



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

**Underground Injection Control (UIC)
eDEP Forms**

General Instructions

2016



Topics Covered:

Forms Introduction

Registered Site Lookup

Transaction Overview

Parent Forms

- BRP WS06 (Modification form is identical except lookup)
- Registered UIC Well Pre-Closure Notification
- Well Monitoring Report
- Completion of Construction
- Post-Closure Notification

Child Forms

- Proposal for Chemical Use in a UIC Class V Well
- Mandatory Closure Child Form
- Non-Consumptive Use Request
- Underground Injection Control Technical Compliance Forms




Forms Introduction

- The electronic forms are dynamic with fields appearing and disappearing depending on the answers provided in other fields. This is by design so that users aren't required to enter data inappropriate to their well type and situation.
- All the parent and child form screen shots below have been completed in a way to maximize the number of fields visible. If a field listed below does not occur within your particular submittal, it is because it is not required for your particular submittal.
- Notes are supplied below for portions of the forms that may require additional explanation.



Registered Site Lookup 1 of 2



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Preform

Preform: Registered UIC Well Pre-Closure Notification

Please Identify Your UIC.

The UIC Registration Number was assigned by MassDEP upon successful review of your initial BRP WS06a,b,c or BRP WS06e registration application. This is not your transmittal number from your original submission.

UIC Registration Number (required for Modification or Registered UIC Well Pre-Closure):


This lookup screen appears when users select any form that applies to a pre-existing registered site. It retrieves data and pre-populates form fields with the current accepted information for that Registration Number. In some cases you may also search by the 6-digit transaction number that appears at the top of an existing form.

Please note that records for many of the historic UIC registration numbers are unavailable in eDEP.

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Registered Site Lookup 2 of 2



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Preform

Preform: Registered UIC Well Pre-Closure Notification

Please Check the box below if the UIC information is correct. If not contact DEP.

Please Identify Your UIC.

The UIC Registration Number was assigned by MassDEP upon successful review of your initial BRP WS06a,b,c or BRP WS06e registration application. This is not your transmittal number from your original submission.

UIC Registration Number (required for Modification or Registered UIC Well Pre-Closure):

MAS11A008301-5C2

search

After checking to make sure that you have the correct facility, check the box and then click on next.

Existing UIC Information

This information is correct.

MAS11A008301-5C2
215500 GSHP OLOD YYNYYYN
215500 GSHP OLOD YYNYYYN215500 GSHP OLOD YYNYYYN
215500 GSHP OLOD YYNYYYN
AMHERST MA 01002

Next



Transaction Overview

Regardless of the form chosen, a transaction overview screen will be created. In some cases this screen will appear immediately after clicking on the appropriate form while in other cases you will first be directed through the Registered Site Lookup process.

The screenshot shows the MassDEP online filing system interface. At the top left is the 'eDEP' logo with the tagline 'MassDEP's Online Filing System'. To the right are navigation links: 'MassDEP Home | Contact | Feedback | Tour | Privacy Policy'. The user's login information is displayed as 'Username: DANDAVIS' and 'Nickname: DANTEST', with a 'LOG OFF' button. A green navigation bar contains 'My eDEP | Forms | My Profile | Help'. The main heading is 'Transaction Overview Trans# 215692 ID# Registered UIC Well Pre-Closure Notification'. A progress bar shows three steps: 'Forms' (active), 'Signature', and 'Submit'. Below the progress bar are buttons for 'Print Transaction', 'Delete Transaction', 'Share Transaction', and 'Exit'. A table lists the forms to be filled out:

Errors Checked/ Validated	Fill out the following forms for this transaction:
-	Registered UIC Well Pre-Closure Notification

A 'Next' button is located at the bottom right of the form list. The footer of the page repeats the navigation links: 'MassDEP Home | Contact | Feedback | Tour | Privacy Policy'.



BRP WS06 Section 1: Part A

BRP WS06 - Transaction #215634

Error Check

Save

Print

Exit

[Section 1](#)

[Section 2](#)

[Section 3](#)

[Section 4](#)

BRP WS06 - Transaction #215634 - UIC Registration # N/A

A. General Question

You may only register one type of discharge (well type) per registration application even if you are registering one well for multiple types of discharges. If you are registering for more than one type of well discharge, you must complete a separate application form after completing this form.

A1. What well type do you wish to register at this time?

Well Category: Well Type:

A2. Are there any well additives?

Yes No

A3. Is the design injection rate greater than or equal to 100,000 gpd?

Yes No

A4. Is the source of your injection water from a public water system?

Yes No

A5. Is the source of your injection water already registered/permitted with the Water Management Act Program (WMAP) or has it already received a determination of non-consumptive use from WMAP?

