



Class V Underground Injection Control Authorization by Rule

Application for UICs That Drain Stormwater From Any Surface

DEQ UseOnly

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

All sections must be filled out unless the form indicates that a section is "optional." Instructions begin on page 5.

A. Fee for Authorization by Rule

Number of low risk systems:		x \$107 =		\$	
Number of moderate risk systems:		x \$134 =		\$	
Number of high risk systems:		x \$321 =		\$	
<i>*High risk injection systems are invoiced a \$107 annual monitoring processing fee.</i>					Total amount due: \$

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:
Coordinates of facility in decimal degrees at the center of the site (example: 44.257961 / -122.652904)			
Latitude:	Longitude:		

D. Consultant Information (optional)

Consultant contact name:	Company:
Phone number:	Email address:

E. Individual UIC Information

1. What do you call this UIC?	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):	
Latitude in decimal degrees (example: 44.214736):	
Longitude in decimal degrees (example: -121.349821):	
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.
2. What do you call this UIC?	Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):	
Latitude in decimal degrees (example: 44.214736):	
Longitude in decimal degrees (example: -121.349821):	
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.

3. What do you call this UIC?		Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):		
Latitude in decimal degrees (example: 44.214736):		
Longitude in decimal degrees (example: -121.349821):		
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.
4. What do you call this UIC?		Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):		
Latitude in decimal degrees (example: 44.214736):		
Longitude in decimal degrees (example: -121.349821):		
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.
5. What do you call this UIC?		Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):		
Latitude in decimal degrees (example: 44.214736):		
Longitude in decimal degrees (example: -121.349821):		
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.
6. What do you call this UIC?		Status: <input type="checkbox"/> Under construction <input type="checkbox"/> Active
Fluid type: <input type="checkbox"/> Stormwater (5D2) <input type="checkbox"/> Other (describe):		
Latitude in decimal degrees (example: 44.214736):		
Longitude in decimal degrees (example: -121.349821):		
Drainage area (check all that apply): <input type="checkbox"/> Roof <input type="checkbox"/> Parking <input type="checkbox"/> Road <input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC is less than 100 feet deep.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet from a domestic drinking water well.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is more than 500 feet or is not within a public water supply well's two-year time-of-travel.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	The UIC has at least 5 feet of vertical separation from seasonal high water table.
Attach additional sheets if you are applying for authorization of more than six (6) UICs.		
F. Site Map – a site map is attached, containing the following elements.		
Note: Maps should be no larger than 11"x17"		
<input type="checkbox"/> Each UIC listed in Section E, labeled by name	<input type="checkbox"/> Property Lines	<input type="checkbox"/> North arrow
<input type="checkbox"/> Adjoining streets and buildings	<input type="checkbox"/> Aerial Photo	

G. UIC System Type		
Check the following boxes to determine which of the remaining application sections you need to complete:		
At least one UIC receives non-roof runoff.	<input type="checkbox"/> Complete Section H	
The UIC(s) are located at a municipal, industrial, commercial, or apartment complex facility.	<input type="checkbox"/> Complete Section I, J, and K	
The UIC(s) are located at an industrial or commercial facility where hazardous substances, toxic materials, or petroleum products are used.	<input type="checkbox"/> Complete Section L	
You own or operate the UIC(s).	<input type="checkbox"/> Complete Section M	
H. General Requirements for Non-Roof Runoff		
I certify that:		
<input type="checkbox"/>	No contaminated soil or groundwater is present that will be impacted by the UIC	
<input type="checkbox"/>	The UIC only accepts stormwater drainage	
<input type="checkbox"/>	The UIC can be plugged or blocked in the event of a spill	
<input type="checkbox"/>	The site design has minimized stormwater runoff	
<input type="checkbox"/>	No other method of stormwater disposal, including construction or use of surface discharging storm sewers or surface infiltration design, is appropriate. (Use your best professional judgment.)	
I. Vehicle Trips Per Day		
On average, How many vehicle trips per day are there at the site? <input type="checkbox"/> Fewer than 1,000 <input type="checkbox"/> More than 1,000		
J. Structural Best Management Practices		
Check the following boxes to indicate the types of pretreatment on your UIC.		
<input type="checkbox"/> Oil/Water Separator	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Cartridge Filtration
<input type="checkbox"/> Catch Basin Insert Bag	<input type="checkbox"/> Bioswale	<input type="checkbox"/> Oil and Sediment Trap Catch Basin
<input type="checkbox"/> Sedimentation Manhole	<input type="checkbox"/> Other:	(Three-foot sump required)
K. Additional Requirements: Apartment Complex, Municipal, Commercial, and Industrial Facility UICs		
<input type="checkbox"/> Yes <input type="checkbox"/> No	A Stormwater Management Plan has been prepared in accordance with OAR 340-044-0018(3)	
No Exposure Certification		
Are any of the following materials or activities exposed to precipitation in the area drained by your UICs?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Using, storing or cleaning industrial machinery or equipment, and the areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials or residuals on the ground, in trenches, running into injection systems or in stormwater inlets resulting from spills/leaks	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials or products from past activity	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Material handling equipment (except adequately maintained vehicles)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials or products handled during loading, unloading, or transporting activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials or products stored outdoors except final products intended for outside use	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks and similar containers	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Materials or products handled or stored on roads or railways owned or maintained by the discharger	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste material (except waste in covered, non-leaking containers)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Application or disposal of process wastewater	

L. Additional Requirements: Industrial and Commercial Facilities That Use Hazardous Substances, Toxic Materials, or Petroleum Products

<input type="checkbox"/> Site Assessment [meets OAR 340-044-0018(3)(d)]	<input type="checkbox"/> List of past accidents, spills or releases and responses
<input type="checkbox"/> UIC Maintenance Plan and Schedule	<input type="checkbox"/> Spill Prevention and Response Plan
<input type="checkbox"/> Employee Education Plan	

M. Signature of legally authorized representative

I certify under penalty of law that the no exposure certification in Section H is accurate to the best of my knowledge. I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)) and/or OAR 340-044 UIC rules.

I understand that I am obligated to submit a No Exposure Certification to DEQ once every five years. I understand that I must allow the DEQ permitting authority, where the discharge is, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request.

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:

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, Oregon 97232-4100

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.

DEQ Use Only**Category:**

- | | |
|---|---|
| <input type="checkbox"/> 1-Roof Drain | <input type="checkbox"/> 3-Large Parking Lot (1000 trips/day) |
| <input type="checkbox"/> 2-Residential | <input type="checkbox"/> 3-Industrial/Commercial (Mir HW etc) |
| <input type="checkbox"/> 2-Small Parking Lot | <input type="checkbox"/> 3-Large Municipality (50+) |
| <input type="checkbox"/> 2-Industrial/Commercial (Minor-HW) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 2-Small Municipality (49 or Less) | |

Existing Site:☐ Yes ☐ No UIC Facility Number (if yes):

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. DEQ will not accept application forms that are out of date.

A. Fee for authorization by rule

- Low risk UICs inject roof runoff that is not mixed with any other type of discharge.
- Moderate risk UICs inject non-roof runoff from a commercial facility, an industrial facility, a residential facility, or a facility owned by a public body that injects fluid into fewer than 50 UICs; and does not store, handle or use hazardous materials; and generates fewer than 1,000 vehicle trips per day.
- High risk UICs inject fluids from a commercial facility, an industrial facility, or a facility owned by a public body that injects fluid into more than 50 UICs; or stores, handles, or uses hazardous materials; or generates more than 1,000 vehicle trips per day.

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 and is responsible for paying annual invoices (if applicable).
- 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. Individual UIC information

- Latitude and longitude must be provided in decimal degrees NAD 83 datum (for example, 45.407666/-122.669015).
- The following resources provide information on nearby water wells and two-year time of travel zones:
- Water wells can be identified on the basis of your knowledge of the property, conversations with owners of adjoining properties, and the Oregon Water Resources Department on-line well log query tool:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx
- Two-year time-of-travels can be identified using the UIC Program Web Map Tool:
- <https://hdcgcx1.deq.state.or.us/Html5viewer291/?viewer=FacilityProfilerLite>
- Zoom into your site
- The yellow polygons are time-of-travel zones. If your site is located within a yellow polygon, it is within a two-year time- of-travel.
- Vertical separation is the distance between the bottom of the UIC and groundwater. Use the Oregon Water Resources Department on-line well log query tool to determine the depth to groundwater:
http://apps.wrd.state.or.us/apps/gw/well_log/, or if your site is located in Portland, Gresham, Troutdale or Milwaukie, you may also use the depth to groundwater map in Snyder (2008), available online at:
<http://pubs.usgs.gov/sir/2008/5059/>.

