

New Jersey Department of Environmental Protection

Bureau of Ground Water, Residuals, and Permit Administration, UIC Coordination Underground Injection Control Program

CLASS V INJECTION WELL INVENTORY FORM

(as per New Jersey Pollutant Discharge Elimination System N.J.A.C. 7:14A-8.5(c))

1.	NJPDES permit #	Well permit (if applicable) #	
	Other permit:		
2.	Name of facility:		
	Address of facility:		
	County:		
3.	Name of Legal Contact:		
		State: Zip Code:	
	Phone Number:	_	
4.	Name of Owner (if different from Lega	gal Contact):	
	Address of Owner:		
	Name of contact person:	Phone Number:	
5.	Nature/ type of injection well(s):		
	☐ Drywell	Cesspool	
	Cased well	Other:	
6.	Quantity (number) of injection wells:	s:	
7.	Quality (description) of discharge:		
8.	Operating status of injection well(s):):	
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9.		Proposed date of well closure:	
Na	ame of preparer:	Signature:	
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INSTRUCTIONS

This inventory form must be completed by all owners or operators of Class V injection wells permitted by rule at N.J.A.C. 7:14-8.5(b) pursuant to N.J.A.C. 7:14-8.5(c).

Submitting this form does not exempt the owner from any of the requirements of N.J.A.C. 7:9D.

Please complete this form and submit it to:

Ch199@dep.state.nj.us

Or

Mail Code 401-02B

New Jersey Department of Environmental Protection Bureau of Ground Water, Residuals, and Permit Administration 401 East State Street, P.O. Box 420 Trenton, NJ 08625-0420

Attention: UIC Program, well inventory form

You may use one form for more than one of the same type of Class V injection well at each facility. If more space is needed, additional pages may be attached.

If you have any questions regarding this form, please contact the Bureau of Ground Water, Residuals, and Permit Administration at (609) 984-4428.