Yes No

A6. Does the well construction or closure activity involve a drilled well?

Yes No

A7. Is the registration a result of the closure or conversion activity of a previously unregistered well?

Yes No

A8. Is the facility serviced by the well for 4 residential units or fewer?

Yes No

Use dropdown arrows to choose first the Well Category and then Well Type. You may have to click twice on the dropdown menu arrow to see the options available.

Page will reload after each dropdown selection.

Answers in Section 1 Part A will determine many of the variable portions that are visible in Sections 2-4. Accuracy in this section will help ensure that the appropriate fields will appear for completion later in the form.

<< Prev

Next >>



BRP WS06 Section 2: Part B

BRP WS06 - Transaction #215634 - UIC Registration # N/A

B. Facility Information

Facility Name	TEST				
Address	Gulf Road				
City/Town	PELHAM	State	MA	Zip Code	01002-
Company Name	TEST CO	NAICS/SIC Code #	4234		
Phone #	888-888-8888	Email	test@test.com	PWS ID#	Test PWS ID#

[Click here to clear the Mailing Address](#)

Mailing Address	Gulf Road				
City/Town	PELHAM	State	MA	Zip Code	01002-

Does your Facility have a EPA Hazardous Waste ID #?

Yes No

Test EPA EPA Hazardous Waste ID#

Do tenants located on your facility have EPA Hazardous Was

Yes No

Tenant First Name	Tenant Last Name	EPA Hazardous Waste ID#
<input type="text"/>	<input type="text"/>	
Tenant First	Tenant Last	

BRP WS06 - Transaction #215634 - UIC Registration # N/A

B. Residential Property Information

Property Name	<input type="text"/>				
Address	<input type="text"/>				
City/Town	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>

Section B will ask questions about "Facility" if question A8 is marked "No" and will ask questions about "Residential Property" if question A8 is marked "Yes."



BRP WS06 Section 2: Part C

C. Status of Activity(ies) Being Registered

Current status of proposed discharge activity:

- Designed, but not yet constructed/modified/closed/converted
- Proposed activity partially completed or completed
- Proposed activity completed and active (or closure completed)

Date placed in service (mm/dd/yyyy)

Is the applicant requesting a waiver of the 30 day waiting period?

- Yes No

If Yes, why?

Current status of discharge(s) (entry points) being closed (check all that apply):

- Discharge still active
- Discharge discontinued
- Conversion Completed
- Entry points abandoned (physically decommissioned)

Proposed date of entry point abandonment (physical decommissioning) (if applicable)

Second set of Part C questions only appear if you have selected Yes for well closure in Section 1

BRP WS06 Section 2: Part D

D. Owner/Operator Information

Owner Info:

First Name Last Name

[Click here to clear the Address of Owner](#)

Address

City/Town State Zip Code

Email

Owner's Legal Contact:

First Name Last Name

Phone # Fax

Email

[Click here if the Address of Operator is same as Facility](#)

[Click here to clear the Name of Operator](#)

Operator Info:

First Name Last Name

Address

City/Town State Zip Code

Email

Operator's Legal Contact:

First Name

Last Name

Phone #

Fax

Email

Ownership Type:

Private Public

Industrial Local

Commercial Regional

Non-profit State

Residential Federal

Blue helper buttons will copy information from previous fields into subsequent ones.

Some public ownership classes are exempt from registration fees.



BRP WS06 Section 3: Part E-H

BRP WS06 - Transaction #215634 - UIC Registration # N/A

E. Designer

First Name	<input type="text" value="TEST"/>	Last Name	<input type="text" value="TEST"/>
Company Name	<input type="text" value="TEST"/>		
Engineer License # (if applicable)	<input type="text" value="TEST"/>	National 3rd party or manufacturer approval and ID number	<input type="text" value="TEST"/>
LSP # (if applicable)	<input type="text" value="TEST"/>	Phone #	<input type="text" value="888-555-1212"/>
Email	<input type="text" value="test@test.com"/>		

F. Installer

[Click here to clear the Installer](#)

First Name	<input type="text" value="TEST"/>	Last Name	<input type="text" value="TEST"/>
Company Name	<input type="text" value="TEST"/>		
National 3rd party or manufacturer approval and ID number	<input type="text" value="TEST"/>	Phone #	<input type="text" value="888-555-1212"/>
Email	<input type="text" value="test@test.com"/>		

G. Preparer Information

[Click here if Preparer is same as Owner](#)

[Click here to clear the Preparer](#)

