# 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

<table>
<thead>
<tr>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>Phone (include area code)</td>
</tr>
</tbody>
</table>

## Legal Contact/Authorized Operator/ Property Owner

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
<tr>
<td>Phone (include area code)</td>
</tr>
</tbody>
</table>

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

### 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:  
__________________________________________________________

### 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):  
__________________________________________________________

### 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 400I, Carson City, NV 89701  775 687-9418