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. Legal Owner:

Applicant Name _____
Business Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone No. _____ Email _____

B. Facility Information:

Facility or Subdivision Name _____
Street Address _____
City _____ Zip Code _____ County _____
Facility Phone No. _____

C. Project Engineer:

Name _____
Engineering Firm Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone No. _____ Email _____

E. Injection Well Classification: (Circle the proper code.)

Code:	Injection Activity Associated With:	Code:	Injection Activity Associated With:
5A5	Electric Power Generation	5W10	Cesspools
5A6	Geothermal Heat (Source H_2O Temp > 85º F)	5W11	Septic Systems (General)
5A7	Closed-Loop Heat Pump Return (Source H_2O Temp < 85º F)	5W12	Water Treatment Plant Effluent
5A8	Aquaculture Return Flow	5W20	Industrial Process Water
5A19	Cooling Water Return (Industrial Cooling)	5W31	Septic Systems (Well Disposal)
5B22	Saline Water Intrusion Barrier	5W32	Septic Systems (w/ Drainfield)
5D2	Storm Water Runoff (Roadway/Pavement Drainage)	5X13	Mine Tailing Backfill
5D3	Improved Sinkholes	5X14	Solution Mining
5D4	Industrial Storm Runoff (Building/Pavement Drainage)	5X15	In-Situ Fossil Fuel Recovery
5F1	Agricultural Runoff Waste (Agricultural Drainage)	5X16	Spent Brine Return Flow
5G30	Special Drainage Water (Rarely Used)	5X25	Experimental Technology
5N24	Low-Level Radioactive Waste	5X26	Aquifer Remediation
5R21	Aquifer Recharge	5X27	Other Wells (Rarely Used)
5S23	Subsidence Control	5X28	Service Station Wells (Motor Vehicle Waste Disposal Wells)
5W9	Untreated Sewage	5X29	Abandoned Drinking Wells (Converted from Domestic)

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)

E. Frequency of Injection: ☐ Continuous (24 hr/day, 7 day/wk) ☐ Intermittent

Maximum Injection Rate (if known) _____ ☐ cfs ☐ gpm

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: "https://maps.idwr.idaho.gov/apps/GPSLocatorToolForWellDrillers/")

2) A USGS Topographic Map or aerial photo with the well location marked **AND** Township, Range, Section information. (Free mapping tool: https://experience.arcgis.com/experience/8f35de01e3644dfb88317e9296d5e577)

Township	Range	Section	¼, ¼, ¼ Section	¼, ¼ Section	¼ Section

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 with 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:
Panhandle Health District, 8500 N. Atlas Rd., Hayden, ID 83835, (208) 415-5220.

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. _____