First Name	<input type="text" value="TEST"/>	Last Name	<input type="text" value="TEST"/>		
Address	<input type="text" value="TEST"/>				
City/Town	<input type="text" value="TEST"/>	State	<input type="text" value="MA"/>	Zip Code	<input type="text" value="01002-0000"/>
Email	<input type="text" value="test@test.com"/>				
MA Engineer License #(if applicable)	<input type="text" value="TEST"/>	LSP # (if applicable)	<input type="text" value="TEST"/>		

H. Registered Well Driller (if applicable)

First Name	<input type="text" value="TEST"/>	Last Name	<input type="text" value="TEST"/>		
Company Name	<input type="text" value="TEST"/>	Phone #	<input type="text" value="888-555-1212"/>	Massachusetts Well Driller Registration #	<input type="text" value="TEST"/>
Email	<input type="text" value="test@test.com"/>				



BRP WS06 Section 3: Part I 1 of 2

I. Site Information

Water Supply: Public Private

Sewer: Public Private

Are there any other current or proposed discharges on site?

Yes No

Check any of the following that apply to this site

a. Bureau of Waste Site Cleanup Priority Site

If yes, File Number

b. Bureau of Waste Site Cleanup Waiver Site

If yes, File Number

c. Superfund Site

If yes, Federal ID #

If the site is currently being regulated by the Bureau of Waste Site Cleanup, check any of the following that apply

Incident Response Short Term Measure Activity and use limitations

Confirm that the applicant has checked that the site does not have any activity restrictions with respect to limiting discharges on the site.

Restrictions No Restrictions

Please Explain for Restrictions Selection

Only enter the location of wells that will be used for the following well type: *open-loop - open doublet*

Location of Well, Latitude & Longitude are no longer optional data:

Well Identification Number	Latitude	Longitude	Locating Wells
<input type="text" value="TEST"/>	<input type="text" value="42.39501"/> N (e.g. 42.355767)	<input type="text" value="72.52385"/> W (Do not enter (-) sign in front of value, e.g. 71.060996)	<input type="button" value="Locating Wells"/> Delete
			<input type="button" value="Add Row"/>



BRP WS06 Section 3: Part I 2 of 2

Identify the method used for locating the latitude/longitude coordinates for the UIC Class V well(s):

a. Type

- Approximate location of point of UIC Class V well(s)
- Approximate center of drainfield(s)
- Approximate location of center of wellfield(s)
- Approximate center of facility(ies)
- Approximate center of area where discharges are located

b. Accuracy

- Estimated horizontal accuracy is better than +/- 100 feet
- Estimated horizontal accuracy is better than +/- 500 feet
- Estimated horizontal accuracy is better than +/- 1000 feet

Provide a narrative description of the site and the feature to be permitted. As an example: "The site is on the west side of Main Street, the third building north of High Street. The disposal field lies 100 feet off the southwest corner of the building."

TEST

See instructions for BRP WS06a,b,c registration form for more details regarding the necessary attachments. Include the following:

- Topographic or Orthophoto Map
- Design sheets
- MSDS sheets
- Site Plan (Include Bar Scale)
- Existing analytical data
- Narrative Statement
- Equipment Specification Sheets
- Attach Well Completion Report (required for existing drilled wells)
- Cross sectional diagram depicting all underground components of the UIC system
- Other information (see instructions)



BRP WS06 Section 4: Part J

BRP WS06 - Transaction #215634 - UIC Registration # N/A

J. Injection Well Information (include information for wells being registered for closure)

Well Category: **Ground Source Heat Pump**

Well Types: *open-loop - open doublet*

Registration: Individual Area (multiple wells with same well codes)

Number of Wells Maximum Well Depth (feet)

UIC Well(s) Construction Date (for existing wells)

Well Construction (check all that apply)

- Drywell Drilled Well Septic Tank Dug Well
 Improved Sinkhole Drainfield/Leachfield Trench Drain Dustwater onto the ground
 Horizontal (only applies to certain ground source heat pump wells)
 Other (describe)

Type of Well Seal (if applicable) Well Seal Grout Material

Source of injection fluid and Potential contaminant

Add Injection Fluid

Maximum total rate of injection (gallons per minute)

Average discharge rate (gallons per day)

Distance to nearest wetland or water body (feet);

enter N/A if distance is greater than 200 feet

Distance to nearest septic system (feet);

enter N/A if distance is greater than 200 feet

Distance to nearest building foundation (existing or proposed)(feet);

enter N/A if distance is greater than 25 feet

Distance to nearest property line (feet);

enter N/A if distance is greater than 25 feet

List any treatment devices, process equipment, or heat pumps in place or proposed prior to the injection point (attach specification sheets and include treatment devices in a cross section):

THE

Depth to water table (feet)

Depth to bedrock (feet)

Soil type(s) at side - e.g., fill, sandy till, gravel, sand

Distance to nearest private drinking water well (existing or proposed) (feet);

enter N/A if distance is greater than 1,250 feet

Distance to nearest Public Water Supply (feet);

enter N/A if distance is greater than 2,500 feet

BRP WS06 Section 4: Part J

Source of injection fluid and Potential contaminant

1. Click Add Injection Fluid

Source of injection fluid and Potential contaminant

Source of Injection Fluid [Update](#) [Cancel](#)

Source of Injection Fluid

2. Enter Source

3. Select Update

4. Note – do not select Add Injection Fluid again until you want to add another source. Otherwise you will add a source with no name.

Source of injection fluid and Potential contaminant

Source of Injection Fluid [Edit](#) [Delete](#)

OVERFLOW

5. Select Add Potential Contaminant

Source of Injection Fluid [Edit](#) [Delete](#)

OVERFLOW

Potential Contaminant		
BENZENE	Edit	Delete
Calcium	Update	Cancel

6. Enter Contaminant and select Update

7. Keep adding contaminants for that single source before adding a second Source of Injection Fluid



BRP WS06 Section 4: Part K

Part K is the most variable portion of the form.

The data fields that are included are dependent on the well Category and Type.

A discussion of each of the unique Part Ks are provided in the document titled **Underground Injection Control Instructions for eDEP Forms: BRP WS06 and BRP WS06 Modification or Well Conversion.**

(<http://www.mass.gov/eea/docs/dep/water/approvals/year-thru-alpha/e-thru-l/ews06ins.doc>)

You should also refer to the above referenced document to determine what additional forms may be required as attachments to your completed eDEP application.



BRP WS06 Section 4: Part L

L. Injection Well(s) or Activity(ies) Being Closed

Is the closure being required by a federal, state, or local entity?

Yes No

Number of Wells

The following 3 data entry fields are only associated with the well type being registered with this application. Do not include the numbers of entry points associated with any converted new well type (if applicable).

Number of Entry Points to System before closure

Number of Entry Points being closed with this application

Number of Entry Points to System after closure

Proposed or previously completed well closure activities (check all that apply)

- Clean out well(s)
- Sample fluids/sediments in the bottom of the injection well
- Remove well(s) and any contaminated soil
- Appropriate disposal of remaining fluids/sediments
- Conversion to other well type


New Well Category
New Well Type

(Note: a separate UIC registration application (BRP WS06) must be submitted for any conversion to a new well type.)

- Well and entry points abandoned (physically decommissioned)
- Partial Closure
- Sample fluids/sediments from the area surrounding the injection well (as applicable)
- Other (Describe)

VDFDFG

Registered UIC Well Pre-Closure Notification Section 1: Part A

 **MassDEP's Online Filing System**

Registered UIC Well Pre-Closure Notification - Transaction #215692

[Section 1](#)
[Section 2](#)

Registered UIC Well Pre-Closure Notification - Transaction #215692 - UIC Registration # MAS11A008301-5C2

A. General Question

A1. Select the transaction type:
 Closure Partial closure Conversion

In addition to completing this Pre-Closure form for the closure of the previously registered well type, after submitting this form you must then complete a UIC registration form for the registration of the new well type.

A2. Will this proposed closure, partial closure, or conversion activity for the well type associated with this UIC registration number result in either the physical well closure (abandonment) or the closure (elimination) of all entry points for this well type at one or more of the registered wells?
 Yes No

If you are proposing the closure of some but not all of the entry points and the proposed entry point closures would not result in the elimination of all entry points of this type for at least one of the wells included in this UIC registration then you should complete a modification form, not a pre-closure form.

A3. Do you wish to complete a Pre-Closure form for more than one well type at this time?
 Yes No

You must complete a separate Pre-Closure form for each well type that you plan to close even if you are closing a well that is registered for more than one well type.

In some cases, additional text will appear based on answers user has provided to other questions.



Pre-Closure Notification

Section 2: Parts B-C

[Section 1](#) **Registered UIC Well Pre-Closure Notification - Transaction #215692 - UIC Registration # MAS11A008301-5C2**

[Section 2](#)

B. Facility Information

Facility Name	215500 GSHP OLOD YYNYYYN				
Address	215500 GSHP OLOD YYNYYYN				
City/Town	AMHERST	State	MA	Zip Code	01002-0000
Company Name		NAICS/SIC Code #	545234		
Phone #		Email	2@3.com	PWS ID#	
Mailing Address	215500 GSHP OLOD YYNYYYN				
City/Town	AMHERST	State	MA	Zip Code	01002-0000

