

STATE OF VERMONT AGENCY OF NATURAL RESOURCES
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

ENVIRONMENTAL PROTECTION RULE, CHAPTER 11
UNDERGROUND INJECTION CONTROL RULE

Injection Well Closure Form - General (§11-907)

This form may be used if your facility is not identified as moderate or high-risk per Subchapter 3 of the amended UIC Rules.

(A floor drain which discharges to the soil or groundwater is an injection well)

Questions? Contact Nathan Kie, UIC Program Administrator, by email at Nathan.kie@vermont.gov or phone at 802-522-3008. When submitting this form, be sure that the form is complete and legible. Please email the form to the address listed above, or mail the form to:

**Vermont Underground Injection Control Program
Drinking Water & Groundwater Protection Division
1 National Life Drive, Davis 4
Montpelier, VT 05620-3521**

GENERAL INFORMATION

Please attach additional sheets if needed.

1. Well ID (If previously registered): _____
2. Applicant Name: _____
3. Injection Well Owner/Responsible Person Name: _____
4. Legal Entity (Business Name): _____
5. Mailing Address (Owner/Responsible Person): _____
6. Telephone Number (Owner/Responsible Person): _____
7. Email Address (Owner/Responsible Person): _____
8. Facility Address: _____
9. Describe the facility: _____

Effective 10/29/14, the UIC Program regulates injection wells that receive waste from the location within a facility where **Moderate-Risk and High-Risk** activities occur (see Subchapter 3 of the amended UIC Rule). Facilities that are not identified as Moderate or High-Risk are not regulated by the UIC program, however **floor drain closure notification (this form) is required**.

10. Total number of floor drains at the facility: _____

11. Please attach a sketch of floor drain location(s) and discharge location. Explain which floor drains were closed and any that remain open.

12. Indicate where the wastewater discharged prior to closure.

For example: the wastewaters discharge through three trench floor drains through an oil/water separator, to a 10,000-gallon septic tank, to a leach field.

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> sand/grit separator | <input type="checkbox"/> cesspool |
| <input type="checkbox"/> oil/water separator | <input type="checkbox"/> directly into ground |
| <input type="checkbox"/> septic tank | <input type="checkbox"/> stormwater drain |
| <input type="checkbox"/> drywell | <input type="checkbox"/> daylights/drainage ditch |
| <input type="checkbox"/> leach field | <input type="checkbox"/> municipal sewer |

12. Description (continued): _____

13. Injection wells that are prohibited shall be plugged, abandoned and closed in a manner that assures future compliance with the Vermont Groundwater Protection Rule and Strategy (GWPRS) such that activities shall not cause a violation of the State of Vermont's Groundwater Enforcement Standards (VGES).

Describe well "closure" method:

The floor drain was connected to the (Town) _____
municipal sewer service on (date): _____

The floor drain was connected to a holding tank on (date): _____
Describe tank (size, construction and location, ex. 1,000-gallon concrete tank 10 feet west of the southwest corner of the garage building): _____

See Guidance *Recommended Use and Maintenance of Holding Tanks* on the State of Vermont UIC Website for additional information.

Plugged with concrete on (date): _____
Provide summary including volume of concrete, method of placement, etc. _____

15. Recommended attachments:

- Photographs of piping, floor drains and discharge location (even though the discharge may be below ground)
- An environmental professional report of the well closure, remediation, and environmental assessment
- A letter from the Town indicating that the floor drain has been connected to municipal services (applicable for municipal connection)
- Holding tank maintenance plan (applicable to holding tanks)

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.

Print Name:

Date:

Signature: