



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

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UNDERGROUND INJECTION CONTROL (UIC) WELL APPLICATION FORM FOR CLASS V WELL ONLY

(Please type or print clearly)

PROHIBITED ACTIVITIES

No person shall construct, install, operate or maintain any CLASS I, II, III, IV injection well. Please consult CNMI UIC Regulations for more details.

Table with 2 columns: FOR OFFICIAL USE ONLY, Application No., Receipt No.

SECTION 1 APPLICANT INFORMATION

- 1.1 Name:
1.2 Project Name:
1.3 Mailing Address:
1.4 Telephone Number: Fax:
1.5 Project Location: Lot/Tract No.:
1.6 Email:

SECTION 2 AUTHORIZED REPRESENTATIVE (attach authorization letter from applicant)

- 2.1 Name:
2.2 Mailing Address:
2.3 Telephone Number: Fax:
2.4 Email:

SECTION 3 TYPE OF FLUID/PURPOSE OF INJECTION (please check one)

- 3.1 [] Reverse Osmosis Brine - Estimate Volume per day
3.2 [] Storm Water Run-Off
3.3 [] Groundwater Remediation (if area permit, No. of Wells
3.4 [] Other (please specify type and purpose)

*IWDS/OWTS that serve more than 20 people are UIC wells but do not require a separate UIC permit

SECTION 4 LOCATION OF PROPOSED WELL(S)

- 4.1 Submit copy of CNMI registered surveyors plot of benchmarks for location and elevation of proposed injection well(s).
- 4.2 Submit vicinity map showing injection well location, village, applicable landmarks and roads.

SECTION 5 TYPE OF CONSTUCTION (please check one)

- 5.1 Standard injection well (submit cross section of injection well that includes elevation of well, well construction, depth to fresh water and sea water, depth of injection zone)
- 5.2 Holding tank/leach field (submit CNMI certified engineers plan for leach field design, results of percolation test, calculations).
- 5.3 Seepage pit (submit CNMI certified cross section and dimensions of seepage pit).

SECTION 6 INJECTION PRESSURE/RATE OF FLOW

- 6.1 If applicable submit information on injection pressure and pumping rate of disposal of injected fluid. Attach results of pumping test or other method of determination reservoir pressure.

SECTION 7 APPLICANT ACKNOWLEDGMENT AND SIGNATURE

BEFORE THIS APPLICATION CAN BE PROCESSED YOU THE APPLICANT MUST ATTEST TO THE FOLLOWING:

I, _____ (PRINT) AS THE APPLICANT OR AUTHORIZED REPRESENTATIVE FOR THIS UNDERGROUND INJECTION APPLICATION HERBY STATE THAT I HAVE KNOWLEAGE OF THE FACTS HEREIN SET AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEAGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT COMPLIANCE WITH ABOVE REQUIREMENTS IS A GENERAL REQUIREMENT FOR ALL DEQ PERMITS.

SIGNATURE: _____

DATE: _____