

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health

State of Hawai`i

**INSTRUCTIONS TO ABANDON A REGISTERED INJECTION WELL**

This application form is only for abandoning a permit-registered injection well. Appropriate application forms are available to cover other permit-related actions.

This one-page application form has been designed to be self-explanatory and easy to use. However, the form's effectiveness greatly depends on information accuracy and completeness. Please be careful when completing the application form to prevent processing delays.

An injection-well abandonment application does not require you to hire an engineer's or geologist's professional service. However, professional service may enhance efficient field work and processing, especially if technical issues regarding the injection well's backfilling arise.

The injection-well abandonment application should be submitted at least 60 days before the anticipated date of the abandonment work. Sixty days accommodate evaluation, inspection, corrections, and issuing backfilling instructions.

Once the application is deemed satisfactorily complete, written backfilling instructions will be issued to the applicant.

**Do not backfill the injection well without the UIC program's issued written instructions. Unauthorized or improper backfilling will be subject to reexcavation and proper rebackfilling at the applicant's expense.**

An application filing fee of \$100 payable to the State of Hawai`i is required. Government agency permittees are fee exempt.

Questions may be directed to Jaime Rimando, Norris Uehara, or Chauncey Hew of the Safe Drinking Water Branch at 808-586-4258 (Honolulu). Call direct toll free: Kaua`i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Moloka`i and Lana`i 1-800-468-4644, ext. 64258.

(0806)

Office Use:

**APPLICATION: ABANDONMENT OF REGISTERED INJECTION WELL**

Underground Injection Control (UIC), Dept. of Health, State of Hawai'i  
919 Ala Moana Blvd., #308, Honolulu, HI 96814 808-586-4258

Facility Name: \_\_\_\_\_ Permit No. \_\_\_\_\_

Permittee: \_\_\_\_\_

List all injection well (Nos.) for abandonment: \_\_\_\_\_

Anticipated date of abandonment work (i.e., well clearing and backfilling): \_\_\_\_\_

Note: Well clearing and backfilling are complex tasks that may require days of work. Plan and budget carefully.

Intention:  abandon all injection wells, terminate UIC permit  abandon specific injection well, keep UIC permit active

Reason(s) for abandonment:  no longer needed  dysfunctional  to be replaced with new inj. well  mislocation  
 under order  reduce number of injection wells  unsafe condition  undesired injection zone  undesired injection effects

Submit the following:

- (a) the attached Land Owner's Consent form fully completed containing the land owner's signature, only if the permittee is different from the land owner.  
(b) the attached **Signatory and Certification Statement For UIC Submittals** form fully completed and signed by the permittee.

Permittee's current point-of-contact (for letters & administrative matters):

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person filing this application:

- Is the permittee (facility officer)  Is representing the permittee (consultant, professional service)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\$100 Filing fee to State of Hawai'i  Attached, check # \_\_\_\_\_  Not required, owned by government agency

Note: This abandonment application should be fully completed and submitted to the UIC program at least 60 days before the anticipated date of abandonment work.

After UIC program review of this application, further information may be requested of you for clarification or completeness. Please be accurate and complete with this application form to avoid processing delays.

The injection well shall be cleared and open to its original depth in preparation for proper backfilling. The backfilling material and emplacement method will be specified in the UIC program's written instruction issued to the permittee.

Do not backfill without written instruction from the UIC program. Unauthorized backfilling will trigger corrective action, including reexcavation and proper backfilling and witnessing.

For instruction writing purpose, the UIC program may schedule an injection well inspection to view the injection well's current condition.

**CONSENT OF THE FEE SIMPLE LAND OWNER FOR AN UNDERGROUND INJECTION CONTROL (UIC) APPLICATION** (This form is only applicable when the applicant and the land owner are **NOT** the same entity.)

This form represents the consent of the fee simple land owner that the applicant and its facility are submitting an Underground Injection Control (UIC) application for: (Check the appropriate proposed action)

- New injection well construction
- Permit modification
- Permit renewal
- Change-of-Operator
- Facility-Name-Change
- Existing Injection Well needing permit registration
- Abandonment of a Registered Injection Well
- Abandonment of an Unregistered Injection Well

Facility Name: \_\_\_\_\_

UIC Permit No. (if issued): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ TMK No. \_\_\_\_\_

Applicant: \_\_\_\_\_

\_\_\_\_\_

Fee Simple Land Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Land Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The purpose of this form is to show, for the purpose of UIC application processing, that the fee simple land owner is aware and consents to the proposed action of the applicant. This form may be substituted by a written consent from the involved entities, if different wording is preferred. However, be sure to be current, accurate, and clear about the proposed action.

**SIGNATORY AND CERTIFICATION STATEMENT**  
**FOR UNDERGROUND INJECTION CONTROL (UIC) SUBMITTALS**  
(submitted Statement shall bear an original signature and date -  
photocopy signatures are unsatisfactory.)

I certify that:

(for a municipal, state, federal, or other public agency)

I am a principal executive officer or ranking elected official; or

In the case of Federal agencies, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

(for a partnership or sole proprietorship)

I am a general partner (partnership) or a proprietor (sole proprietorship).

(for a corporation)

I am President, Vice President, Secretary or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation; or,

I am the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Description of Document

Application

Type of Organization (please circle):

- |                        |  |                |
|------------------------|--|----------------|
| 1. sole proprietorship | 2. partnership                           | 3. corporation |
| 4. municipal           | 5. state, federal or other public agency |                |

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ FAX Number (    ) \_\_\_\_\_