C. Preparer Information

First Name		Last Name			
Address					
City/Town		State		Zip Code	
Email					
MA Engineer License #(if applicable)		LSP #(if applicable)			

Contact Person: [Click here if the Contact Person is same as Preparer](#)

First Name		Last Name	
Phone #		Fax	
Email			

Operator Info: [Click here if the Address of Operator is same as Preparer](#)

First Name	215500 GSHP OLOD YYNYYYN	Last Name	215500 GSHP OLOD YYNYYYN		
Address	215500 GSHP OLOD YYNYYYN				
City/Town	AMHERST	State	MA	Zip Code	01002-0000
Email					

Owner Info: [Click here if the Address of Owner is same as Preparer](#)

First Name	215500 GSHP OLOD YYNYYYN	Last Name	215500 GSHP OLOD YYNYYYN		
Address	215500 GSHP OLOD YYNYYYN				
City/Town	AMHERST	State	MA	Zip Code	01002-0000
Email	2@3.com				

Some fields are filled in automatically from the eDEP database based on the Registration Number you provided on the lookup screen.



Pre-Closure Notification

Section 2: Parts D-E

D. Status of Proposed Discharge or Well Closure Activities

Current status of discharge(s) or well(s) being closed (check all that apply)

Discharge still active
 Discharge discontinued
 Conversion Completed
 Entry points abandoned (physically decommissioned)
 Injection well abandoned (physically decommissioned)

Proposed date of well closure/conversion

Date that closure/conversion was completed (if applicable)

Is the closure of the well(s) or activity(ies) being required by a federal, state, or local entity?
 Yes No

Is the applicant requesting a waiver of the 30 day waiting period?
 Yes No

If Yes, why?

E. Injection Well(s) or Activity(ies) Being Closed

Registration:
 Individual Area (multiple wells with same well codes)

Well Category: *Ground Source Heat Pump* Well Type: *open-loop - open doublet* Number of Wells

Check the corresponding box for each well location being closed:

Well Identification Number	Latitude	Longitude	Close?
1	21 N (e.g. 42.355767)	12 W (Do not enter (-) sign in front of value, e.g. 71.060996)	<input type="checkbox"/>

Number of Entry Points to System before closure

Number of Entry Points proposed for closure

Number of Entry Points to System after closure

Proposed or previously completed well closure activities (check all that apply)

Clean out well(s)
 Sample fluids/sediments in/below the well
 Remove well(s) and any contaminated soil
 Appropriate disposal of remaining fluids/sediments
 Conversion to other well type
 Well and entry points abandoned (physically decommissioned)
 Partial Closure
 Sample fluids/sediments from the area surrounding the injection well (as applicable)
 Other (describe)

For closure of an existing registered well, a checkbox is used to indicate which wells are being completely closed relative to the Well Category and Well Type associated with the UIC Registration Number.

Note that closing a well to a particular Well Category and Well Type does not necessarily mean that the well has been physically closed to all other types of use.



Pre-Closure Notification

Section 2: Part F

Well driller information is required if the closure activity involves a drilled well. If you do not have this information, contact the DEP at ASK.UIC@State.MA.US. The DEP also provides a list of Drillers and their Registration Numbers on the DEP website here: <http://www.mass.gov/eea/agencies/massdep/water/drinking/well-drillers-program.html> (both Excel and PDF versions of the file are available on the website)

F. Registered Well Driller (if applicable)

Does the well construction or closure activity involve a drilled well?

Yes No

First Name

Last Name

Company Name

Phone #

Massachusetts Well
Driller Registration #

Email

<< Prev

Error Check & Next



Well Monitoring Report Geothermal



MassDEP's Online Filing System

UIC Registered Well Monitoring Report - Transaction #215693

Error Check

Save

Print

Exit

UIC Registered Well Monitoring Report - Transaction #215693 - UIC Registration # MAS11A008309-5C2

A. Residential Property Information

Property name
Address
City/Town State Zip Code

B. Injection Well Information

Well Category: GROUND SOURCE HEAT PUMP

Well Type: OPEN-LOOP - OPEN DOUBLET

Information Verified

Type of Analysis	Check here if attaching electronic copy of laboratory results	Check here if mailing laboratory results to MassDEP
GSHP – raw water	<input type="radio"/>	<input type="radio"/>
GSHP – post heat pump bacteria	<input type="radio"/>	<input type="radio"/>
GSHP – post heat pump lead & copper	<input type="radio"/>	<input type="radio"/>

Error Check & Next



Well Monitoring Report MV-Rinse



MassDEP's Online Filing System

UIC Registered Well Monitoring Report - Transaction #216258

Error Check

Save

Print

Exit

UIC Registered Well Monitoring Report - Transaction #216258 - UIC Registration # MAS11A008302-5H3

A. Residential Property Information

Property name
Address
City/Town State Zip Code

B. Injection Well Information

Well Category: MOTOR VEHICLE RELATED

Well Type: RINSE WATER, SNOW/ICE MELT OR RAIN DRIP

Information Verified

Type of Analysis	Check here if attaching electronic copy of laboratory results	Check here if mailing laboratory results to MassDEP
Post closure results (may include sludge, soil and water analyses)	<input type="radio"/>	<input type="radio"/>



Well Monitoring Report Other-Non Contact Cooling Water

UIC Registered Well Monitoring Report - Transaction #216259

Error Check

Save

Print

Exit

UIC Registered Well Monitoring Report - Transaction #216259 - UIC Registration # MAS41A018316-5A19

A. Residential Property Information

Property name	WS06 O PWWD 216002		
Address	221 PELHAM ROAD		
City/Town	AMHERST	State	MA
Zip Code	01002-0000		

B. Injection Well Information

Well Category: OTHER Well Type: NON-CONTACT COOLING WATER RETURN FLOW

Information Verified

Type of Analysis	Check here if attaching electronic copy of laboratory results	Check here if mailing laboratory results to MassDEP
Non-contact cooling/heating water – testing for additive concentration (if applicable)	<input type="radio"/>	<input type="radio"/>



Completion of Construction

UIC Well Completion of Construction Notification - Transaction #216109

Error Check

Save

Print

Exit

UIC Well Completion of Construction Notification - Transaction #216109 - UIC Registration # MAS41A018316-5A19

Date construction completed:

Date well put into use if different than the date listed above:

Was there any information that was unavailable or missing in the original UIC application (i.e. well depth, depth to water table/bedrock)?

Yes No

Has any of the information that was submitted with the original UIC application (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 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, and any of the attachments previously submitted. Yes No

If you answered yes to either of the previous questions, you must complete a BRP WS06 Modification or Well Conversion form, completing only those portions of the form, and resubmitting only those attachments, that were modified:


For drilled wells attach the well driller's Well Completion Report.

Attach laboratory analytical results for raw water samples (required for open-loop ground source heat pump (GSHP) wells and water purification injection wells) and post treatment/process/heat pump bacteria samples (required for open-loop GSHP wells).

Error Check & Next



Post-Closure Notification



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Preform

Preform: UIC Well Post-Closure Notification

Please Identify Your UIC.

The UIC Registration Number was assigned by MassDEP upon successful review of your initial BRP WS06a,b,c or BRP WS06e registration application. This is not your transmittal number from your original submission.

UIC Registration Number
(required):

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Post-Closure Notification Section 1



MassDEP's Online Filing System

UIC Well Post-Closure Notification - Transaction #216275

Error Check

Save

Print

Exit

[Section 1](#)

[Section 2](#)

UIC Well Post-Closure Notification - Transaction #216275 - UIC Registration # MAS11A008305-5C2

A. Residential Property Information

Property name

Address

City/Town

State

Zip Code

B. Preparer Information

First Name

Last Name

Address

City/Town

State

Zip Code

Email

MA Engineer

LSP #

License #

(if applicable)

Contact Person:

[Click here if the Contact Person is same as Preparer](#)

First Name

Last Name

Phone #


Email

<< Prev

Next >>



Post-Closure Notification Section 2

 MassDEP's Online Filing System

UIC Well Post-Closure Notification - Transaction #216275

Error Check Save Print Exit

[Section 1](#)
[Section 2](#)

UIC Well Post-Closure Notification - Transaction #216275 - UIC Registration # MAS11A008305-5C2

C. Well Closure Option Selected and Required Activities

(as per MassDEP-UIC Program):

Does the closure include Floor Drain(s)?
 Yes No

You must select one of the following options:

Option - Sealing: Plug point of entry, if applicable (see 248 CMR 2.09). Submit copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain** (where applicable)
Plumbing Permit # Date of Plugging

Option - Industrial Wastewater (IWW) Holding Tank (314 CMR 18.00): Connect discharge to a Certified holding tank meeting appropriate MassDEP requirements. Submit -Floor plan with holding tank and floor drain location(s)
Tank ID # Date of Connection
IWW Holding Tank Certification Transmittal # Date of Certification Application Submittal

Option - Sewer or Stormwater: Connect discharge to municipal sanitary sewer or stormwater drainage system. Submit Sewer or Stormwater discharge permit # or letter of approval from the Issuing Authority.
Permit # (if required) Date of Approval to Connect Date of Connection
Name of Issuing Authority

Option - 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). Specify and attach a sheet with additional information:
Specify Option Selected

Permit # (if required) Approval Date Closure Date



Post-Closure Notification Section 2

Submit all screening and Analytical Results: This information must be submitted in accordance with criteria specified in the document entitled "Massachusetts Closure Requirements for Shallow Injection Wells."

