

January 17, 2002

TO: USERS OF THE UNDERGROUND INJECTION CONTROL (UIC)
 APPLICATION FORMS

SUBJECT: REPRODUCTION OF THE UIC APPLICATION FORMS

UIC application submittals must be made on the application forms provided by the UIC program. If application forms are reproduced, the reproductions must be exactly the same. Wording, line spacing, and page numbering should not be changed; additions or deletions should not be made to the forms. Current and appropriate application forms must be used.

If application forms are altered or used for the wrong purpose, the submitted application will be deemed invalid and be returned for correction. When using the application forms, please follow the application instructions in order to produce a satisfactory application for UIC program review.

Submitted applications may be subject to public review as well as review by other agencies. The use of the appropriate application forms will help to prevent technical and processing difficulties.

Thank you for bearing with this requirement. We are committed to applying the UIC application forms fairly among all applicants and to assure that the content and quality of the forms are not compromised in a manner that may affect the validity of an application.

2001

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawaii

INSTRUCTIONS FOR COMPLETING THE EXISTING INJECTION WELL APPLICATION FOR A UIC PERMIT TO OPERATE

(October 2000)

Attached are instructions to assist in completing the existing injection well application. The listed instructions correspond to the numbered items in the application. The existing injection well application is used only to register an existing injection well that has not been registered with a UIC permit. This application form is not for other application purposes.

All items must be accurately and completely answered. An inaccurate or incomplete application is not acceptable. If an item does not apply, please enter "Not Applicable" to show that the item was given consideration.

The services of a professional consultant are recommended to complete and service the application throughout the permit-application process. Professional services enhance efficient processing.

After satisfactory completion of the permit application, and satisfactory review of the application by the UIC program, a UIC permit is issued to the applicant. The UIC permit should be carefully read for permit responsibilities upon the applicant (permittee). Limitations and conditions, and the term (duration) of the UIC permit, are explicitly described in the UIC permit.

A filing fee of \$100.00 payable to the State of Hawai'i is required to initiate the application. Governmental agencies are exempt from the filing fee.

Questions about the UIC permit application may be directed to either Jaime Rimando, Norris Uehara, or Chauncey Hew at the Safe Drinking Water Branch. Please call 808-586-4258 (Honolulu) or call direct toll free: Kaua'i 274-3141, ext. 64258; Maui 984-2400, ext. 64258; Big Island 974-4000, ext. 64258; Molokai and Lana'i 1-800-468-4644, ext. 64258.

UIC EXISTING INJECTION WELL APPLICATION INSTRUCTIONS

(October 2000)

1. Provide the full facility name. This name will appear on all correspondence, official files, and the UIC permit.
2. Provide a comprehensive description of the facility. Facilities that use injection wells vary widely. Thus, the facility description should describe either products or services generated by the facility that reflect the nature or function of the facility. For a subdivision, the description should include the total project area, total number of lots, range of lot sizes, type of subdivision and zoning, number of roadways, and areas of rainfall runoff.
- 3a. Enter a street number and name. If no number is available, then give street boundaries and approximate dimensions of the parcel, and the location of the parcel relative to street boundaries.
- 3b. Provide a map of the entire island with the project location highlighted. A simple map will suffice such as the type found in textbooks that show an entire island on one page, and can be photocopied on an 8-1/2" x 11" sheet.
- 3c. Provide a copy of the TMK map showing TMK numbers and the exact location of the injection well(s) and well numbers. Highlight the injection wells. Provide Division, Zone, Section, Plat, and Parcel numbers.
- 3d. Provide a site plan of the facility showing the injection well(s) with pertinent details.
- 3e. Provide a copy of the 1:24,000 scale USGS map: this is the 7-1/2 minute quadrangle map. The entire quadrangle map is not necessary, but give a portion large enough to identify the surrounding areas and surrounding pertinent features. Plot on the map other wells, especially drinking water wells or sources, within a 1/4 mile radius of the facility.

Recommendation: plot the nearest drinking water well(s) even if it is more than 1/4 mile away. Remember, one of the primary concerns of UIC is the location of drinking water wells in proximity to an injection well.

Maps showing drinking water wells are located at:

- | | | |
|-----|---|---------------------|
| (1) | Safe Drinking Water Branch,
Department of Health | State agency, Oahu; |
| (2) | Commission on Water Resource
Management, Department of Land
& Natural Resources | State agency, Oahu; |
| (3) | Department of Water Supply | County agency. |

The extent of current information may vary between agencies.

- 3f. Provide the latitude and longitude of the injection well(s) as plotted on the 7-1/2 minute quadrangle map. For a system of injection wells, provide a latitude and longitude of a representative point which is central to all wells.

Injection wells situated far apart from one another may require separate permits instead of a single permit.

List coordinates to the nearest 2 seconds. Remember, every second changes your map distance by about 95 feet in longitude and 100 feet in latitude.

