

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health, State of Hawai'i

INSTRUCTIONS FOR INJECTION WELL

UIC PERMIT RENEWAL

This application form is only for an injection well UIC permit renewal for sewage, industrial/commercial, or aquaculture-related wastewaters. For a drainage injection well UIC permit renewal, a different application form is available.

Appropriate application forms are available to cover other permit-related actions that trigger revising the UIC permit.

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.

A permit-renewal application does not require you to hire an engineer's or geologist's professional service. However, professional service may enhance efficient processing, especially if technical issues regarding the injection well arise.

The permit-renewal application should be submitted six months before the expiration of the UIC permit. Six months accommodate evaluation, inspection, corrections, and follow-up activities, if needed.

If the permit-renewal application is satisfactory, a renewed UIC permit will be issued when the existing UIC permit expires. The renewed UIC permit's conditions and limitations will reflect current regulations and concerns related to the injection well's operation. The renewed UIC permit should not be presumed identical to the expired permit.

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

Questions about UIC may be directed to Jaime Rimando, Norris Uehara, or Chauncey Hew of the Safe Drinking Water Branch at 808-586-4258. 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)

For Office Use:

APPLICATION: INJECTION WELL UIC PERMIT RENEWAL
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: _____ Permit Expires: _____

Does the existing UIC permit accurately describe the current status of the facility and its injection well system?

Yes No, why? _____

Note: If facility or injection well system information in the existing UIC permit has changed (e.g., facility name, permittee, address, injection rate and quantity, etc.), you must apply to have the UIC permit reissued containing the correct information. Contact the UIC program for details and the appropriate application form.

List all Injection Well No(s.): _____

Do you intend to change any injection discharge characteristic? Yes No

If yes, when and why: (permit revision may be necessary) _____

Submit the following:

- (a) daily flow record for the past 6 months.
- (b) for pressurized injection, the daily injection pressure for the past 6 months.
- (c) the periodic injection-well inspection record covering the past 6 months. (Refer to the UIC permit for this specific monitoring requirement).
- (d) 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.
- (e) 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: _____

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

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.

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 () _____