

Send hard copy signed by the owner / operator and a check for the \$180 Inventory Review Fee \* made payable to: Utah Division of Water Quality to:

Utah Department of Environmental Quality  
 Division of Water Quality, ATTN: UIC  
 P.O. Box 144870  
 Salt Lake City, Utah 84114-4870

**Utah**  
 Underground  
 Injection  
 Control  
 (UIC)  
 Inventory Information

Well Subclass: \_\_\_\_\_  
 Facility ID No.: **UTU-** \_\_\_\_\_  
 GW SWPZ.: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
 (For DWQ use only)

**UIC-Regulated Large Underground Wastewater Disposal System (LUWDS)**  
 (design flow rate >5,000 gallons per day)

**\* A one-time \$180 Class V Inventory Review Fee must be remitted with each UIC Inventory Information Form for EACH subclass of Class V injection well at EACH facility location.**  
 View UIC Class V Subclasses at: <http://www.waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV>

**FACILITY LOCATION**

Facility Name:					Phone:		
Facility Physical Address:						(City)	
Facility Mailing Address:				(City)		(Zip Code)	
Facility Geographic Location:	T.	R.	Section	1/4 of	1/4		
	<b>Latitude:</b>	Degrees	Minutes	Seconds	UTM Northing (Y):	m or ft	
	<b>Longitude:</b>	Degrees	Minutes	Seconds	UTM Easting (X):	m or ft	
County:					<input type="checkbox"/> NAD 83    or <input type="checkbox"/> NAD 27		

**FACILITY CONTACT**

Contact Name:					Phone:			Email:			
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant							
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____							
Title:				Organization:							
Contact Mailing Address:					(City)		(Zip Code)				
Contact Name:					Phone:			Email:			
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant							
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____							
Title:				Organization:							
Contact Mailing Address:					(City)		(Zip Code)				

DWQ Use Only for Date Received Stamp and eDocs Number:

**LAND OWNERSHIP AT FACILITY**

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
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**FACILITY DESCRIPTION**

Primary NAICS Code: _____	Secondary NAICS Code: _____
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Description of Business Activity at Facility:

Local Environmental Health Director: _____	Phone: _____
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**WASTEWATER DISPOSAL SYSTEM STATUS (indicate number of wells in appropriate category)**

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned

**WASTEWATER DISPOSAL SYSTEM CONSTRUCTION AND SUBSURFACE DETAILS**

Narrative Description of System Construction (including pre-treatment, treatment, and disposal) and Subsurface Details (see Instructions):

Depth to Ground Water: _____	Ground Water Class: _____
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**WASTEWATER CHARACTERIZATION**

Narrative Description of Wastewater Quality Entering Disposal System (see Instructions):

Daily Design Discharge Rate (gpd): _____
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**COMMENTS**

Use this space for additional contact information and/or other important information about this LUWDS.

**SIGNATURE OF OWNER / OPERATOR**

Name & Title (print or type)	Phone Number
Signature	Date Signed