4. Provide the name and address of the person, company, or corporation that owns the injection well.
5. Provide the name and address of the business operator of the injection well. (The operator is often the owner of the injection well. The operator is not a service-provider contractor.)
6. Provide the name, position, company, address and telephone number of the person legally responsible for the injection facility. All UIC correspondence will be made to this person. (Courtesy copies of correspondence will be sent to the consultant, if any, who is processing the application.)
7. Check the appropriate box to describe the facility's interest in the land on which the facility is built. Fee simple refers to direct ownership. Leasehold refers to a lease agreement between the facility and the fee simple owner of the property.
8. Provide the requested information about the consultant who is servicing the application.
- 9., 10. & 11.
Provide the requested information. Please call the UIC program if questions arise.
12. Provide the name of the drilling contractor and a description of the method and drill equipment. Typical drilling methods are rotary, percussion, washing, or excavating.
- 13., 14. & 15.
These items apply to hydrologic and geologic information that may have been recorded for the injection well. An effort should be made to obtain this information. If information is not available, the Department may require investigations and tests to obtain the information.
16. & 17.
Provide the requested information. Potable water is commonly provided by counties' water departments. Nonpotable water comes typically from on-site water wells which are used for irrigation or business activities not related to drinking water.

Signatory and Certification Statement: This statement must bear the original signature and identity of the applicant. Typically this signature corresponds to the person described in item No. 6.

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai`i

Existing Injection Well Application For A UIC Permit To Operate
(Reference: Chapter 23 of Title 11, Hawai`i Administrative Rules,
Titled Underground Injection Control)

\$100.00 Filing Fee Required
(Revised October 2000)

Submit application and attachments to:

Safe Drinking Water Branch
Environmental Management Division
Department of Health
919 Ala Moana Blvd., Room 308
Honolulu, Hawai`i 96814

For Office Use:

File No. _____

1. Facility Name: _____

2. Facility Description: _____

3. Facility Location:

a. Street Address _____

Town _____ District _____

Island _____ State _____ Zip Code _____

b. Attach island map showing the general location of the facility.

c. Attach TMK map highlighting the property and showing the location of injection well(s).

Tax Map Key No. _____

d. Attach Site Plan.

e. Attach USGS topographic map (scale 1:24,000) showing the location of the property, the injection well(s), and drinking water sources within 1/4 mile of the facility.

f. Coordinates: Latitude _____° _____' _____" N Longitude _____° _____' _____" W

Reference datum: NAD 83 Old Hawaiian Datum

4. Owner of the facility: _____

5. Operator of the facility: _____
(Repeat the entry even _____
if same as item No. 4) _____

6. Legal contact or official contact person for the facility (Note: person the correspondence will be addressed to; contractors and managing agents are not applicable.):

Full Name _____

Position _____

Company _____

Permanent Address _____

Telephone Number _____ FAX Number _____

7. Check appropriate box.

Fee Simple property. Owner: _____

Leasehold property. Owner (Lessor): _____

If the facility is on leasehold property, attach a written acknowledgement and consent of this application from the fee simple owner (lessor) of the property.

8. Consultant servicing this application:

Contact person _____

Position _____

Company Name _____

Address _____

Telephone Number _____ FAX Number _____

9. Injection System:

a. Number of injection wells _____

b. Source of injected fluid (check appropriate box):

Rainfall Runoff Water Aquaculture Filter Backwash

Private WWTP Industrial Pond, Pool or Tank Drainage

Municipal WWTP Geothermal Potable Water

Other: _____

c. In your estimation, the performance of the injection well(s) has been

injection wells within the injection well system differ in use, complete a separate column for each use. Make additional copies of this table if more than two uses need to be described.

Injection Well(s) No.		
Injection Manner: <u>continuous</u> , <u>intermittent</u> , <u>batch</u> , <u>seasonal</u> , or <u>other</u> (please specify).		
Average Injection Quantity in gallons per day (gpd): representative average over a calendar week.		
Maximum Injection Quantity in gallons per day (gpd): representative maximum for one day.		
Injection Rate: <u>fixed</u> or <u>variable</u> .		
Average Injection Rate in gallons per minute (gpm): representative average over 24 hours.		
Maximum Injection Rate in gallons per minute (gpm): representative maximum for one day.		
Average Injection Duration in hours per day: representative average over a calendar week.		
Maximum Injection Duration in hours per day: representative maximum for one day.		
Injection Pressure: <u>gravity fed</u> or <u>pump fed</u> .		
Wellhead: <u>open to atmosphere</u> (vented), or <u>closed to atmosphere</u> (unvented).		
Wellhead terminus elevation in feet above (+) or below (-) ground surface.		
If pump fed and unvented, average injection pressure in pounds per square inch (psig) at the wellhead: representative average over time of use.		
If pump fed and unvented, maximum injection pressure in pounds per square inch (psig) at the wellhead: representative maximum for one day.		

11. Complete the attached "Diagram For Injection Well Dimensions"; OR, provide a detailed cross-sectional drawing of the injection well. Complete the following table.

