

Underground Injection Control (UIC) Annual Report

Applicant:		Permit Number¹:	
Applicant Street Address:		File Number²:	
Applicant City, State and Zip:		Permit Year:	July 1, _____ - June 30, _____

NOTES

¹ The Permit number is located in the upper right-hand corner of the permit

² The File number is located in the upper right-hand corner of the permit

Section A. Certification of Accuracy

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.

Name (printed)¹:		Title:	
Signature:		Date:	
Email:		Phone Number:	

NOTES

1 Must be signed by the person identified in 40 CFR 144.32: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40cfr144_main_02.tpl

Section B. Stormwater Sampling

1. Did you collect any stormwater samples this year? Check one box: Yes No
If the answer is "yes," then go to "2." If the answer is "no," then go to "4"

2. Enter stormwater sample results (i.e., pollutant concentrations) in the table below (attach additional pages if necessary):

UIC ID ¹	Sample Date	b(a)p (ug/L)	PCP (ug/L)	DEHP (ug/L)	Copper (total) (ug/L)	Lead (total) (ug/L)	Zinc (total) (ug/L)

3. Did you collect the number of samples required in Schedule B, condition 2(a)? Check one box: Yes No
If the answer is "yes," then go to Section C. If the answer is "no," then go to "4"

4. Reason for not collecting stormwater sample(s) (check all that apply):
 Sampling not required this year (only applicable for first year of permit)
 Sampling discontinued in accordance with Schedule B, condition 2(c) (go to "5")²
 Other (describe): _____

5. Do you certify that there have been no changes to site conditions that would significantly change stormwater quality?² An example of a change is a new business that could potentially increase pollutant load to the UIC began operation at your site (for example, automotive repair facility):
 Yes No NA (check only if your permit was issued prior to March 2016)

NOTES

¹ UIC ID should match the name for the UIC in Table 2 of your permit

² Not applicable to permits issued prior to March 2016. If your permit was issued prior to March 2016, then check "NA" for Question 5.

b(a)p = benzo(a)pyrene

PCP= pentachlorophenol

DEHP=di(2-ethylhexyl)phthalate

ug/L=micrograms per liter

Section C. Action Level Exceedances

1. Did any pollutant concentrations exceed action levels?¹ Check one box: Yes No

If the answer is "yes," then go to "2." If the answer is "no," then go to Section D.

2. For each action level exceedance, discuss the actions from Schedule A, condition 6 that you took to address the exceedance (required), and the actions from Schedule A, condition 5 that you took to address the exceedance (if necessary).

NOTES

- 1 Action Levels are in Table 1 of your permit.

Section D. Actions Not Completed ¹

- 1. Describe any actions in Schedule D, condition 4 of your permit that were not completed, and the reason they were not completed.**

¹ If your permit was issued prior to March 2016, describe actions in your UIC Management Plan or Stormwater Monitoring Plan that you were not able to complete and why, and describe actions taken to implement the UIC Management Plan and proposed modifications to the Stormwater Monitoring Plan.

Section F. Future UIC Actions

1. Describe your known plans to install, modify, convert, or close any UICs in the next year.

Section G. Key Personnel

1. Describe the key personnel positions responsible for the permit and their contact information

Name of Person Responsible for Permit:	
Title:	
Mailing Address:	
Email Address:	
Phone Number:	
Business Section or City Department:	

Section H. Submittal

Consult Schedule B, condition 4 or 5 of your permit to determine if you need to submit an electronic copy of this annual report, a hard copy of this annual report, or both.

Email Electronic Copy To: UIC@deq.state.or.us

Mail Hard Copy To:

DEQ UIC Hydrogeologist
700 NE Multnomah Street
Suite 600
Portland, Oregon 97232

Instructions

Two-Year Time-of-Travel

The following resources provide information on nearby water wells and two-year time of travel zones:

- Water wells can be identified on the basis of your knowledge of the property, conversations with owners of adjoining properties, and the Oregon Water Resources Department on-line well log query tool: http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx
- Two-year time-of-travels can be identified using the UIC Program Web Map Tool: <http://deq14.deq.state.or.us/Html5Viewer261/?viewer=uic>.
 - Zoom into your site
 - The yellow polygons are time-of-travel zones. If your site is located within a yellow polygon, it is within a two-year time-of-travel.