



# Class V Underground Injection Control Authorization by Rule

Application for UICs that Drain Stormwater from Roofs Only

DEQ Use Only
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.

<b>A. Fee for authorization by rule</b>				
Number of <b>low risk (roof runoff only)</b> injection systems:		\$107 =		<b>Total Amount Due: \$</b>
<b>B. Owner information</b>				
Organization:	Site contact:			
Mailing address:	City:	State:	ZIP code:	
Phone number:	Email address:			
<b>C. Facility information</b>				
Facility name:				
Physical address:	City:	State:	ZIP code:	
Coordinates of the facility at the <b>center</b> of the site in decimal degrees (example: 44.907312 / -122.523961)				
Latitude:	Longitude:			
<b>D. Consultant information (optional)</b>				
Consultant contact name:	Company:			
Phone number:	Email address:			
<b>E. Individual UIC information</b> (List additional UICs on a separate sheet)				
1. What do you call the UIC?	Status:	Under construction	Active	
Fluid type:	Stormwater (5D2)			
Latitude:	Longitude:			
Site map attached (see instructions on page 2 for site map requirements)				
Drainage area (this form is for roof runoff only):	Roof			
2. What do you call the UIC?	Status:	Under construction	Active	
Fluid type:	Stormwater (5D2)			
Latitude:	Longitude:			
Site map attached (see instructions on page 2 for site map requirements)				
Drainage area (this form is for roof runoff only):	Roof			
3. What do you call the UIC?	Status:	Under construction	Active	
Fluid type:	Stormwater (5D2)			
Latitude:	Longitude:			
Site map attached (see instructions on page 2 for site map requirements)				
Drainage area (this form is for roof runoff only):	Roof			
<b>F. Signature of legally authorized representative</b>				
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:	Phone number:			
Mailing address:	City:	State:	Zip code:	

## 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 only accept applications using an old form for 90 days from the revised date in the lower right hand corner of the current form. This form is for roof runoff only. If stormwater flows across walkways, driveways, parking lots, patios, or any other impervious surface, or if there is known current or past contamination at the facility, the "Stormwater Discharges -all surfaces" form must be completed.

### A. Fee for authorization by rule

Roof drains are low risk UICs. A fee of \$107 per UIC must be submitted with the application.

### 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](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.

- Coordinates at the center of the site: the exact coordinates provided in decimal degrees NAD 83 datum (for example, 45.407666/-122.669015).

### D. Consultant information

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

### E. Individual UIC information

- The site map must show the UICs labeled by name, property lines, adjoining streets, buildings, a north arrow, and an aerial photo.
- Latitude and longitude for each UIC must be provided in decimal degrees NAD 83 datum (for example, 45.407666/-122.669015).

### F. 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

<b>Submit a hard copy of your application and payment to:</b> Oregon DEQ Attn: Business Office 700 NE Multnomah Street Suite 600 Portland, OR 97232	<b>Submit an electronic copy of your application to:</b>  <a href="mailto:UIC@deq.state.or.us">UIC@deq.state.or.us</a>
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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.