



BRP WS 06d Pre-Closure of Previously Registered UIC Well

Note: This application form only applies to Class V UIC wells that were previously issued a UIC registration number by Massachusetts Department of Environmental Protection (MassDEP). This form does not apply to the closure of unauthorized motor vehicle waste disposal, abandoned, cesspool (with design capacity of 2,000 gallons per day or greater), or radioactive waste disposal wells.

Refer to the instructions and supporting materials document that corresponds to this UIC Pre-Closure form for detailed instructions regarding the completion of this form and the required attachments.

Transmittal Number (not required for 1 to 4 unit residential applications)

Transmittal #

A. Registration Category & Fee

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



Registration Category

1. Identify the type of registration activity you are conducting (check one):

a. Pre-Closure of a Registered UIC Well(s)

b. Pre-Closure of a Registered UIC Well(s) and Conversion to New Well Type

Note: Conversion also requires submittal of a separate registration application for the new well type.

Enter UIC Registration Number (required):

UIC Registration #

Basic Well Information

Is the facility serviced by the UIC well(s) **both**:

a. For four (4) residential units or fewer;
and,

b. Only used for residential purposes? Yes No

UIC Registration Fee

Notes:

For Pre-Closure of More than One UIC Registration Number – Only one UIC registration number shall be submitted per BRP WS06d Pre-Closure application form. A separate Pre-Closure application, payment transmittal form, and applicable fee shall be submitted for the closure of wells registered under each UIC registration number even if one UIC well has been assigned more than one UIC registration number based upon multiple combinations of Well Category and Well Type discharges.

For Conversion of Registered Wells - If your application is for the conversion of a well you shall submit a separate registration application form, payment transmittal form, and applicable fee for each type of new UIC discharge. One application shall be submitted for the proposed converted new use and this Pre-Closure form shall be completed for the closure of the previously registered well use.

Fee: The pre-closure notification application fee is **\$110**.



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A. Registration Category & Fee (cont.)

Exceptions: If you answered “yes” to the “Basic Well Information” question above then you must check the instructions and supporting materials document for this form to determine whether you must pay the \$110 fee or whether you are fee exempt. If the well(s) is owned by a local or regional government the fee is **\$0**. If the well(s) is owned by the Commonwealth of Massachusetts, the standard fees indicated above apply.

Enter fee here: \$ _____

Annual Compliance Fee: Currently there is no annual compliance fee associated with this Registration.

B. Residential/Facility Information

Facility/Residential Property Name _____

Facility/Residential Street Address _____

City/Town _____

State _____ Zip Code _____

Additional information (for facilities only):

Company Name (if appropriate) _____

(MassDEP Use Only) Facility # _____

Facility Public Water Supplier (PWS) ID# (if appropriate) _____

NAICS or SIC Code # (if applicable) _____

Facility Telephone Number _____

Facility Mailing Address (if different from street address): _____

City/Town _____

State _____ Zip Code _____

EPA Hazardous Waste Generator ID # (if applicable) _____

EPA Hazardous Waste Generator ID # (if applicable) _____

Tenant Name (if applicable) _____

Tenant's EPA Haz. Waste Gen. ID# (if applicable) _____

C. Current Status of Activity(ies) Being Closed (check one)

Not yet closed/converted

Discharge discontinued but closure activities not completed

Proposed closure activities completed

Date closure completed _____

Is the applicant requesting a waiver of the 30-day waiting period for closure applications?

Yes No

If you answered “yes” to this question, indicate your reasons for requesting the waiver in a cover letter attached to this application.

D. Owner/Operator Information

Name of Owner _____

Address of Owner (enter “same” if same as facility) _____

City/Town _____

State _____ Zip Code _____

Owner Email _____



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D. Owner/Operator Information (cont.)

Owner's Legal Contact	Legal Contact Phone	Legal Contact Fax #		
Name of Operator (if different from owner)	Address of Operator (enter "same" if same as facility)			
City/Town	State	Zip Code		
Operator Email				
Operator's Legal Contact	Legal Contact Phone	Legal Contact Fax #		
Ownership Type (choose one):				
Private:	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Residential
Public:	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> State	<input type="checkbox"/> Federal

E. Designer (of the Closure Activities)

Designer's name	Name of Company	
Massachusetts Engineer License Number if applicable)	Phone number	Designer email
LSP# (if applicable)	National 3rd party or manufacturer approval and ID number (if applicable)	

F. Installer (Well Closure Contractor)

Installer's name	Name of Company	
National 3rd party or manufacturer approval and ID number (if applicable)		
Installer email	Phone number	

G. Preparer Information

Preparer name	Preparer Address	
Preparer City/Town	State	Zip Code
Preparer's email	Phone number	
Massachusetts Engineer License Number (if applicable)	LSP# (if applicable)	

H. Registered Well Driller (if applicable)

		MassDEP Well Driller Registration Number
Well driller's name	Phone number	
Name of company	Company Reg. #	Well Driller Email



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I. Site Information

Well(s) Selected for Closure:

Only enter the location of wells that are proposed for either complete or partially closure that are currently registered under the UIC registration number that you entered near the top of page 1.

