



Class V Underground Injection Control Authorization by Rule

**Aquifer Storage and Recovery, Low Temperature Geothermal,
Remediation, and other UICs that do not drain stormwater**

DEQ UseOnly
Received: _____
Amount: _____
Check #: _____
From: _____
UIC #: _____

This form will be processed within two weeks of receipt. All sections must be filled out unless the form indicates that a section is "optional." Instructions begin on page 2.

A. Fee for Authorization by Rule					
Number of injection systems:		x \$134 =		Total payment: \$	
Note: See instructions for fees related to remediation projects					
B. Owner Information					
Organization:			Site contact:		
Mailing address:			City:	State:	ZIP code:
Phone number:			Email address:		
C. Facility Information					
Facility name:					
Physical address:			City:	State:	ZIP code:
D. Consultant Information (optional)					
Consultant contact name:			Company:		
Phone number:			Email address:		
E. UIC System Type					
<input type="checkbox"/> Aquifer Storage and Recovery (5R21, 2-ASR)		Limited License or Permit #:			
<input type="checkbox"/> Low Temp Geothermal (5A7, 2-Geo Heat Pump)		Water Right Permit or Certificate #:			
<input type="checkbox"/> Remediation (5X26, 2-Remediation)		ESCI Site ID and/or LUST #:			
<input type="checkbox"/> Other		Describe fluid:		<input type="checkbox"/> Voluntary Cleanup Program	
F. Individual UIC Information					
1. ID:	Fluid type:	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active		Depth:	
<input type="checkbox"/> Site map is attached		Latitude:		Longitude:	
2. ID:	Fluid type:	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active		Depth:	
<input type="checkbox"/> Site map is attached		Latitude:		Longitude:	
3. ID:	Fluid type:	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active		Depth:	
<input type="checkbox"/> Site map is attached		Latitude:		Longitude:	
4. ID:	Fluid type:	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active		Depth:	
<input type="checkbox"/> Site map is attached		Latitude:		Longitude:	
G. 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.					
Signature of legally authorized representative				Date	
Legally authorized representative:			Title:		
Mailing address:			City:	State:	Zip code:
Email:			Phone number:		

Application Instructions for Class V Underground Injection Control Authorization by Rule

Important Note: This form is regularly updated. Always download a new copy of this form from DEQ's website when applying for rule authorization.

A. Fee for authorization by rule

A fee of \$134 per UIC must be submitted with the application. DEQ waives the per UIC fee when the UIC is located at a remediation site, and remediation is being conducted under the DEQ Voluntary Cleanup Program. Fees for a remediation project that is not part of the Voluntary Cleanup Program fees can be discussed with the permit coordinator at 503-229-5623.

B. Owner information

Organization: the person, business, or public organization that controls the facility where the UIC is located. A business or public organization must be registered with the Oregon Secretary of State's Business Registry:

http://egov.sos.state.or.us/br/pkg_web_name_srch_inq_login. Business registration information is available online at: <http://sos.oregon.gov/business/Pages/register.aspx>. If the company operates under an assumed business name the organization name should be the legal representative's name. The organization will receive official DEQ correspondence.

Site contact: the person DEQ would contact for questions concerning the facility's UICs.

C. Facility information

Facility name: the name of the facility or operation where the UIC is located.

Physical address: the physical location, not the mailing address, of the facility where the UIC is located.

D. Consultant information

Consultant: the individual hired by the organization to provide the applicant technical assistance.

E. UIC system type

Select a UIC type and provide the information to the right of the system type category.

F. Individual UIC information

If you are applying for authorization of more than four UICs, please provide the individual UIC information on a separate sheet of paper and attach it to this application.

- Enter the ID used to identify your UIC, fluid type, status, depth, latitude and longitude in decimal degrees NAD 83 datum for each UIC (for example, 45.407666/-122.669015).
- A site map is required. The site map must show the UIC (labeled by name), property lines, adjoining streets, buildings, and a north arrow.

G. Signature of legally authorized representative

The signature and contact information of the person responsible for signing official correspondence, according to the table below:

Entity	Legally Authorized Representative
Corporation	President, secretary, treasurer, vice-president, or any other person who performs principal business functions, or a manager of one or more facilities authorized in accordance to corporate procedure to sign such documents
Partnership	General partner
Sole Proprietorship	Owner(s)
City, County, State, Federal, Public Facility	Principal executive officer or ranking elected official
Limited Liability Company	Member
Trusts	Acting Trustee

Please submit a hard copy and an electronic copy of your application materials

Submit a hard copy of your application and payment to:
Oregon DEQ, Attn: Business Office
700 NE Multnomah Street Suite 600, Portland, OR 97232

Submit an electronic copy of your application to:
UIC@deq.state.or.us

DEQ will discard oversize (larger than 11" by 17") application documentation, and other documentation that is not required. Call the UIC Permit Coordinator at 503-229-5623 with questions.

