

DEQ USE ONLY

Registration #: _____
File #: _____
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DOC Conf.: _____
Notes: _____

**UNDERGROUND INJECTION CONTROL
REGISTRATION**

Aquifer Remediation



Oregon Department of Environmental Quality
(see pages 3 & 4 for detailed instructions)

DEQ USE ONLY

Received: _____

 IND DOM UIC: _____
Notes: _____

A. 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: ____ degrees ____ min. ____ sec. <i>or</i> decimal: _____ Longitude: ____ degrees ____ min. ____ sec. <i>or</i> decimal: _____	
6. Facility Contact Name: Contact Telephone #: Fax #:	7. Responsible Official Name: Address: City, State, Zip Code:
8. DEQ Regional Contact Name:	Region: Telephone #:

B. FACILITY DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)

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

2. Is this a RCRA/CERCLA site? Yes No *or* _____
If so note ECSI or LUST number _____

Is the site associated with: Voluntary Cleanup Independent Cleanup Leaking Tank

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

4. Briefly describe the types of materials, products, and wastes handled at the facility: _____

5. Describe the contamination characteristics (Attach analytical results and monitoring plan if available): _____

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

7. Describe the proposed remediation or provide a remedial action plan: _____

8. Depth to winter high water table: ____ feet *or* Average depth to groundwater: ____

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

10. Are storm water drywells in use at this site? Yes No

C. UNDERGROUND INJECTION CONTROL INFORMATION – Go to page 2 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 AQUIFER REMEDIATION SYSTEMS

Oregon Department of Environmental Quality

(See pages 3-4 for detailed instructions)

LEGAL NAME: _____	
C. UNDERGROUND INJECTION CONTROL INFORMATION	
Complete the information requested below for <u>each</u> UIC system that is used for aquifer remediation at the facility. Attach additional copies of this sheet if necessary. In addition, attach a facility map that clearly identifies the location of each UIC by name or number.	
UIC SYSTEM # or NAME: _____	INSTALLATION DATE: _____
1. Lat: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____ Long: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____	1. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Other surface water(s): _____ Attach well log and soil profile of nearest drinking water well. <input type="checkbox"/> Attached
2. Bioremediation fluids discharged: _____ _____	3. Discharge rate: _____ Discharge volume: _____
4. 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): _____ _____	5. Characteristics: Depth: _____ ft Diameter: _____ ft
UIC SYSTEM # or NAME: _____	INSTALLATION DATE: _____
1. Lat: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____ Long: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____	2. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Other surface water(s): _____ Attach well log and soil profile of nearest drinking water well. <input type="checkbox"/> Attached
3. Bioremediation fluids discharged: _____ _____	4. Discharge rate: _____ Discharge volume: _____
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): _____ _____	6. Characteristics: Depth: _____ ft Diameter: _____ ft
UIC SYSTEM # or NAME: _____	INSTALLATION DATE: _____
1. Lat: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____ Long: _____ degrees _____ min. _____ sec. <i>or</i> Decimal: _____	2. Distance to nearest: Domestic/public water well: _____ Wetland: _____ Other surface water(s): _____ Attach well log and soil profile of nearest drinking water well. <input type="checkbox"/> Attached
3. Bioremediation fluids discharged: _____ _____	4. Discharge rate: _____ Discharge volume: _____
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): _____ _____	6. Characteristics: Depth: _____ ft Diameter: _____ ft

UIC REGISTRATION INSTRUCTIONS FOR AQUIFER REMEDIATION SYSTEMS

Use this form to register underground injection control (UIC) systems used for aquifer remediation.

A. 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 from United States Geological Survey (USGS) quadrangle or topographic maps by calling 1-888 ASK-USGS, or 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 or organization for this facility, if different from #4.
8. Enter the DEQ representative who is assigned to your site and indicate their region and work telephone number.

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. Note if this site is part of an EPA-designated RCRA/CERCLA action or part of a state cleanup effort. If so, note DEQ number, e.g., ESCI, LUST, etc.
3. 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."
4. 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."
5. Briefly describe the contamination characteristics of this site, and attach analytical results and monitoring plan if available.
6. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
7. Estimate the monthly average usage of drinking water in gallons per day and indicate the source.
8. 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) 378-8455. The Natural Resource Conservation Service in your area may also have this information.
9. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.
10. Storm water drywells include french drains, drill holes, subsurface trenches, perforated pipes, sumps, etc.

UIC REGISTRATION INSTRUCTIONS FOR AQUIFER REMEDIATION SYSTEMS

C. 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).

For each UIC system, provide the number or name and its installation date. The installation date will be on your well log or permit. Also, for **each** UIC system provide the following:

1. Latitude and longitude. 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 from United States Geological Survey (USGS) quadrangle or topographic maps by calling 1-888 ASK-USGS, or by accessing DEQ's web site at <http://www.deq.state.or.us/wq/wqlmaps/wqlmapshome.htm>. Click on "Enter LLID Interactive Maps Application" at bottom of the page to start the locational application. 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. 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.
3. Describe any bioremediation fluids that are being discharged.
4. State the average discharge rate and volume.
5. Whether the UIC system is being planned, under construction, active, inactive, temporarily abandoned, or permanently abandoned (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 for more information. 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) 378-8455. If the UIC system has been permanently abandoned/decommissioned, provide the date and method of closure.
6. The following design characteristics:
 - ◆ Depth and diameter in feet
 - ◆ The injection depth of the remediation fluids
 - ◆ Type of treatment prior to subsurface discharge

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

Submit a copy of this form to:

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/groundwa/uichome.htm>