name (Print): _____ Title: _____

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health

State of Hawai`i

INSTRUCTIONS TO ABANDON AN UNREGISTERED INJECTION WELL

This application form is only for abandoning an UNregistered injection well. Appropriate application forms are available to cover other permit-related actions.

This one-page application form has been designed to be self-explanatory and easy to use. However, the form's effectiveness greatly depends on information accuracy and completeness. Please be careful when completing the application form to prevent processing delays.

An injection-well abandonment application does not require you to hire an engineer's or geologist's professional service. However, professional service may enhance efficient field work and processing, especially if technical issues regarding the injection well's backfilling arise.

The injection-well abandonment application should be submitted at least 90 days before the anticipated date of the abandonment work. Ninety days accommodate evaluation, inspection, site-specific considerations, and issuing backfilling instructions.

Once the application is deemed satisfactorily complete, written backfilling instructions will be issued to the applicant.

Do not backfill the injection well without the UIC program's issued written instructions. Unauthorized or improper backfilling will be subject to reexcavation and proper rebackfilling at the applicant's expense.

An application filing fee of \$100 payable to the State of Hawai`i is required. Government-related facilities are fee exempt.

Questions may be directed to Jaime Rimando, Norris Uehara, or Chauncey Hew of the Safe Drinking Water Branch at 808-586-4258 (Honolulu). Call direct toll free: Kaua`i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Moloka`i and Lana`i 1-800-468-4644, ext. 64258.

Office Use:

APPLICATION: ABANDONMENT OF UNREGISTERED INJECTION WELL

Underground Injection Control (UIC), Dept. of Health, State of Hawai'i
919 Ala Moana Blvd., #308, Honolulu, HI 96814 Tel. No. 808-586-4258

Facility Name: _____ Island: _____

Address: _____ TMK: _____

List all injection well (Nos.) for abandonment: _____

Anticipated date of abandonment work (i.e., well clearing and backfilling): _____

Note: Well clearing and backfilling are complex tasks that may require days of work. Plan and budget carefully.

Injectant (wastewater) source (check all applicable): rainfall runoff industrial commercial product aquaculture
 municipally treated sewage untreated domestic sewage treated domestic sewage recreational or aesthetics
 site remediation site construction other _____

The approximate wastewater quantity (gallons) discharged into the injection well system per day: _____

Submit the following:

- (a) the attached Land Owner's Consent form fully completed containing the land owner's signature, only if the applicant is different from the land owner.
- (b) the attached **Signatory and Certification Statement For UIC Submittals** form fully completed and signed by the applicant.
- (c) Site plan showing the location of every injection well.
- (d) TMK map showing the property and all injection wells highlighted.
- (e) USGS scale 1:24,000 map showing the property highlighted.
- (f) If applicable, special circumstances for the UIC program to consider before issuing backfilling/abandonment work instructions.
- (g) Fully completed, the attached injection well diagram for each injection well.

Applicant's current point-of-contact (for letters & administrative matters):

Printed Name: _____ Title: _____

Company: _____

Address: _____ Phone: _____ Fax: _____

Person filing this application:

Is the applicant (facility officer) Is representing the applicant (consultant, professional service)

Printed Name: _____ Title: _____

Company: _____ Application Date: _____

Address: _____ Phone: _____ Fax: _____

\$100 Filing fee to State of Hawai'i Attached, check # _____ Not required, owned by government agency

- Note:
- * This abandonment application should be fully completed and submitted to the UIC program at least 90 days before the anticipated date of abandonment work.
 - * After UIC program review of this application, further information may be requested of you for clarification or completeness. Please be accurate and complete with this application form to avoid processing delays.
 - * The injection well shall be cleared and opened to its original depth in preparation for proper backfilling. The backfilling material and emplacement method will be specified in the UIC program's written instruction issued to the applicant.
 - * Do not backfill without written instruction from the UIC program. Unauthorized backfilling will trigger corrective action, including reexcavation and proper backfilling and witnessing.
 - * For instruction writing purpose, the UIC program may schedule an injection well inspection to view the injection well's current condition.

CONSENT OF THE FEE SIMPLE LAND OWNER FOR AN UNDERGROUND INJECTION CONTROL (UIC) APPLICATION (This form is only applicable when the applicant and the land owner are **NOT** the same entity.)

This form represents the consent of the fee simple land owner that the applicant and its facility are submitting an Underground Injection Control (UIC) application for: (Check the appropriate proposed action)

- New injection well construction
- Permit modification
- Permit renewal
- Change-of-Operator
- Facility-Name-Change
- Existing Injection Well needing permit registration
- Abandonment of a Registered Injection Well
- Abandonment of an Unregistered Injection Well
- Termination of the UIC permit or UIC file

Facility Name: _____

UIC Permit or File No. _____

Address: _____

_____ TMK No. _____

Applicant (Permittee): _____

Fee Simple Land Owner's Name: _____

Mailing Address: _____

Land Owner's Signature: _____ Date: _____

Note: The purpose of this form is to show, for the purpose of UIC application processing, that the fee simple land owner is aware and consents to the proposed action of the applicant. This form may be substituted by a written consent from the involved entities, if different wording is preferred. However, be sure to be current, accurate, and clear about the proposed action.

SIGNATORY AND CERTIFICATION STATEMENT
FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS
(submitted Statement shall bear an original signature and date -
photocopy signatures are unsatisfactory.)

I certify that:

(for a municipal, state, federal, or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation; or,

I am the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Description of Document

Application

Type of Organization (please circle):

- | | | |
|------------------------|--|----------------|
| 1. sole proprietorship | 2. partnership | 3. corporation |
| 4. municipal | 5. state, federal or other public agency | |

Signature _____

Name (Print) _____

Title _____

Date _____

Company Name _____

Address _____

Phone Number () _____ FAX Number () _____

DIAGRAM FOR INJECTION WELL DIMENSIONS

