



Massachusetts Department of Environmental Protection Bureau of Resource Protection – Drinking Water Program

UIC Class V Well Post-Closure Notification Form Instructions and Supporting Materials

Introduction

Massachusetts Department of Environmental Protection (MassDEP) *Permit and Registration Applications*, as well as these *Instructions & Supporting Materials*, also are available for download from the MassDEP Web site at <http://www.mass.gov/eea/agencies/massdep/> in two file formats: Microsoft Word™ and Adobe Acrobat PDF™. Either format allows documents to be printed.

Instructions & Supporting Materials files in Microsoft Word™ format contain a series of documents that provide guidance on how to prepare a permit application.

Permit Applications in Microsoft Word format must be downloaded separately. Users with Microsoft Word™ 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF format combine *Permit Applications* and *Instructions & Supporting Materials* in a single document. Adobe Acrobat PDF™ files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically, but must be printed and completed using a typewriter or by hand.

Form Name	UIC Class V Well Post-Closure Notification Form
Permit Code	There is no permit code for this notification form. This form is related to BRP WS06 (UIC Registration) and BRP WS06d Pre-Closure application forms.
Purpose of Form	To notify MassDEP of the completion of UIC Class V well closure activities after having received approval from MassDEP to conduct those well closure activities.
For Assistance with this application	Contact MassDEP Bureau of Resource Protection, Underground Injection Control Program: ASK.UIC@state.ma.us (617) 292-5859

Who must submit this notification form	Any party who has completed the closure of a UIC Class V well as defined in 310 CMR 27.00 must complete and submit this form and any required attachments upon completion of the UIC well closure activities in order to obtain final approval of the closure activities from MassDEP.
---	--

Fees	Currently, there are no fees associated with submitting this form.
What other requirements must be considered?	<p>Prior to submitting this form an applicant is required to have submitted and obtained MassDEP approval of either a BRP WS06 Registration application (if the well was not previously registered with the UIC Program) or a BRP WS06d Pre-Closure application (if the well has already received a UIC Registration Number from MassDEP for the type of discharge that is being closed).</p> <p>See the instructions for the applicable BRP WS06 Registration application or the BRP WS06d Pre-Closure application for additional information regarding the closure requirements for a UIC Class V well.</p>



Massachusetts Department of Environmental Protection Bureau of Resource Protection – Drinking Water Program

UIC Class V Well Post-Closure Notification Form Instructions and Supporting Materials

How to Apply To submit a UIC Class V Well Post-Closure Notification Form to MassDEP, follow the steps described below:

Step	Action
1.	Complete the UIC Class V Well Post-Closure Notification Form. Include all specified information. Use additional sheets if necessary.
2.	Submit a complete notification package including the UIC Class V Well Post-Closure Notification Form and all required attachments to: MassDEP, BRP UIC Program One Winter Street, 5th Floor Boston, MA 02108
3.	Retain a copy of the complete notification package for your files.

Instructions to assist with completing the application form:

Enter UIC Registration Number (required):

Provide the UIC Registration Number that was issued to you by MassDEP upon approval of your BRP WS06 Registration application form.

A. Facility Information

Facility/Residential Property Name: Enter the common name of this facility if it is different than the legal name and the facilities (or residence's) street address and the town that the facility is located in. You may enter "private residence" under the "Facility/Residential Property Name" category if applicable.

Facility/Residential Street Address: Enter the street address, city (or town), state, and Zip Code where indicated.

B. Preparer Information

Enter the name, mailing address, email address and phone number of the person who has completed the UIC Class V Well Post-Closure Notification Form. If applicable, enter Massachusetts license number or the Massachusetts LSP license number for the Preparer. Also include the same information for the contact person that MassDEP should contact with any questions regarding the notification submittal package, if that person is not the same as the preparer.

C. Well Closure Information

Enter the date that all of the well closure activities were completed: If you are reporting the closure of multiple wells indicate the date that the last well was closed.

