Inventory No. (Agency Use Only) __________________

SHALLOW INJECTION WELL INVENTORY FORM
Under the Provisions of Title 42, Chapter 39 of the Idaho Code

IDAHO DEPARTMENT OF WATER RESOURCES
322 East Front St., P.O. Box 83720, Boise, ID 83720-0098

See page 4 of this form for General Instructions______________________________

I. GENERAL INFORMATION

A. Applicant Name and Address (Current Owner):
   Applicant Name ________________________________ ________________________________
   Business Name _____________________________________________________________
   Mailing Address _____________________________________________________________
   City __________________________________________ State __________________ Zip Code __
   Phone No. 1 ______________________ Phone No. 2 ______________________
   Email ________________________________________________________________

B. Facility Information:
   Facility or Subdivision Name
   Street Address ______________________________
   Lot __________________________ Block __________ Addition ______________
   City __________________________ Zip Code __________ County __________
   Facility Phone No. ________________

C. Project Engineer:
   Name ______________________________
   Engineering Firm Name ______________________________
   Mailing Address ___________________________________________________________
   City __________________________ State ______________ Zip Code __________
   Phone No. 1 ______________________ Phone No. 2 ______________________

E. Injection Well Classification: (Circle the proper code. In PDF version use: Tools → Comments & Markup → Oval Tool)

<table>
<thead>
<tr>
<th>Code</th>
<th>Injection Activity Associated With</th>
<th>Code</th>
<th>Injection Activity Associated With</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A5</td>
<td>Electric Power Generation</td>
<td>5W10</td>
<td>Cesspools</td>
</tr>
<tr>
<td>5A6</td>
<td>Geothermal Heat (Source H₂O Temp &gt; 85º F)</td>
<td>5W11</td>
<td>Septic Systems (General)</td>
</tr>
<tr>
<td>5A7</td>
<td>Closed-Loop Heat Pump Return (Source H₂O Temp &lt; 85º F)</td>
<td>5W12</td>
<td>Water Treatment Plant Effluent</td>
</tr>
<tr>
<td>5A8</td>
<td>Aquaculture Return Flow</td>
<td>5W20</td>
<td>Industrial Process Water</td>
</tr>
<tr>
<td>5A19</td>
<td>Cooling Water Return (Industrial Cooling)</td>
<td>5W31</td>
<td>Septic Systems (Well Disposal)</td>
</tr>
<tr>
<td>5B22</td>
<td>Saline Water Intrusion Barrier</td>
<td>5W32</td>
<td>Septic Systems (w/ Drainfield)</td>
</tr>
<tr>
<td>5D2</td>
<td>Storm Water Runoff (Roadway/Pavement Drainage)</td>
<td>5X13</td>
<td>Mine Tailing Backfill</td>
</tr>
<tr>
<td>5D3</td>
<td>Improved Sinkholes</td>
<td>5X14</td>
<td>Solution Mining</td>
</tr>
<tr>
<td>5D4</td>
<td>Industrial Storm Runoff (Building/Pavement Drainage)</td>
<td>5X15</td>
<td>In-Situ Fossil Fuel Recovery</td>
</tr>
<tr>
<td>5F1</td>
<td>Agricultural Runoff Waste (Agricultural Drainage)</td>
<td>5X16</td>
<td>Spent Brine Return Flow</td>
</tr>
<tr>
<td>5G30</td>
<td>Special Drainage Water (Rarely Used)</td>
<td>5X25</td>
<td>Experimental Technology</td>
</tr>
<tr>
<td>5N24</td>
<td>Low-Level Radioactive Waste</td>
<td>5X26</td>
<td>Aquifer Remediation</td>
</tr>
<tr>
<td>5R21</td>
<td>Aquifer Storage &amp; Recharge</td>
<td>5X27</td>
<td>Other Wells (Rarely Used)</td>
</tr>
<tr>
<td>5S23</td>
<td>Subsidence Control</td>
<td>5X28</td>
<td>Service Station Wells (Motor Vehicle Waste Disposal Wells)</td>
</tr>
<tr>
<td>5W9</td>
<td>Untreated Sewage</td>
<td>5X29</td>
<td>Abandoned Drinking Wells (Converted from Domestic)</td>
</tr>
</tbody>
</table>

1 of 4
II. TECHNICAL DATA

A. Injection Well Name or ID from Construction Plans: ___________________________

B. Injection Well Design:

- [ ] Infiltration Gallery
- [ ] French Drain
- [ ] Pre-cast Open Bottom Dry Well
- [ ] Cased Injection Well
- [ ] Other ________________________
  (include drawing with form)

Construction Date (indicate Actual, Approximate or Anticipated): ___________________________