Facilities Waste Management Plan: When required via the issuance of an enforcement order from the MassDEP's UIC program or in response to your Pre-Closure submittal from the MassDEP's UIC program, a waste management plan specifying methods to be used to properly collect, store, and dispose of all potentially hazardous wastes must be submitted.

Submit copy of Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain (where applicable).

Date of Well Closure(s)

Was there any information that was unavailable or missing with the original UIC application (i.e. well depth, depth to water table/bedrock)?

Yes No

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 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, and any of the attachments previously submitted.

Yes No

If you answered yes to either of the previous questions, you must complete a BRP WS06 Modification or Well Conversion form, completing only those portions of the form, and resubmitting only those attachments, that were modified.

Comment:

<< Prev


Error Check & Next



Proposal for Chemical Use in a UIC Class V Well

If you do not know the CAS number for the chemical you are entering into the form, you may use the lookup tool located here:

<http://chem.sis.nlm.nih.gov/chemidplus/>

 MassDEP's Online Filing System

Proposal for Chemical Use in UIC Class V Well - Transaction #215577

Error Check Save Print Exit

Proposal for Chemical Use in UIC Class V Well - Transaction #215577 - UIC Registration # N/A

The MassDEP UIC Program requires the following information be provided by any applicant seeking approval for chemical use, including chemicals for scale inhibitors, corrosion inhibitors, well rehabilitation or cleaning, cooling towers, etc.

A. Proposed use of chemicals/additives that will enter the discharge water:

Chemical Name	CAS Number	Dry chemical use per year (pounds)	Liquid chemical use per year(gallons)	Chemical concentration in discharge(milligrams per liter (mg/L))	
					Delete

Add Row

B. Will there be chemical monitoring before and/or after application?
 Yes No

If yes, provide a brief description of the type and frequency of monitoring:


C. Provide Material Safety Data Sheets (MSDS) or Environmental Data Sheets (EDS).

D. Decomposition and chemical reaction by-products at 20°C and at maximum temperature and maximum pH and minimum pH expected to be encountered (including the by products of chemical reactions within the discharge water and from reactions with the groundwater):

Error Check & Next



Post-Closure Section 1: Parts A-B

 MassDEP's Online Filing System

UIC Well Post-Closure Notification - Transaction #215696

[Section 1](#)
[Section 2](#)

UIC Well Post-Closure Notification - Transaction #215696 - UIC Registration # MAS11A008309-5C2

A. Residential Property Information

Property name
Address
City/Town State Zip Code

B. Preparer Information

First Name Last Name
Address
City/Town State Zip Code
Email
MA Engineer License # LSP # (if applicable)
Contact Person:
First Name Last Name
Phone # Email

<< Prev

Next >>



Post-Closure Section 2: Part C 1 of 2

UIC Well Post-Closure Notification - Transaction #215696

Error Check Save Print Exit

[Section 1](#)
[Section 2](#)

UIC Well Post-Closure Notification - Transaction #215696 - UIC Registration # MAS11A008309-5C2

C. Well Closure Option Selected and Required Activities

(as per MassDEP-UIC Program):

Does the closure include Floor Drain(s)?
 Yes No

You must select one of the following options:

Option - Sealing: Plug point of entry, if applicable (see 248 CMR 2.09). Submit copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain** (where applicable)
Plumbing Permit # Date of Plugging

Option - Industrial Wastewater (IWW) Holding Tank (314 CMR 18.00): Connect discharge to a Certified holding tank meeting appropriate MassDEP requirements. Submit -Floor plan with holding tank and floor drain location(s)
Tank ID # Date of Connection
IWW Holding Tank Certification Transmittal # Date of Certification Application Submittal

Option - Sewer or Stormwater: Connect discharge to municipal sanitary sewer or stormwater drainage system. Submit Sewer or Stormwater discharge permit # or letter of approval from the Issuing Authority.
Permit # (if required) Date of Approval to Connect Date of Connection
Name of Issuing Authority

Option - 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). Specify and attach a sheet with additional information:
Specify Option Selected

Permit # (if required) Approval Date Closure Date



Post-Closure Section 2: Part C 2 of 2

Submit all screening and Analytical Results: This information must be submitted in accordance with criteria specified in the document entitled "Massachusetts Closure Requirements for Shallow Injection Wells."

