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, injection wells that receive waste from the location within a facility where the following high-risk activities occur, are prohibited. **Floor drain closure notification (this form) is required.** Check all that apply.

- Automotive/autobody repair  - hazardous material storage (excluding residential or office use)
- auto salvage and/or recycling yard  - pesticides, herbicides, fungicides (excluding residential or office use)
- dry cleaning  - storage of dust suppression agents (excl. water)
- photo finishing  - Storage of road salt and salt charged sand
- mortuaries  - sand/grit separator  - cesspool
- petroleum refinery  - oil/water separator  - directly into ground
- petroleum distribution (fuel pumps, gas stations, etc.)  - stormwater drain
- petroleum bulk storage  - daylight/drainage ditch
- storage of road salt and salt charged sand

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):

- sand/grit separator  - cesspool
- oil/water separator  - directly into ground
- septic tank  - stormwater drain
- drywell  - daylight/drainage ditch
- leach field  - 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 waste stream was connected to the (Town)________________________________________ municipal sewer service on (date): ________________________________

☐ The waste stream 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.

☐ The injection well was plugged with concrete on (date): ________________________________
Provide summary including volume of concrete, method of placement, etc.____________________

15. Other 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: