

# CLASS V INJECTION WELL NOTIFICATION FORM



The State of Nevada is required to protect our groundwater resource by regulating discharges below the ground surface via injection wells. Injection wells are dry wells, and subsurface drainage systems. Completion of this notification form registers the presence or absence of injection wells at your facility.

### Location of Facility

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone (include area code) \_\_\_\_\_

### Legal Contact/Authorized Operator/ Property Owner

Name & Title \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_

OWNER/CORPORATION NAME IF DIFFERENT THAN FACILITY NAME: \_\_\_\_\_

Type of Business: \_\_\_\_\_

(Provide brief description of services/products provided/produced/manufactured)

### How are domestic sanitary wastes handled?

- septic system / leach field.
- sewer system     holding Tank
- Other \_\_\_\_\_ (type of system)

### How are industrial wastes handled?

- Septic System / Leach field     Dry Well
- Sewer System                       Holding Tank
- Other \_\_\_\_\_ (type of system)

Are floor drains present at facility?  Yes  No

Are there drains outside building?  Yes  No

If **YES**, number and location of each. \_\_\_\_\_

Where do floor drains terminate? \_\_\_\_\_

What types of fluids could enter these drains? \_\_\_\_\_

Have floor drains been plugged?  Yes  No

If **YES**, approximate date they were plugged. \_\_\_\_\_

### Oil separator / interceptor installed on premises?

Yes  No    If **YES**, what is connect to separator/interceptor: \_\_\_\_\_

number, type and capacity of each. \_\_\_\_\_

### Number and size of septic tanks on premises:

If you have any permits, list permitting entity(ies) and permit number(s): \_\_\_\_\_

### Are any types of liquids, other than domestic wastes, used during business activities and/or discharged from facility?

Yes  No

If **YES**, list liquids and approximate amounts discharged.

### The above listed are discharged to:

- septic system / leach field                       dry well
- sewer system                                       holding tank
- Other \_\_\_\_\_ (type of system)

Any Stormwater drainage wells present?  Yes  No

Number of SW wells: \_\_\_\_\_

### Facility water source:

- Public drinking water system
- Name of provide: \_\_\_\_\_
- Private water well    Depth to groundwater: \_\_\_\_\_
- Distance from septic system to water well: \_\_\_\_\_
- Distance from any/all leach fields to water well: \_\_\_\_\_

### Is facility connected to a public sanitary sewer system?

Yes  No    If **YES**, name of public sewer provider: \_\_\_\_\_

Are there storage tanks present at facility?  Yes  No

If **YES**, number, location & capacity of tank(s): \_\_\_\_\_

above ground                       underground

### CERTIFICATION (READ & SIGN AFTER COMPLETING ALL SECTIONS)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of official title of owner or owner's authorized representative (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Return this form to: Nevada Division of Environmental Protection, Attn: BWPC/UIC  
901 South Stewart Street, Suite 4001, Carson City, NV 89701 775 687-9418