



Underground Injection Control (UIC) Annual Report

Department of Environmental Quality, State of Oregon

700 NE Multnomah Street, Suite 600 Portland, OR 97232-4100

12/21/2022

DEQ USE ONLY

Submittal ID: 44096

Submitted Date:

Facility Information

Legal Name: **Multnomah County**

Existing

Name of facility

Facility Name: **MULTNOMAH CO., OREGON; LAND USE AND TRANSPORTATION; FACILITIES MANAGEMENT**

Physical street address: **1620 SE 190TH AVE**

City: **PORTLAND**

State: **OR**

ZIP Code: **97233**

County: **Multnomah**

Latitude: **45.5108**

Longitude: **-122.468**

Permit Number: **103076**

File Number: **111884**

Permit Year: **2021-07-01 ~ 2022-06-30**

Stormwater Sampling

Did you collect any stormwater samples this year? **No**

Action Level Exceedances

Did any pollutant concentrations exceed action levels? **No**

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).

Actions Not Completed

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

None. All action completed.

UICs Closed, Retrofitted, Discovered or Installed

Future UIC Actions

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

The County is planning on installing UICs on Glisan St, between NE 223rd Ave and NE 242 Ave, pending the results of infiltration testing. The County is targeting contracting by Jan 1, 2023, final PS&E by October 1, 2023, and construction & project completion by June 30, 2024.

Key Personnel

Details of Person Responsible for Permit

Full Name: **Roy Iwai**

Salutation:

Company: **Multnomah County**

Title: **Water Resources Specialist**

Email: **roy.iwai@multco.us**

Phone: **971-276-1387**

Mobile:

Mailing Address: **1620 SE 190th Ave**

City: **Portland**

State: **OR**

Zip Code: **97233**

Business Section or City Department: **Dept of Community Services - Transportation Division**

Signature of legally authorized representative

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.

Signature of legally authorized representative: **Roy Iwai**

Date: