

UNDERGROUND INJECTION CONTROL (UIC)
INSTRUCTIONS FOR
UIC PERMIT-MODIFICATION APPLICATION (SHORT FORM)

This application form should be used to modify or clarify an uncomplicated aspect or detail in the UIC permit. If the action being sought is deemed complicated, then this application form may be inappropriate. For a complicated permit-modification action, the General Application form, or a specific-purpose application form, may be more appropriate.

This application form, for example, may be used to slightly deepen an injection well or to modestly increase an injection well system's flow limit. However, for the construction of a new injection well or to make a significant change to the injectant's nature, composition, or discharge limitations, the General Application form should instead be used. Likewise, for a change-of-operator (new permittee) or a facility-name-change action, the specific application forms should be used.

Accurately complete all application form items. An incomplete or unsatisfactory answer may result in processing delays.

You must identify all the modification actions being sought and provide a thorough description of those actions which will then be used to draft the UIC permit's modification. Depending on the extent of the permit's modification, either the entire UIC permit will be reissued or only the affected pages of the UIC permit will be reissued.

Questions, please call the UIC program at 808-586-4258 (Honolulu).

UNDERGROUND INJECTION CONTROL (UIC)
Department of Health, State of Hawai'i
UIC Permit-Modification Application (Short Form)
\$100 Filing Fee Required

For Office Use: (7/2005)

Submit application and filing fee to:
Safe Drinking Water Branch, UIC Program
919 Ala Moana Boulevard, # 308, Honolulu, HI 96814

1. UIC Permit No: _____ Injection Well No(s): _____
2. Facility Name: _____
3. Facility Address: _____
4. Permittee: _____

Note: If the permittee is different from the property owner, the permittee is responsible and shall inform the property owner of this application and obtain consent.

5. Modification action, check off all applicable boxes:

- | | |
|---|--|
| <input type="checkbox"/> Add a wastestream | <input type="checkbox"/> Inactivate injection well |
| <input type="checkbox"/> Delete a wastestream | <input type="checkbox"/> Change injection pressure |
| <input type="checkbox"/> Increase flow | <input type="checkbox"/> Change injectant's characteristics |
| <input type="checkbox"/> Decrease flow | <input type="checkbox"/> Change facility's wastewater treatment system |
| <input type="checkbox"/> Change injection well classification | <input type="checkbox"/> Change facility's injection system |
| <input type="checkbox"/> Change injection well dimensions | <input type="checkbox"/> Add an existing injection well |
| <input type="checkbox"/> Change injection well materials | <input type="checkbox"/> Delete an injection well |
| <input type="checkbox"/> Activate injection well | <input type="checkbox"/> Other _____ |

6. Attach a thorough description of the actions identified in item No. 5. Attach drawings/sketches when applicable. If the description is incomplete, processing delays may result.

7. Person filing this application:

- is the permittee is representing the permittee

Printed name: _____ Signed: _____

Title: _____ Application date: _____

Company: _____

Address: _____

\$100 Filing Fee to State of Hawai'i: Attached, check # _____ Not required, permittee is gov't. agency

8. The **permittee** shall complete and sign the attached Signatory and Certification Statement For UIC Submittals for this application.

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 () _____