



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT TO
CONSTRUCT ____
MAINTAIN ____
AN INJECTION WELL

Under the Provisions of Title 42, Chapter 39 of the Idaho

I. GENERAL INFORMATION

A. Name and Address of Legal Contact () Owner () Operator

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone No. _____

Facility Name and Location (if different than above)

Name _____

Address _____

City _____ State _____ Zip Code _____

B. Location of Well (attach map see item II L)

Township ____ Range ____ Section _____, ____ 1/4 ____ 1/4 ____ 1/4 Lot _____

Subdivision Name _____ Block _____ Lot _____

County _____

C. Is facility located on Indian Lands? Yes () No ()

D. Injection Well Classification

- 1. Depth of well: _____ Less than or equal to 18 feet below land surface
- _____ Greater than 18 feet below land surface

2. Classification: _____ (see list below)

- | | | | |
|------|--------------------------------------|------|--------------------------------|
| 5A5 | Electric Power Generation | 5W10 | Cesspools |
| 5A6 | Geothermal Heat | 5W11 | Septic Systems (General) |
| 5A7 | Closed-Loop Heat Pump Return | 5W12 | Water Treatment Plant Effluent |
| 5A8 | Aquaculture Return Flow | 5W20 | Industrial Process Water |
| 5A19 | Cooling Water Return | 5W31 | Septic Systems (Well Disposal) |
| 5B22 | Saline Water Intrusion Barrier | 5W32 | Septic Systems (Drainfield) |
| 5D2 | Storm Runoff | 5X13 | Mine Tailings Backfill |
| 5D3 | Improved Sinkholes | 5X14 | Solution Mining |
| 5D4 | Industrial Storm Runoff | 5X15 | In-Situ Fossil Fuel Recovery |
| 5F1 | Agricultural Runoff Waste | 5X16 | Spent Brine Return Flow |
| 5G30 | Special Drainage Water | 5X25 | Experimental Technology |
| 5N24 | Low-level Radioactive Waste Disposal | 5X26 | Aquifer Remediation |
| 5R21 | Aquifer Recharge | 5X27 | Other Wells |
| 5S23 | Subsidence Control | 5X28 | Service Station Waste |
| 5W9 | Untreated Sewage | 5X29 | Abandoned Drinking Water Wells |

II. TECHNICAL DATA

- A. Description of injection well, if bored, drilled or driven
If well has not been constructed:

Well Bore: Diameter _____ inches Depth _____ feet

- B. Description of injection well, if bored, drilled or driven
If well is constructed:

Well Bore: Diameter _____ inches Depth _____ feet

Surface Casing: diameter _____ inches Depth _____ feet

Perforation depth: from _____ feet to _____ feet

Surface seal: () No () Yes, Type _____ Depth _____ feet

Secondary casing, if applicable:

Diameter _____ inches

Initial depth _____ feet Terminal depth _____

Seal type _____ Packer depth _____

Well Log available () No () Yes (if yes, attach a copy)

Driller's Name/Address _____

Month, Day, Year, Drilled _____

- C. Description of injection well, if dug

Surface dimensions _____ feet, by _____ feet, or Diameter _____ inches

Depth _____ feet Filler material, if any _____

Date constructed: _____

Name/address of contractor _____

- D. Distance to nearest domestic well _____ miles

Direction to nearest domestic well _____

Depth to ground water _____

- E. Frequency of Injection _____ Continuous _____ Seasonal _____ Intermittent

Maximum Average Weekly Rate of Injection _____ gpm

Maximum Capacity _____ gpm

- F. Are hazardous wastes, as defined in 40 CFR, Part 261, present in the injected fluids? (excluding 5F1) ___ Yes ___ No

If yes, attach RCRA numbers for constituents identified as hazardous (see 40 CFR, Part 261 of the Federal Register):

G. If well is class 5F1, (Agricultural Runoff Waste) or class 5D, (Surface runoff):

Method of irrigation for (for class 5F1): ___gravity ___sprinkler

Use of lands in drainage area:

Pesticides/fertilizers/chemicals used (type and quantity) _____

Approximate Drainage area: _____ acres

Settling pond at injection site? () No () Yes, size _____

Screening structure at well? () No () Yes, Size and mesh _____

H. If well is class 5W20, (Industrial Process Waste) or other industrial waste:

Type of Waste _____

Describe Treatment prior to injection: _____

(Attach statement describing the complete physical, chemical and microbiological quality of the fluids.)

I. Description of the type of business and the principal products _____

J. Alternate methods of disposal that have been considered _____

K. Why were they rejected? _____

L. Attach a topographic map or aerial photo showing area within a one mile radius, to include:

- a. Location of injection well described herein and associated facilities (drain ditches, settling pond, etc.),
- b. Other injection wells and associated facilities,
- c. Approximate drainage area (if applicable),
- d. Intake and discharge or injection structures (if applicable),
- e. Hazardous waste facilities,
- f. All drinking water wells,
- g. All other wells, springs and surface waters.

III. A. Any request to treat any document or portion thereof as a trade secret as defined under Chapter 8, Title 48, Idaho Code shall be made at the time said document is submitted to the Department. The person making the request shall stamp or otherwise mark each page or item on a page, to which the request applies, with the word "confidential."

Be it know that the undersigned (owner/operator) hereby makes Application for Permit to Construct or Maintain a Waste Disposal and Injection Well. The above information is true and correct to the best of my knowledge.

Date Signature and Title

B. Action of the Department of Water Resources

I have examined Application No. _____ and said application is hereby _____ subject to the attached conditions.

Witness my hand this _____ day of _____ 19_____

Official, Idaho Department of Water Resources

Title

For Department Use Only

Received by _____ Date _____ Reviewed by _____

Fees _____ Received by _____ Receipt No. _____

Forwarded to S. O. _____

Notice of completion received _____

Field Inspection _____