

STATE OF VERMONT  
AGENCY OF NATURAL RESOURCES  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

ENVIRONMENTAL PROTECTION RULE, CHAPTER 11  
UNDERGROUND INJECTION CONTROL RULE

FORM UIC-A

REGISTRATION FORM

When submitting this registration, be sure that the form is complete. Submit application to:

Vermont Underground Injection Control Program  
Wastewater Management Division  
103 South Main Street, The Sewing Building  
Waterbury, Vermont 05671-0405

GENERAL INFORMATION

All the information is to be typed or neatly printed and legible. Please attach additional sheets if needed.

1. Applicant Name: \_\_\_\_\_

2. Injection Well Owner/Responsible Person Name: \_\_\_\_\_

3. Legal Entity (Business Name): \_\_\_\_\_

4. Mailing Address (Applicant): \_\_\_\_\_  
\_\_\_\_\_

5. Telephone Number (Applicant): \_\_\_\_\_

6. Describe the facility:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> automotive repair  | <input type="checkbox"/> automotive dealership | <input type="checkbox"/> carwash                    |
| <input type="checkbox"/> auto body shop     | <input type="checkbox"/> auto salvage yard     | <input type="checkbox"/> large equipment dealership |
| <input type="checkbox"/> photochemical      | <input type="checkbox"/> metal plating         | <input type="checkbox"/> manufacturing              |
| <input type="checkbox"/> utility            | <input type="checkbox"/> commercial            | <input type="checkbox"/> industrial                 |
| <input type="checkbox"/> welding operations | <input type="checkbox"/> tanneries             | <input type="checkbox"/> laboratories               |
| <input type="checkbox"/> laundries          | <input type="checkbox"/> dry cleaners          | <input type="checkbox"/> schools                    |
| <input type="checkbox"/> hospitals          | <input type="checkbox"/> mortuaries            | <input type="checkbox"/> residences                 |

Other, explain \_\_\_\_\_

List Standard Industrial Codes pertinent to your facility.

SIC: \_\_\_\_\_, SIC: \_\_\_\_\_, SIC: \_\_\_\_\_, SIC: \_\_\_\_\_

Automotive service stations, dealerships, body shops, and car washes:

number of service bays: \_\_\_\_\_

7. Indicate where the wastewater discharges. For example the wastewaters discharge through three trench floor drains through an oil/water separator, to a 10,000 gallon septic tank, to a leachfield (check all that apply):

sand/grit separator     oil/water separator     septic tank     drywell     leachfield

cesspool     directly into ground     stormwater drain     drainage ditch

other, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Facility is located in town of: \_\_\_\_\_

Facility mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a sketch or a site construction plan including floor drains, work sinks, drywell, etc.

9. List types and amounts of waste disposed through the injection well.

Waste: \_\_\_\_\_ Gallons/day: \_\_\_\_\_ Concentration (if known) mg/l: \_\_\_\_\_

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Waste: \_\_\_\_\_ Gallons/day: \_\_\_\_\_ Concentration (if known) mg/l: \_\_\_\_\_

10. Estimate, to the best of your knowledge:

Number of floor drains that discharge on-site: \_\_\_\_\_

Number of work sinks that discharge with floor drain waste: \_\_\_\_\_

11. Status of discharge (circle one):

abandoned                      proposed                      existing

other, explain \_\_\_\_\_

12. Has this injection well ever had a permit from another DEC program? If so, list permit number, DEC program, dates for operation, etc.

Don't know     No     Yes: Program granting permit: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

13. Has your facility obtained an ACT 250 land use permit? If so, list the ACT 250 permit number and date of issuance.

Don't know     No     Yes: Program granting permit: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Type or print Name, Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date