Did the Closure include floor drain(s)? Yes or No

If you select Yes for this question, you must select one or more of the four options provided to indicate how the floor drain(s) was either sealed or routed to an industrial wastewater holding tank (IWHT) or routed to a municipal sewer system or if another option was used to reroute or remove the floor drain. In each case, provide the additional information requested. Note some selections require additional information/documents to be submitted. These can be attached to the submittal package. See the instructions for Section L of the BRP WS06 UIC Registration application form or for Section J of the BRP WS06d Pre-Closure application



Massachusetts Department of Environmental Protection Bureau of Resource Protection – Drinking Water Program

UIC Class V Well Post-Closure Notification Form Instructions and Supporting Materials

form for information regarding additional approvals from MassDEP or the local plumbing inspector that may be required.

D. Previously Submitted Information

If you answer Yes to the question regarding whether there is any new or changed information that was not provided in your previously submitted BRP WS06 UIC Registration or BRP WS06d Pre-Closure application submittal package then you shall be required to submit that information with your UIC Class V Well Post-Closure Notification Form.

E. Attachments

Check off the applicable boxes that describe the attachments that you are including with the notification form. Additional Information regarding the attachment requirements may be obtained from the following:

- Instructions for Section L of the BRP WS06 UIC Registration application form or for Section J of the BRP WS06d Pre-Closure application form, and
- Mass DEP Guidance Document #: BRP/DWM/DW/G04-3, Massachusetts Closure Requirements for Underground Injection Control (UICs) Wells (including shallow injection wells)
(<http://www.mass.gov/eea/agencies/massdep/water/drinking/underground-injection-control.html>)

F. Certification

Section F has two certification statements. One is for the operator of the UIC well(s) that are included in the UIC Registration Number entered on the first page of this form and one for the owner of the property on which that/those well(s) are located. All applications are required to have the Operator certification statement signed by the operator. If the operator **is not** also the owner of the property then the property owner shall sign the Owner certification statement. The following are the only eligible persons who may sign for the operator or owner.

Any person who signs for the operator or owner must have authority to legally bind the business to perform the activities described in the applicable certification statement. That person must be one of the following:

- In a sole proprietorship, the company's sole proprietor.
- In a partnership, a general partner with authority to bind the partnership.
- In a corporation or a non-profit corporation, a corporate official with authority to bind the corporation, e.g., president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy-making or decision making functions of the corporation.
- In a municipality or other public agency, a principal executive officer or ranking elected official who is empowered to enter into contracts on behalf of the municipality or public agency.



UIC Class V Well Post-Closure Notification Form

Enter UIC Registration Number (required): _____ UIC Registration # _____

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Facility/Residential Property Name _____

Facility/Residential Property Street Address _____

City _____ State _____ Zip Code _____

B. Preparer and Contact Information

Preparer Name _____ Preparer Address _____

City/Town _____ State _____ Zip Code _____

Preparer's Email _____ Preparer's Telephone Number _____

Massachusetts Engineer License Number (if applicable) _____ Licensed Site Professional (LSP)# (if applicable) _____

Contact First Name _____ Contact Last Name _____

Contact's email _____ Contact's Phone number _____

C. Well Closure Information

Enter the date that all of the well closure activities were completed: _____ Date of Well Closure(s) _____

Did the Closure include Floor Drain(s)? Yes No

If you answered "Yes" to this question you shall select one or more of the following four options and provide any additional information requested.

Option 1 – Sealing: Plug point of entry, if applicable (see 248 CMR 2.09).

Attach copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain**

Plumbing Permit # (if assigned by inspector) _____ Date of Plugging _____

Option 2 – Industrial Wastewater Holding Tank (314 CMR 18.00):

Connect discharge to a Certified holding tank meeting all appropriate MassDEP requirements. Attach floor plan with holding tank and floor drain location(s), and copy of Page 1 of Compliance Certification Form (DEP 01).

