

UNDERGROUND INJECTION CONTROL (UIC)
INSTRUCTIONS FOR COMPLETING THE
EXISTING, LARGE-CAPACITY CESSPOOL (LCC)
INJECTION WELL

**APPLICATION FOR ABANDONMENT OF AN UNREGISTERED INJECTION WELL
AND AUTHORIZATION TO OPERATE UNTIL ABANDONMENT**

(December 2003)

Attached are listed instructions for completing the titled application. The listed instructions correspond to the numbered items in the application.

Due to the April 5, 2005, Federal ban on existing LCC injection wells, a special circumstance has arisen: existing, LCC injection wells, which are currently **unregistered** but expected to be permanently abandoned, need to be registered (authorized to operate) up until the time of abandonment. This application serves the dual purpose of (1) filing an application for injection well abandonment and (2) registering (authorizing) the unregistered LCC injection well during the interim until abandonment occurs.

This application should only be used for the above stated purpose. LCC injection well abandonment should occur by April 5, 2005, or sometime thereafter. Up until the time of injection abandonment, a written authorization will be issued to the applicant to allow use of the LCC injection well. The written authorization will contain specific conditions for operating the LCC injection well, as well as conditions for notifying the Health Department in preparation of injection well abandonment.

Do not use this application form for other injection well permitting, modification, or abandonment purposes.

All items of the application must be accurately and completely answered. An inaccurate or incomplete application is not satisfactory and will be returned for correction. 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 LCC injection well authorization and abandonment process. Professional services enhance efficient processing.

A \$100 filing fee payable to the State of Hawai`i is required with the application. Governmental agencies are fee exempt.

Questions can 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 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.

INSTRUCTIONS
EXISTING, LARGE-CAPACITY CESSPOOL (LCC)
INJECTION WELL
APPLICATION FOR ABANDONMENT OF AN UNREGISTERED INJECTION WELL
AND AUTHORIZATION TO OPERATE UNTIL ABANDONMENT

(December 2003)

1. Provide the full facility name. This name will appear on all correspondence and official files.
2. Check the appropriate box and provide a complete description of the facility in terms of the facility's purpose and its basic operations/functions.
- 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 number. Highlight the injection well(s). 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 the injection well(s) on the map. Plot every drinking water well or source within a 1/4 mile radius of the facility.

Maps showing drinking water wells are located at:

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

The extent of current information may vary between agencies.

- 3f. Provide the latitude and longitude of the LCC injection well as plotted on the 7-1/2 minute quadrangle map. Use the Old Hawaiian Datum (NAD 27).

List coordinates to the nearest second. 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 LCC injection well.
5. Provide the name and address of the business operator of the LCC 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 drainage injection facility. All UIC correspondence will be made to this person.
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 consultant's information. For professional engineers, affix the P.E. stamp.
9. & 10. Provide the requested information.

Note: The anticipated date of injection well abandonment must be stated. A monthly date is satisfactory. The applicability of this application form is based on the definite abandonment of the injection well.

11. If known, describe the injection well construction method. Typical construction methods are rotary drilling, percussion, excavating, or combinations thereof.
12. & 13. If available, provide the requested information. If the information is not available, you may be required to conduct investigations and testing.
14. Provide the requested information. Most facilities are served potable water by the County's Department of Water Supply. Potable water may also be supplied by a water purveyor other than the County. If so, identify the water purveyor. If applicable, also identify the sources of non-potable water serving the facility.

15. Without the \$100 filing fee, the UIC application is not complete. Please make the check payable to the State of Hawai'i. Governmental agencies are fee exempt.
16. Date the application consistently with the attached Signatory and Certification Statement.
17. & 18.
Diagram For Drainage Injection Well Dimensions:
Complete the diagram by answering all the blanks. Do not just refer to an attachment diagram unless the attachment diagram has equivalent details that are purposefully organized and explicitly clear.
19. Signatory and Certification Statement:
This statement must bear the original signature and identity of the applicant. This signature usually corresponds to the person described in item No. 6. Please remember to date this statement (see item no. 16).

Note: After review of the application, further information may be requested.