Note: Latitude & Longitude are required data. Well ID# is assigned by you and each well should have a unique ID#. Please check the closure box for any well(s) being completely closed to the well category and well type associated with this registration application.

If you need additional well locations, please provide all information on a separate sheet.

If you do not have access to a GPS unit, see the Instructions to this form for Internet tools that may be used to select well locations.

Well ID (name and/or number)	Latitude in Decimal Degrees (e.g., 42.355767)	Longitude in Decimal Degrees (e.g., -71.060996)	Check here if well is either being physically closed or if all entry points (discharges) associated with this well category and well type will be discontinued.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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

Location Type (check one):

- Approximate location of well
- Approximate center of area where discharge is located (i.e. center of drainfield or trench)

Accuracy – Estimated horizontal accuracy is less than (check one):

- +/-100 feet
- +/- 500 feet
- +/- 1,000 feet

Attachments:

See instructions for this registration form for more details regarding the necessary attachments. Include the following:

- Existing Analytical Data
- Narrative Statement



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

Note: All UIC Well Closures must be done in accordance with *Massachusetts Closure Requirements for Underground Injection Control (UICs) Wells (including shallow injection wells)* (MassDEP Guidance #: BRP/DWM/DW/G04-3). The laboratory analytical work discussed in this document was developed specifically for the closure of motor vehicle waste disposal wells. Therefore, the laboratory analytical parameters for all other UIC Well Types shall be determined based upon the known and suspected types of contaminants that may have entered the well(s). For many well types, if the well(s) was properly operated and maintained throughout its existence, no laboratory analytical work will be required.

Is the closure being required by a federal, state, or local entity? Yes No

If yes, which entity? _____

If you answered "yes" to the previous question please provide the following contact information for the regulatory entity:

Contact Name for regulatory entity _____ Contact Phone number _____

Number of Wells Being Closed with this Application: _____

Will this proposed closure activity result in the complete closure of all wells associated with the existing UIC registration number? Yes No

If you answered "no" to the above question, how many wells of this well category and well type will remain after the proposed closure activities have been completed? _____

Will the closure activities include the closure of one or more floor drains or plumbing alterations to redirect the discharge to a municipal sewer connection or industrial wastewater holding tank (IWHT)? Yes No

If you answered yes you shall contact the local plumbing inspector to obtain the necessary plumbing permits/approvals and shall coordinate the scheduling of floor drain closure/plumbing alterations work with the plumbing inspector. You will be required to submit a copy of **Form WS1: Notice of Plumbing Inspector Approval to Seal Floor Drain** with your Post-Closure Notification Form. If applicable you shall also be required to submit copies of applicable municipal approvals for connecting your floor drains to the municipal sewer system or that you have applied for a MassDEP IWHT Certification.



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J. Injection Well(s) or Activity(ies) Being Closed (cont.)

The following three (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 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 the bottom of the injection well(s).

Remove well(s) and any contaminated soil

Appropriate disposal of remaining fluids/sediments

Conversion to other Well Category/Type _____
Well Category/Well Type

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

Well and all entry points physically decommissioned

Partial Closure (some but not all entry points eliminated or well(s) still in use for other types of discharge)

Sample fluids/sediments from the area surrounding the injection well(s) (as applicable)

Other: _____

Proposed Laboratory Analytical Parameters for Soil Sampling Activities:

VOCs (EPA method 8260C) VPH EPH Metals (As, Ba, Cd, Cr, Pb, Hg, Ni, Se, Zn)

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Other Soil Sampling Parameter

Proposed Laboratory Analytical Parameters for Groundwater Sampling Activities:

Groundwater Sampling Parameter #1

Groundwater Sampling Parameter #2

Groundwater Sampling Parameter #3

Groundwater Sampling Parameter #4

Groundwater Sampling Parameter #5

Groundwater Sampling Parameter #6



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K. Certifications

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

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 and agree to the conversion or closure of the discharge well(s) described in this application.

Signature of Owner

Date

Printed Name

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)