F. Site Map

The site map must show the UICs labeled by name, property lines, adjoining streets, buildings, a north arrow, and an aerial photo.

G. UIC System Type

Use this section to determine which of the following sections on the application require completion.

H. General requirements for non-roof runoff

- Contaminated soil or groundwater can be identified on the basis of your knowledge of the site, and searching the ECSI and LUST databases:
- ECSI database: <http://www.oregon.gov/deq/Hazards-and-Cleanup/env-cleanup/Pages/ecsi.aspx>
- LUST database: <http://www.deq.state.or.us/lq/tanks/lust/LustPublicLookup.asp>

I. Vehicle Trips per Day

Number of Vehicle trips per day is measured for the entire site rather than for each UIC. See DEQ's fact sheet "Estimating Vehicle Trips per Day at Underground Injection Controls," available online at: <http://www.oregon.gov/deq/FilterDocs/>

J. Structural Best Management Practices

Acceptable pretreatment types and BMPs are at: <https://www.oregon.gov/deq/FilterDocs/IndBMP021413.pdf>

K. Additional Requirements for apartment complexes, municipal, commercial, and industrial facility UICs

- Stormwater management plan requirements are:
- Municipalities with fewer than 50 UICs. Plan must include a System-Wide Assessment; description of operational and structural source controls and stormwater treatment; plans for operational control measures including spill prevention, spill response, maintenance, employee and public education; and routine evaluation of the effectiveness of the stormwater management plan.
- Industrial and commercial facilities without significant quantities of hazardous substances, and with less than 1,000 vehicle trips per day site-wide. Plan must include a System-Wide Assessment; description of operational and structural source controls and stormwater treatment; plans for operational control measures including spill prevention, spill response, maintenance, employee education; and routine evaluation of the effectiveness of the stormwater management plan and best management practices.
- Industrial and commercial facilities with more than 1,000 vehicle trips per day site-wide AND Industrial and commercial facilities where hazardous substances, toxic materials, and petroleum products are used, handled or stored (including municipal facilities). Plan must include:
 - A site assessment that shows location and construction details of all injection systems and other stormwater management controls;
 - An evaluation of the use and activities of all areas draining into the stormwater system, including areas at high risk for accidental or illicit disposal of wastes or contaminants and the identification and location of all hazardous substances and toxic materials that are used, handled or stored at the facility;
 - Description of source controls and best management practices including measures to eliminate stormwater drainage from areas with high risk for accidental or illicit disposal;
 - A spill prevention and response plan, maintenance plan and schedule (including monthly visual inspections and semi-annual physical maintenance), an employee and public education plan, and identification of personnel or contractors responsible for implementing these plans;
 - Stormwater monitoring for benzene, ethylbenzene, toluene, xylenes, benzo(a)pyrene, total lead, total chromium, total cadmium, total nitrogen and fecal coliform bacteria. Facilities where toxic materials, hazardous substances and petroleum products are used, handled, or stored must also analyze for pollutants in Appendix A to 40 CFR Part 423. Sampling shall be conducted twice within the first 12 months of implementation of the monitoring plan, followed by annual sampling. Sampling shall be conducted at the onset of the rainy season. Samples shall be collected within the first 30 minutes of discharge from a storm greater than 0.1 inches in accumulation that is

- preceded by 72 hours of dry weather;
- A list of reference levels to which monitoring data will be compared. Detection limits shall be below these reference levels;
- A plan for record keeping and reporting. Exceedances of the reference levels must be submitted to DEQ.

The No Exposure Certification must be completed every five years. A separate No Exposure Certification can be downloaded from DEQ's UIC website at: <http://www.oregon.gov/deq/wq/wqpermits/Pages/UIC-Forms.aspx>

L. Additional requirements for industrial and commercial facilities using hazardous substances, toxic materials or petroleum products

The site assessment must include location and types of industrial activities; types and locations of hazardous substances and toxic materials; UIC locations; and methods used to prevent stormwater exposure to industrial activities, hazardous substances, and toxic materials.

M. 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