Facilities Waste Management Plan: When required via the issuance of an enforcement order from the MassDEP's UIC program or in response to your Pre-Closure submittal from the MassDEP's UIC program, a waste management plan specifying methods to be used to properly collect, store, and dispose of all potentially hazardous wastes must be submitted.

Submit copy of Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain (where applicable).

Date of Well Closure(s)

Was there any information that was unavailable or missing with the original UIC application (i.e. well depth, depth to water table/bedrock)?

Yes No

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 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, and any of the attachments previously submitted.

Yes No

If you answered yes to either of the previous questions, you must complete a BRP WS06 Modification or Well Conversion form, completing only those portions of the form, and resubmitting only those attachments, that were modified.

Comment:

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Error Check & Next



Mandatory Closure Child Form



MassDEP's Online Filing System

Mandatory Closure Notification - Transaction #215718

Error Check

Save

Print

Exit

Mandatory Closure Notification - Transaction #215718 - UIC Registration # MAS11A008305-5C2

Entity requiring the mandatory closure:

- DEP
- EPA
- Local (check the applicable local entity):
 - Board of Health
 - Planning Board
 - Plumbing Inspector
 - Conservation Commission

Enter the following information from the enforcement letter/notice that you received:

Contact name for issuing authority:

Telephone number:

Date issued:

Pre-Closure compliance deadline:


Closure compliance deadline:

Deadline for registration of UIC well:

Error Check & Next



Non-Consumptive Use Request 1 of 2

 MassDEP's Online Filing System

Determination of Non-Consumptive Use Request - Transaction #215873

Determination of Non-Consumptive Use Request - Transaction #215873 - UIC Registration # MAS11A008309-5C2

A. Facility Information

Facility Name

Address

City/Town State Zip Code

Facility Contact Person:

First Name Last Name

Email (optional)

B. Withdrawal Information

1. Design maximum daily withdrawal volume gallons per day

2. Existing or proposed maximum number of days per year of withdrawal (days of operation) days per year

3. Existing or proposed average daily withdrawal volume (based upon number of days of operation per year) gallons per day

4. Attach a copy of a USGS Quadrangle Map showing the location of the withdrawal point(s) (WP) and discharge point(s) (DP) and system bleed point(s) (BP) (if applicable).

5. Attach a schematic drawing indicating WP, DP and BP and distances between (in feet).

6. In the following table indicate the depth interval of the WP, DP, and BP and type of aquifer or surface water (i.e. sand & gravel, confined sand & gravel, bedrock, river, stream, lake, stormwater, shallow infiltration, etc.). Note: For a groundwater WP, DP, or BP, the depth interval should be the well screen interval (for confined and unconfined sand and gravel aquifers) or the interval of open borehole beneath the protective surface casing (for bedrock aquifers). If the WP and DP are in the same well and are open to the identical depth interval then enter "same" under the depth interval column for the DP location.

Location	Depth or depth interval of withdrawal or discharge (feet below ground or water surface)	Type of aquifer or surface water
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Non-Consumptive Use Request 2 of 2

Location	Depth or depth interval of withdrawal or discharge (feet below ground or water surface)	Type of aquifer or surface water
WP	<input type="text"/>	<input type="text"/>
DP	<input type="text"/>	<input type="text"/>
BP (if applicable)	<input type="text"/>	<input type="text"/>

7. What is the proposed or existing use of this water?

8. Is there an existing or planned system bleed point (BP) that is not the same location as the DP (Note: typical Title 5 or MassDEP permitted discharges of sanitary wastewater that may be generated from a dual purpose WP are not considered system bleed)?

Yes No

9. If there is an existing or proposed BP, answer the following questions:

a. Design maximum daily bleed volume

gallons per day

b. Maximum number of days per year system will be bled

days

10. Attach copy of laboratory reports on water quality test results (standard analyses) for WP and DP waters (temperature is a critical submittal).

Error Check & Next



Underground Injection Control Technical Compliance Forms

- The Underground Injection Control Technical Compliance Forms have not yet been added to the eDEP child forms. The technical compliance form applicable to your UIC well type should be downloaded from the following MassDEP web page and a copy of the completed form should either be uploaded with your eDEP UIC registration application submittal or the original should be mailed to MassDEP:

<http://www.mass.gov/eea/agencies/massdep/water/approvals/underground-injection-control-technical-compliance-forms.html>



Additional Information

The following information may be obtained here:

<http://www.mass.gov/eea/agencies/massdep/water/drinking/underground-injection-control.html>

- **UIC Well Type Descriptions**
- **UIC Class V Well Registration Application Fee Table**
- **eDEP UIC General Guidance**
- **More detailed instructions and technical requirements are provided in the documents that start with the word "Instructions"**