

UNDERGROUND INJECTION CONTROL (UIC)
INSTRUCTIONS FOR COMPLETING THE
APPLICATION FOR A UIC PERMIT TO OPERATE
EXISTING DRAINAGE INJECTION WELL
(August 2003)

Attached are instructions for completing the application for an existing drainage injection well (EDW). The listed instructions correspond to the numbered items in the application.

This application should only be used for the disposal of rainfall runoff water. For other types of discharge, the standard existing injection well application is appropriate.

The EDW application is used only to register a drainage injection well that has already been built but has not been properly processed or registered with a UIC permit.

Do not use this application form to file for a new drainage injection well construction, change of owner/operator, or to modify an injection well or the UIC permit. Instead, obtain the appropriate application forms for these actions.

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 EDW application, and satisfactory review of the application by the UIC program, which may include field inspections, 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 \$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.

UIC EXISTING DRAINAGE INJECTION WELL
APPLICATION INSTRUCTIONS
(August 2003)

1. Provide the full facility name. This name will appear on all correspondence, official files, and the UIC permit.
2. Check the appropriate box and provide a complete description of the facility. Facilities that use drainage injection wells vary widely. For example, if the facility is a residential subdivision, the facility's description should at least contain the total project area, total number of lots, range of lot sizes, type of subdivision and zoning, number of roadways, and areas generating 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 drainage injection well(s) and well numbers. 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 on the map the drainage injection well(s). Plot every drinking water well or source 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, State agency, Oahu;
Department of Health
- (2) Commission on Water Resource State agency, Oahu;
Management, Department of Land
& Natural Resources
- (3) Department of Water Supply County agency.

The extent of current information may vary between agencies.

- 3f. Provide the latitude and longitude of the drainage injection well as plotted on the 7-1/2 minute quadrangle map. Use the Old Hawaiian Datum (NAD 27). For a system of drainage injection wells, provide a latitude and longitude of a representative point which is central to all drainage injection wells.

Drainage injection wells that are situated far apart from one another may require separate permits instead of a single permit.

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 drainage injection well.
- 5. Provide the name and address of the business operator of the drainage 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 requested information about the consultant who is servicing the application. For professional engineers, affix the P.E. stamp. (For construction of a new drainage injection well, the consultant must be a geologist or professional engineer.)

9. & 10.

Provide the requested information. Please call the UIC program if questions arise.

11. Describe the injection well construction method. Typical construction methods are rotary drilling, percussion, excavating, or combinations thereof.

12. Estimate the performance (the ability to drain effectively) of the drainage injection well(s). Poor draining wells tend to fill with water or overflow. Good wells drain rapidly and generally do not contain standing water.

If boring logs are available, describe the geologic soil and rock formations encountered from injection well construction.

If injection test results are available, describe the nature of the test and the results.

13. Without the \$100 filing fee, the UIC application is not complete. Please make checks payable to the State of Hawai'i. Governmental agencies are fee exempt.

14. Fill in the current date. This date should typically coincide with the date on the Signatory and Certification Statement.

15. 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.

16. Provide the requested information. Field measurements may be necessary to obtain the as-built (actual) inside diameter and total depth of the drainage injection well(s). The total depth measurement should represent, as much as possible, the original constructed depth.

17. 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. 14).

UNDERGROUND INJECTION CONTROL (UIC)

Department of Health
State of Hawai'i

EXISTING DRAINAGE 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
(August 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.):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Golf Course | <input type="checkbox"/> School |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Industrial | <input type="checkbox"/> Shipyard, Harbor |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Military | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Field or Park | <input type="checkbox"/> Residential | <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: (centralized), under the Old Hawaiian Datum (NAD 27):

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

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. (An acknowledgement/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. Number of injection wells _____

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

Rainfall Runoff Water

Potable Water

Other _____

c. Identify the surface areas from which the runoff is generated and estimate the percent contribution (totaling 100%):

Parking Lot _____%

Roof _____%

Pavement _____%

Yard or Field _____%

Roadway _____%

Other: _____
_____%

10. Injection for the Entire Drainage System: Manner, Rate, Pressure, Duration, and Quantity. Provide more information for clarity, if needed.

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> .	
Wellhead: <u>open to atmosphere</u> (vented), or <u>closed to atmosphere</u> (unvented).	
If injection is via pump fed pressure, maximum injection pressure in pounds per square inch (psig) at the wellhead:	

When estimating runoff using the "Rational Formula" ($Q=CIA$):

Drainage Area in acres (A):	
Runoff Coefficient (C):	
Storm recurrence interval (T_m):	
Intensity of 1-hr Rainfall (inches):	
Time of Concentration (T_c):	
Adjusted Rainfall Intensity (I):	
Peak Discharge in cfs (Q):	

OR, When estimating runoff using (identify): _____

Maximum Injection Rate in gallons per minute (gpm):	
Maximum Injection Duration in hours per day:	
Maximum Injection Quantity in gallons per day (gpd):	

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

12. Provide information about:

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

Poor Average Good

Geologic formations encountered: _____

Injection test results: _____

13. \$100.00 Filing Fee: Attached Not required, operated by government agency.

14. Date of this application: _____

15. Complete the "Diagram For Drainage Injection Well Dimensions"; OR provide a detailed cross-sectional drawing of the injection well having the equivalent information.

16. If this application applies to more than one drainage injection well, provide a table showing the injection well numbers and their corresponding as-built inside diameters and total depths.

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

CONSENT OF THE FEE SIMPLE LAND OWNER FOR AN UNDERGROUND
INJECTION CONTROL (UIC) APPLICATION

This form represents the consent of the fee simple land owner that the applicant and its facility are submitting an Underground Injection Control (UIC) application for: (Check the appropriate proposed action)

- New injection well construction
- Permit modification
- Permit renewal
- Change-of-Operator
- Facility-Name-Change
- Existing Injection Well needing permit registration
- Abandonment of a Registered Injection Well
- Abandonment of an Unregistered Injection Well

Facility Name: _____

UIC Permit No. (if issued): _____

Address: _____

_____ TMK No. _____

Applicant: _____

Fee Simple Land Owner's Name: _____

Mailing Address: _____

Signature: _____

Note: The purpose of this form is to show, for the purpose of UIC application processing, that the fee simple land owner is aware and consents to the proposed action of the applicant. This form may be substituted by a written consent from the involved entities, if different wording is preferred. However, be sure to be current, accurate, and clear about the proposed action.

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 () _____