



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality

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UNDERGROUND INJECTION CONTROL (UIC) WELL
APPLICATION FORM
FOR CLASS V WELL ONLY

(Please type or print clearly)

PROHIBITED ACTIVITIES

No person shall construct, install, operate or maintain any CLASS I, II, III, IV injection well. Please consult CNMI UIC regulations for more details.

FOR DEQ USE ONLY	
APPLICATION NO.:	
DATE RECEIVED:	
RECEIPT NO.:	
RECEIVED BY:	

SECTION 1 APPLICANT INFORMATION

- 1.1 Name: _____
- 1.2 Project Name: _____
- 1.3 Mailing Address: _____
- 1.4 Telephone Number: _____ Fax Number: _____

SECTION 2 AUTHORIZED REPRESENTATIVE (attached authorizing letter from applicant)

- 2.1 Name: _____
- 2.2 Mailing Address: _____
- 2.3 Telephone Number: _____ Fax Number: _____

SECTION 3 TYPE OF FLUID/PURPOSE OF INJECTION* (please check one)

- 3.1 Reverse Osmosis Brine - estimate volume/day _____
- 3.2 Stormwater Run-Off
- 3.3 Groundwater Remediation (if area permit, # wells) _____
- 3.4 Other (please specify type and purpose) _____

* IWDS/OWTS that serve more than 20 people are UIC wells but do not require separate permit.

SECTION 4 LOCATION OF PROPOSED WELL(S)

- 4.1 Submit copy of CNMI registered surveyors plot of benchmarks for location and elevation of proposed injection well(s).
- 4.2 Submit vicinity map showing injection well location, village, applicable landmarks, and roads.

SECTION 5 TYPE OF CONSTRUCTION (please check one)

- 5.1 Standard Injection Well (submit cross section of injection well that includes elevation of well, well construction, depth to fresh water and sea water, depth of injection zone).
- 5.2 Holding Tank/Leach Field (submit CNMI certified engineers plan for leach field design, results of percolation test, calculations).
- 5.3 Seepage Pit (submit CNMI certified cross section and dimensions of seepage pit).

SECTION 6 INJECTION PRESSURE/RATE OF FLOW

If applicable, submit information on injection pressure and pumping rate of disposal of injected fluid. Attach results of pumping test, or other method of determining reservoir pressure.

SECTION 7 APPLICANT ACKNOWLEDGMENT AND SIGNATURE

BEFORE THIS APPLICATION CAN BE PROCESSED, YOU, THE APPLICANT, MUST ATTEST TO THE FOLLOWING:

I, _____ (print), AS THE APPLICANT OR AUTHORIZED REPRESENTATIVE FOR THIS UNDERGROUND INJECTION PERMIT. HEREBY STATE THAT I HAVE KNOWLEDGE OF THE FACTS HEREIN SET AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT COMPLIANCE WITH THE ABOVE REQUIREMENTS IS A GENERAL REQUIREMENT FOR ALL DEQ PERMITS.

SIGNATURE: _____

DATE: _____