

**UNDERGROUND INJECTION CONTROL (UIC)**

Department of Health  
State of Hawai`i

**INSTRUCTIONS FOR COMPLETING THE  
FACILITY-NAME-CHANGE APPLICATION FOR A  
UIC PERMIT TO OPERATE**  
(February 2003)

Attached are instructions to assist in completing the facility-name-change application. The listed instructions correspond to the numbered items in the application. The facility-name-change application is used only to change the facility's name as identified in the 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.

After satisfactory completion of the facility-name-change application, and satisfactory review of the application by the UIC program, a UIC permit bearing the new facility name will be issued to the applicant. Limitations and conditions, and the term (duration) of the UIC permit, will be explicitly described in the UIC permit.

The UIC permit resulting from a facility-name-change application will typically contain limitations, conditions, and a duration that have been previously established under the prior permit. However, the UIC permit issued with the new facility name should not be presumed identical to the prior UIC permit. The UIC permit under the new facility name should be carefully read for permit responsibilities upon the permittee.

**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, est. 64258; Molokai and Lana`i 1-800-468-4644, ext. 64258.

## UIC FACILITY-NAME-CHANGE APPLICATION INSTRUCTIONS

(February 2003)

1. Provide the full facility name as shown on the existing UIC permit.
2. Provide the new name of the facility. This will be the name shown on the UIC permit, once the UIC permit is reissued.
3. Provide the specific date that the new name becomes effective.
- 4, 5, 6, and 7.  
Provide the requested information. Refer to the UIC permit for assistance.
8. Provide the name and current address of the business operator (existing permittee) of the injection well. (The operator is often the owner of the injection well. The operator is not a service-provider contractor.)
9. Check the appropriate box. The UIC permit should be carefully reviewed in answering this item.
10. Provide the information if applicable.
11. 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. Provide the written acknowledgment and consent, accordingly.
- 12 and 13.  
Provide the requested information, when applicable.
14. Check the appropriate box. (Payable to State of Hawai'i.)
15. Remember to date this application. An absent date may hinder application processing.
16. This statement must bear the original signature and identity of the applicant. Typically, 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.)

**UNDERGROUND INJECTION CONTROL (UIC)**

Department of Health  
State of Hawai'i

**FACILITY-NAME-CHANGE APPLICATION FOR A UIC PERMIT TO OPERATE**

\$100.00 Filing Fee  
(February 2003)

Submit complete application and attachments to:  Department of Health Environmental Management Division Safe Drinking Water Branch 919 Ala Moana Blvd., Room 308 Honolulu, Hawai'i 96814	Reference Document:  Hawai'i Administrative Rules, Title 11 Department of Health Chapter 23 Underground Injection Control  For Office Use: _____
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1. Old Facility Name: \_\_\_\_\_

2. New Facility Name: \_\_\_\_\_

3. Effective Date of Facility Name Change: \_\_\_\_\_

4. Facility Location:  
Street Address \_\_\_\_\_  
Town \_\_\_\_\_ District \_\_\_\_\_  
Island \_\_\_\_\_ Zip Code \_\_\_\_\_ TMK No. \_\_\_\_\_

5. UIC Permit No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. Facility Identification No.: \_\_\_\_\_

7. Injection Well No(s): \_\_\_\_\_

8. Facility Operator: \_\_\_\_\_

9. Check appropriate box. Upon facility name change, the injection well operation and characteristics, as related to the descriptions, limitations, and conditions contained in the UIC permit:

will not change                       will change (complete item No. 10)

10. Describe all changes to the injection well operation and characteristics. Major changes may require the use of a different application form. Contact the UIC program before submitting this application if major changes are expected.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Check appropriate box:

Fee simple property. Owner: \_\_\_\_\_

Leasehold property. Owner (Lessor): \_\_\_\_\_

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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.

12. Consultant servicing this application:

a. Full Name \_\_\_\_\_ Position \_\_\_\_\_

b. Company \_\_\_\_\_

c. Address \_\_\_\_\_

d. Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

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14. \$100.00 Filing Fee:  Attached  Not required, operated by governmental agency.

15. Date of this application: \_\_\_\_\_

16. Attach Signatory and Certification Statement. Fill all items completely.

**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( ) \_\_\_\_\_