IWW Holding Tank Certification Transmittal # _____ Date of Certification Application Submittal to MassDEP _____

Tank ID # _____ Date of Connection _____



UIC Class V Well Post-Closure Notification Form

C. Well Closure Information (cont.)

- Option 3 – Sewer:** Connect discharge to municipal sanitary sewer system.

Attach copy of sewer discharge permit # or letter of approval from the issuing authority.

Date of Approval to Connect

Date of Connection

Name of POTW

Permit # (if issued by issuing authority)

- Option 4 - Other:** Certain other options are also acceptable (e.g. former discharge discontinued, closed loop recirculating system, closure and removal of entire operation, surface water discharge permit, and connection to municipal stormwater system (with approval from the issuing authority)). Specify and attach a sheet with additional information:

D. Previously Submitted Information

Has any of the information that was submitted with the original UIC registration application and/or Pre-Closure Notification form (including any previously submitted UIC registration modification forms) changed or have any of the UIC well and discharge system conditions that MassDEP placed on the UIC registration/Pre-Closure approval not been met (excluding any post start-up sampling requirements)? This would include, but not be limited to, the following: well dimensions, well seal materials, piping/tubing materials, well(s) location(s), number of wells, number of entry points to the system, types of discharges, potential contaminants of concern, and any of the attachments previously submitted.

- Yes No

If you answered yes to this questions, you shall submit one or more of the following with this Post Closure Notification Form:

- A BRP WS06 Modification or Well Conversion form (if any of the information submitted on that form has changed) completing only the UIC Registration Number, facility name and address and those portions of the form that are changed, including data not supplied with the original application;
- Resubmitting only those attachments, that were modified; and/or,
- A narrative description of any UIC Registration/Pre-Closure approval conditions that were not met or any closure activities that were proposed that were either not completed or were modified.

E. Attachments

Check all of the following that are being attached to this submittal package:

- Copy of Form WS-1, Notice of Plumbing Inspector Approval to Seal Floor Drain:** Form WS-1 is required if you answered “Yes” to the first question in Section C regarding floor drains AND you selected “Option – Sealing”.



UIC Class V Well Post-Closure Notification Form

E. Attachments (cont.)

- All Screening and Analytical Results:** This information must be submitted in accordance with criteria specified in MassDEP Guidance Document Massachusetts Closure Requirements for Underground Injection Control (UICs) Wells (Guidance # BRP/DWM/DW/G04-3). Copies of all laboratory analytical reports shall be included along with a clear explanation (combination of narrative and figures) of where each of the field screening and laboratory analytical samples was collected and a description of all soil samples collected (i.e. texture, color, odor, whether it's sediment or sludge, etc.).
- Facilities Waste Management Report:** When required via the issuance of an enforcement order from the MassDEP's UIC program or other entity (EPA or MassDEP Program) or as a condition stated in your UIC Registration or Pre-Closure application approval, a waste management report specifying the methods that were used to properly collect, store, and dispose of all potentially hazardous wastes/material must be submitted including documentation regarding the quantities of potentially hazardous waste that were shipped off-site.
- Copy of discharge permit or letter of approval from the issuing authority for the floor drain connection to the municipal sewer system.**
- Copy of page 1 of Compliance Certification Form (DEP 01).**
- Revised Information:** Applicable BRP WS06 Registration form (including any revised plans or attachments)
- Other (specify):** _____

F. Certification

Operator

I certify under pains and penalties of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those agents immediately responsible for obtaining the information on my behalf, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Operator

Date

Printed Name of Operator

Position/Title

Owner (must be completed if owner has not signed above as operator)

I certify that I have personally examined and am familiar with the information submitted in this document.

Signature of Owner

Date

Printed Name of Owner

Position/Title

Submit a signed and complete application package to:

MassDEP
Bureau of Resource Protection
UIC Program
One Winter Street, 5th Floor
Boston, MA 02108

Send duplicate copies of this form to:

Local Board of Health
Local Plumbing Inspector (for any
applications involving the closure of floor
drains)