



No Exposure Form for Underground Injection Control (UIC) Wells

The purpose of this form is to determine if stormwater that drains to a UIC well comes in contact with pollution generating land uses at an industrial or commercial facility (see form ECY 040-47c.)

Please submit this form with the UIC registration form.

Is stormwater runoff that drains to a UIC well exposed to any of the following:

1. Equipment, vehicles or machinery washed or maintained outdoors.

Yes No

2. Hazardous waste, oil, grease or other hazardous substances stored, used, transported, or transferred outdoors.

Examples: Drum storage areas, transfer from tanks to drums, transfer from drums to small containers, above ground tanks.

Yes No

3. Residue on the ground from oil, grease or hazardous substances that have leaked or spilled.

Yes No

4. A railroad within the drainage area of a UIC well.

Yes No

5. Water that has been in contact with hazardous substances from industrial or commercial processes and is disposed of outdoors.

Yes No

6. Roof runoff exposed to hazardous substances emitted from roof stacks or vents.

Yes No

7. Hazardous substances.

Yes No

List UIC Well ID for each UIC well for which the answer to one or more of the above questions is "yes":

If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6404. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Certification statement

I certify under penalty of law that I have read and understand the eligibility requirements of authorization by rule for operation of injection wells.

I certify under penalty of law that there are no discharges of hazardous substances or other fluids in amounts that may endanger an underground source of drinking water from the injection well(s) identified on this registration form.

Additionally, 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 gathered and evaluated 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 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

_____	_____
TITLE	Organization
_____	_____
Name (print of typed)	Phone
_____	_____
Signature	Email

Please send completed form to: UIC Coordinator, Water Quality Program, Washington Department of Ecology, P.O. Box 47600, Olympia, WA 98504-7600

If you need this publication in an alternate format, please call the Water Quality Program at 360-407-6404. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.