C. Pre-Treatment:

- [ ] Sediment Basin
- [ ] Sand Filtration
- [ ] Vegetative Filter Strip or Swale
- [ ] Oil & Grease Trap
- [ ] Sand & Grease Trap
- [ ] Other ________________________

D. Injection Well Dimensions:

  Length __________ (ft) Width __________ (ft) Depth __________ (ft)

III. LOCATION INFORMATION

A. Well Location: (Provide one of the following two options)

1) GPS Location (Datum = WGS84):
   Latitude __________________________   Longitude __________________________

   (You can check the accuracy of your GPS data with the “Well Diller’s Locator Tool” here:
   “http://maps.idwr.idaho.gov/locator/default.aspx”)

2) A USGS Topographic Map or aerial photo with the well location marked AND Township,
   Range, Section information.

<table>
<thead>
<tr>
<th>Township</th>
<th>Range</th>
<th>Section</th>
<th>¼, ¼, ¼ Section</th>
<th>¼, ¼ Section</th>
<th>¼ Section</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   (Get free maps using this tool: http://maps.idwr.idaho.gov/IrrigationRightsFinder)

B. If State or Local Highway Entity:

   Distance _____  Direction _____  To Milepost No. _____  Hwy. No. _____
   [ ] East Bound Lane  [ ] West Bound Lane  [ ] Median

C. Is the Well/Facility Located on Indian Lands?  [ ] Yes  [ ] No
IV. WELL OPERATION

A. Constituents in Waste Stream:

☐ None  ☐ Hazardous wastes  ☐ Automotive fluids

☐ Pesticides  ☐ Herbicides

☐ Other additives or chemicals

B. Is the injection well part of a contamination remediation system?  ☐ Yes  ☐ No

If yes, please attach a copy of the signed regulatory approval for the remediation action and intended use of the injection well.

V. ATTACHMENTS (Attach additional sheets as needed)

☐ Site Maps Showing Well Locations

☐ Design Plans and Other Drawings or Schematics

☐ For Remediation Projects: Project Summary including Geology, Analysis Results, Projection Description, Target Depth, and other applicable information.

☐ If using BMP, Name of Agency and Technical Guidance Citation

☐ Other

VI. CERTIFICATION

I certify under penalty of law that there are no discharges of hazardous substances or other fluids in amounts that may endanger an underground source of drinking water from the injection well(s) identified on this inventory form.

Additionally, 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 gathered and evaluated 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 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.

All sections of this form must be complete and accurate. Incomplete forms will be returned to applicant. The information submitted is subject to verification by IDWR or its agents.

__________________________  ____________________________  ____________________________
Date  Signature  Title

__________________________
Print Name
General Instructions: Form 42-39-6

A. For projects with multiple wells with the same General Information, sections II and III must be completed for each injection well, but only one copy of sections I, IV, V, and VI is required per facility.

B. A seventy-five dollar ($75.00) filing fee payable to the UIC contact receiving the form must be submitted for each shallow injection well. If applicant or current responsible party is a state or local government entity and the wells are associated with highway and street construction and maintenance, the applicant is exempt from the filing fee.

C. Submit form and accompanying filing fees to the appropriate UIC contact listed below:

For wells located within city limits and also within a County Highway District right-of-way this form shall be submitted to the UIC contact listed below for that county. If your county is not listed below this form shall be submitted to the IDWR at:
UIC Program, Idaho Department of Water Resources, 322 E. Front St., P.O. Box 83720, Boise, ID 83720-0098, (208) 287-4800.

For wells located in Ada County (outside Boise City limits) and Boise County and not within a Ada County Highway District right-of-way:
Central District Health Department, 707 North Armstrong Place, Boise, Idaho 83704, (208) 375-5211.

For wells located within Boise City limits (except those within an ACHD right of way):
Brian Murphy, Boise City Hall, P.O. Box 500, Boise, ID 83701-0500, (208) 384-3752.

For wells located in Elmore County:
Central District Health Department, 520 East 8th St. North, Mountain Home, Idaho 83647, (208) 587-4407.

For wells located in Valley County
Central District Health Department, 703 N. 1st Street, McCall, Idaho 83638, (208) 634-7194.

For wells located within Benewah, Bonner, Boundary, Kootenai, or Shoshone County:

For wells located within the City of Hailey:
Kelly Schwarz, City of Hailey, 115 Main Street South, Suite H, Hailey, ID 83301, (208) 788-4221 Ext. 17.

For wells elsewhere in Idaho:
UIC Program, Idaho Department of Water Resources, 322 E. Front St., P.O. Box 83720, Boise, ID 83720-0098, (208) 287-4800.

For Department Use Only

Received by ________________  Date ________________  Reviewed By ________________
Fees ________________  Receipted by ________________  Receipt No. ________________