



Injection Well Closure Notification

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

A Facility: _____ UIC site ID: _____
Address: _____ City: _____
Zip: _____ County: _____ Phone: _____
Township: _____ Range: _____ Section: _____ ¼ Section: _____
Latitude: _____ Longitude: _____
Other: _____

B. Contact Information

Well Owner:

Name _____
Organization _____
Address: _____
City _____ State _____ ZIP _____
Phone: _____
Email _____

1C. Property owner: Same as Well Owner

Name _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email _____

Technical Contact Person, if applicable (Engineer, contractor, consultant)

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email _____

To request ADA accommodation including materials in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with impaired hearing may call Washington Relay Service at 711. Persons with a speech disability may call 877-833-6341.

D. Was this site ever a toxic cleanup site? Yes No

Table 1 – Complete for all wells

	1	2	3	4	5	6	7
Owner Well ID name or number							
Latitude (decimal format)							
Longitude (decimal format)							
Construction date (approx. year if unknown)							
Closure date (approx. year if unknown)							
UIC construction type ¹							
EPA well type ² (see table below)							
Depth of UIC well							
Is this UIC well an imminent public health hazard? If yes, notify Ecology 30 days before closing the well.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this UIC well constructed into an aquifer? If yes, meet WAC 173-160 ³ . If no, meet WAC 173-218-120 ⁴ .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹Well Construction Type Abbreviations: DW - Drywell; DF – Drainfield; IT - Infiltration Trench with Perforated Pipe, O - Other (describe)

² EPA Class V Well Types

5A19 Cooling water return	5A6 Geothermal heat	5W11 Septic system (general)	5A7 Closed loop heat pump return
5D2 Stormwater	5R21 Aquifer recharge	5W20 Industrial process water	5X26 Aquifer remediation
5D4 Industrial storm runoff	5W9 Untreated sewage	5W31 Septic system (well disposal)	5X27 Other wells
5G30 Special drainage water	5W10 Cesspool	5W32 Septic system (drainfield)	5X28 Motor vehicle waste

³ Chapter 173-160 WAC Minimum Standards for Construction and Maintenance of Wells, found at <http://www.ecy.wa.gov/biblio/wac173160.html>.

⁴ Chapter 173-218-120, WAC Underground Injection Control Program, Decommissioning a UIC well, found at <http://www.ecy.wa.gov/biblio/wac173218.html>.

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A. Signature of authorized representative

I hereby certify that the information contained in this registration is true and correct to the best of my knowledge.

Name of legally authorized representative

Title

Signature of legally authorized representative

Date

For Department Use Only
Site ID:
Date received:
Date
acknowledged:
Date Entered:
Final
Disposition:

For questions, call Mary Shaleen-Hansen at 360-407-6143 or e-mail can be sent to maha461@ecy.wa.gov.

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Well Closure Registration Form Instructions

A. Facility Name and Location

- Provide the name, address and phone number of the facility where the UIC wells are or will be located.

B. Contact Information

- Well Owner: Provide the owner of the wells, organization, address and phone number.
- Property Owner: Complete if different then the Well owner
- Technical Contact: Complete if different then the Well owner

C. Original Registration

- Supply the UIC site number from original registration (if available).

D. If the site has been an independent clean up site or a site under the supervision of the Model Toxic Control Act Program, select yes. If not, select no.

E. UIC Well information

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To enter a well, populate the following text boxes and drop down lists, then click on the Add link to the right of the table. The well will then be added to the table above. The following items need to be populated in order to add the well:
 - Owners ID: Provide your well identification name or number.
 - Construction Date: Provide the approximate date the well was installed. This date may be in the following formats: MM/DD/YYYY, MM/YYYY or YYYY.
 - Latitude and longitude: Enter the latitude and longitude in decimal form for each UIC well. Visit the [Department of Health Interactive Map](#) and type the address in at the bottom of the screen. Locational information including, latitude and longitude, will be found in a table below the map.
 - EPA well type: EPA well types are listed in the table 1 below.
 - Well depth: Provide the approximate well depth.

To edit or delete an existing well, click on the associated links on the right side of the screen. The record with either be removed from the table (Delete) or text boxes and drop down boxes will appear in the row. When you are finished making changes, click the Update link on the right side of the screen to save the changes.

You must have at least one well in the well information table to continue with the registration.

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To update the well information, click on the Edit link on the right side of the screen, then text boxes and drop down boxes will appear in the row. When you are finished making changes, click the Update link on the right side of the screen to save the changes. If you need to remove a well, click on the “Previous” button located at the bottom of the screen to move back a screen. The following items need to be populated in order to update the record:

- Provide the Closure Date of well
- Construction Type: Provide the well construction type.
- To the best of your knowledge, is this UIC well an imminent public health hazard? If yes, notify Ecology 30 days before closing the well.
- To the best of your knowledge, is this UIC well constructed into an aquifer? If yes, the well must meet Chapter 173-160 WAC Minimum Standards for Construction and Maintenance of Wells, found at <http://www.ecy.wa.gov/biblio/wac173160.html>. If no, the well must meet Chapter 173-218-120 WAC Underground Injection Control Program, Decommissioning a UIC well, found at <http://www.ecy.wa.gov/biblio/wac173218.html>.

F. Submit Registration

- o Click on the “Submit” button to complete your registration. Please remember to sign your printed copy and mail it to the UIC Coordinator.