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai'i

**Existing, Large-Capacity Cesspool (LCC) Injection Well
Application For Abandonment of An Unregistered Injection Well and
Authorization to Operate Until Abandonment**

(Reference: Chapter 23 of Title 11, Hawai'i Administrative Rules,
Titled Underground Injection Control)

\$100.00 Filing Fee Required
(December 2003)

<p>Submit application and attachments to:</p> <p>Safe Drinking Water Branch Environmental Management Division Department of Health 919 Ala Moana Blvd., Room 308 Honolulu, Hawai'i 96814</p>	<p>For Office Use:</p> <p>File No. _____ _____ _____ _____ _____</p>
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1. Facility Name: _____

2. Facility Description (Check all that are applicable, including combinations.):

- | | | |
|---|---|--|
| <input type="checkbox"/> Airport | <input type="checkbox"/> Group Housing | <input type="checkbox"/> Recreation Facility |
| <input type="checkbox"/> Business Establishment | <input type="checkbox"/> Hospital or Lab | <input type="checkbox"/> Research Building |
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Hotel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Comfort Station | <input type="checkbox"/> Library | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Emergency Disposal | <input type="checkbox"/> Municipal Building | <input type="checkbox"/> School |
| <input type="checkbox"/> Factory/Processing | <input type="checkbox"/> Park | <input type="checkbox"/> Shopping Center |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Plantation | <input type="checkbox"/> Visitor Attraction |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Prison | <input type="checkbox"/> Other: _____ |

Describe the characteristics of the facility (For public notification purposes, this information must be satisfactorily complete.): _____

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: injection well coordinates, under the Old Hawaiian Datum (NAD 27):

Latitude _____° _____' _____" N Longitude _____° _____' _____" W

4. Owner of the facility and address: _____

5. Operator of the facility and address: _____
(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 acknowledgment and consent of this application from the fee simple owner (lessor) of the property.
(An acknowledgment/consent form is attached.)

8. Consultant servicing this application:

Contact person _____ Affix P.E. stamp here, for engineers:
Position _____
Company Name _____
Address _____

Telephone Number _____ FAX Number _____

9. Injection System:

a. Anticipated date of injection well abandonment _____

b. Number of injection wells _____

c. Identify the source of the injected fluid and estimate the percent contribution (totaling 100%):

- | | |
|--|--|
| <input type="checkbox"/> A/C condensate _____% | <input type="checkbox"/> Laundry _____% |
| <input type="checkbox"/> Animal Displays _____% | <input type="checkbox"/> Restroom _____% |
| <input type="checkbox"/> Drains _____% | <input type="checkbox"/> Runoff _____% |
| <input type="checkbox"/> Food Processing or Servicing _____% | <input type="checkbox"/> Showers _____% |
| <input type="checkbox"/> Household activities: _____% | <input type="checkbox"/> Swimming Pool _____% |
| cooking, cleaning, washing, etc. | <input type="checkbox"/> Water Features _____% |
| <input type="checkbox"/> Other: _____ | |
| _____ | _____% |

d. In your estimation, the performance of the injection well(s) has been (check appropriate box):

Poor Average Good

e. Describe the connection of the wastewater source(s) to the injection well system and the connection between each injection well within the system.

f. Attach an appropriate flow diagram showing how the wastewater flows from its generating points to the injection well.

10. Injection Characteristics: Manner, Rate, Pressure, and Quantity. If needed, provide more information for clarity.

Injection Manner: <u>continuous</u> , <u>intermittent</u> , or <u>other</u> (please specify).	
Injection Rate: <u>fixed</u> or <u>variable</u> .	
Injection Pressure: <u>gravity fed</u> or <u>pump fed</u> .	
Access (port) into injection well: <u>available</u> or <u>not available</u> .	
If injection is via pump fed pressure, describe the pumping setup and the maximum injection pressure in pounds per square inch (psig) at the wellhead:	
Average Injection Quantity in gallons per day (gpd):	
Maximum Injection Quantity in gallons per day (gpd):	

11. Injection well construction method, and date of construction:

12. Submit the well log (boring log) of the injection well(s), if any. (Attach as a separate sheet.)

Remarks _____

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

Remarks _____

14. Water Quality:

a. Source of potable water serving the facility. _____

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

15. \$100 Filing Fee: Attached Not required , operated by government agency.

16. Date of this application: _____

17. Complete the "**Diagram** For Large-Capacity Cesspool Injection Well Dimensions;" OR provide a detailed cross-sectional drawing of the injection well having the equivalent information.

18. If this application applies to more than one existing LCC injection well, provide the **Diagram** for each LCC injection well.

19. Attach the Signatory and Certification Statement. Fill all items completely.

Note: After review of this application, further information may be requested.