Injection Well No.			
Latitude:			
Longitude:			
Elevations: Ground Surface Bottom of Well			
Total Depth of Well Below Ground Surface			
Diameter of Boring			
Well Cellar: Lateral Dimensions Depth Material			
Solid Casing: Diameter Stick Up Total Length Material			
Perforated Casing: Diameter Perforation Stick Up Total Length Material			
Open Hole: Diameter Total Length			
Annular Backfill: Capping Solid Casing Separation Perforated Casing Open Hole			
Approximate Depth of Groundwater			

12. Drilling contractor, date of construction, and method of construction of the injection well(s):

13. Submit the results of the injection test performed on the injection well(s), if any. (Attach as a separate sheet.)

Remarks _____

14. Submit the well log (boring log) of the injection well(s), if any. Provide a description of the physical characteristics of the formations encountered. (Attach as a separate sheet.)

Remarks _____

15. Submit water level recordings, tidal fluctuations, and tidal efficiency of the injection well(s), if any. (Attach as a separate sheet.)

Remarks _____

16. Water Quality:

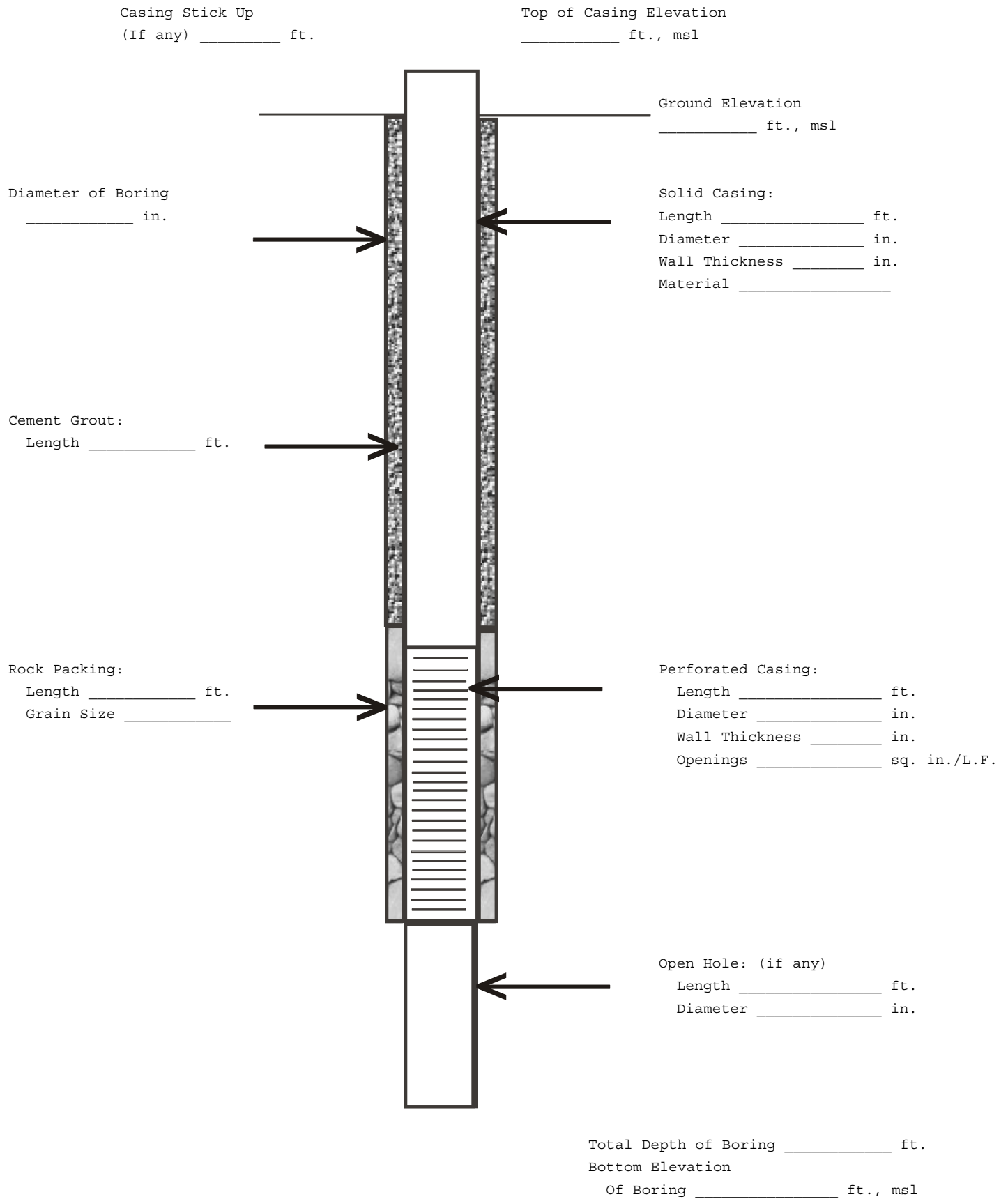
a. Source of potable water serving the facility. _____

b. Source(s) of nonpotable water serving the facility. _____

c. Available groundwater quality from within the boundaries of the project. (Sampling and analyses may be required during the construction of the injection well.)

17. Additional Information: Provide the following information if specified here. After review of this application, further information may be requested.

DIAGRAM FOR INJECTION WELL DIMENSIONS



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 () _____