



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

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



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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”.



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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)