DIAGRAM FOR LARGE-CAPACITY CESSPOOL INJECTION WELL DIMENSIONS

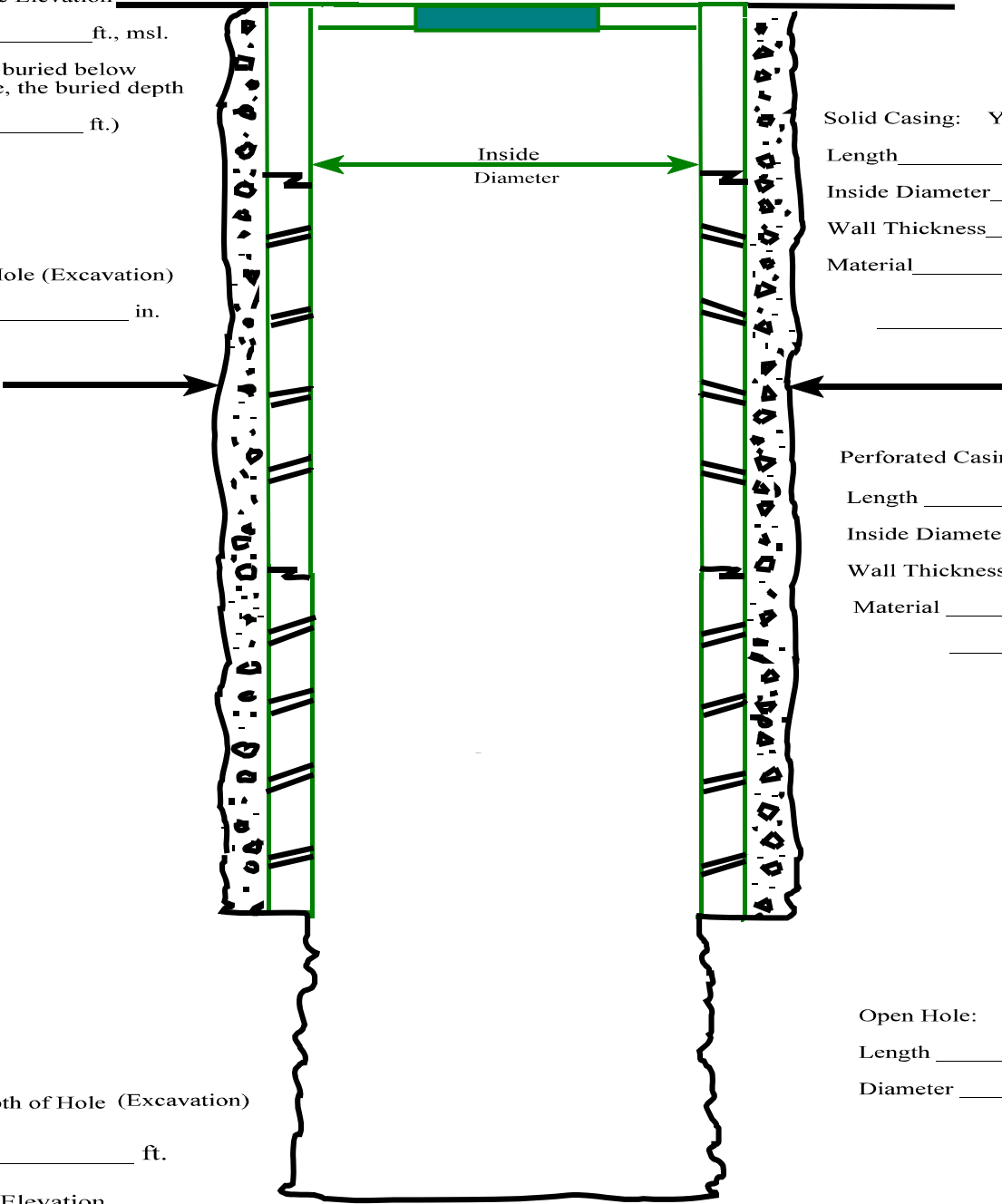
Well No. _____

Cover: Thickness _____ in.
 Port Dimensions _____

Ground Surface Elevation _____ ft., msl.

(If the cover is buried below ground surface, the buried depth is _____ ft.)

Diameter of Hole (Excavation) _____ in.



Circle
 Solid Casing: Yes or No
 Length _____ ft.
 Inside Diameter _____ in.
 Wall Thickness _____ in.
 Material _____

Circle
 Perforated Casing: Yes or No
 Length _____ ft.
 Inside Diameter _____ in.
 Wall Thickness _____ in.
 Material _____

Circle
 Open Hole: Yes or No
 Length _____ ft.
 Diameter _____ in.

Total Depth of Hole (Excavation) _____ ft.

Bottom Elevation _____ ft., msl

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 () _____