

USEPA REGION 2 SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING EPA FORM 7520-16 (Rev. 4-19) INVENTORY OF INJECTION WELLS

(IMPORTANT: Must be Used in Conjunction with the Instructions on
“Owner or Operator Online Form for Inventory of Injection Wells (7520-16)”
and
with the “USEPA Region 2 List of Injection Well Classes & Types”)

See below links and/or attached documents

[“Owner or Operator Online Form for Inventory of Injection Wells \(7520-16\)”](#)

[“USEPA Region 2 List of Injection Well Classes & Types”](#)

The Region 2 UIC website is:

<https://www.epa.gov/uic/underground-injection-control-epa-region-2-nj-ny-pr-and-vi>

SECTION 1. DATE PREPARED: Enter date in order of year, month, and day.

SECTION 2. FACILITY ID NUMBER: Leave blank. EPA will assign an Underground Injection Control (UIC) program ID number for the Facility. However, if you are updating/revising previously submitted inventory information provide the UIC number if known.

SECTION 3. FACILITY INFORMATION: Also see **Form Instructions**. Provide a phone number **and** an email.

SECTION 4. LEGAL CONTACT INFORMATION: Also see **Form Instructions**. Provide the name, title, phone number **and** an email. For Organization, include the name of organization and type (LLC, corporation, partnership, individual, etc). If the legal contact you are identifying owns the land, check Owner. If the legal contact you are identifying owns and/or operates the business but someone else owns the land, check Operator. For wells operated by lease, the operator is the legal contact.

SECTION 5. LOCATIONAL INFORMATION: Also see **Form Instructions**. Provide the Latitude and Longitude of the Facility where the well(s) are located; or, if no Facility, provide the Latitude and Longitude of the well(s). Latitude and Longitude coordinates can be obtained utilizing a free web-based mapping service such as <https://getlatlong.net/>. Provide the Latitude and Longitude in decimal degrees to five or six places if possible. It is not necessary to fill in the Surface Location information.

SECTION 6. WELL INFORMATION: **Important:** Under **section 6A** Class and Type, use the attached or linked table [“USEPA Region 2 List of Injection Well Classes & Types”](#) to determine the “Class” and “Type”. (Class I-IV and VI are on pages 1-2; Class V are on pages 3-6). **Note:** The first and second entry cells of the Online form only accept one digit. For the Well *Class* (as defined in 40 CFR 144.6) in the first cell enter the appropriate *numerical* (1 through 6) value. For the Well *Type* in the second cell, enter an asterisk, and in the Comments section, list the full Well Class and Type Code along with the named Category of Well (example Class: V/Type: 5H1 Storm-water Drainage).

Guidance on selecting Well Class and Type

Select the Well Class(es) and Well Type(s) that most accurately fit the well(s) at your Facility. When reviewing the “[USEPA Region 2 List of Injection Well Classes & Types](#)” and making your determination, be sure to consider all the fluids that have entered, are entering the well or have the potential to enter the well. For example, if stormwater drainage wells discharging to the subsurface located in industrial areas are susceptible to more than insignificant leaks, drips or spills beyond that in typical stormwater runoff at non-industrial facilities, elaborate in the attachment of Additional Information to be separately submitted via email (see below). If Cesspools and Septic Systems have received fluids or are receiving fluids other than sanitary waste (human excreta), select the appropriate Industrial Well Type Code and elaborate with the Additional Information. When selecting Type X, explain in the Comments and elaborate with the Additional Information.

Under **section 6B** Number of Wells, enter the total number of **commercial** and **non-commercial** wells of each class/type, as applicable. A commercial facility is a single or multiple well facility that is specifically engaged in the business of injecting waste fluids generated by third party producers that is originated off-site and transported to the facility by truck for a fee or compensation.

Under **section 6C** Total Number of Wells, enter the total number of injection wells of each specified class and type.

Under **section 6D** Well Operation Status, Use the Key to enter the number of wells under each operation status.

COMMENTS

Provide the following information:

- Full Well Class and Type as per instructions for 6A, Class and Type;
- Explanation of Type X as per instructions under 6A Guidance on selecting Well Class and Type.

NAME AND OFFICIAL TITLE BOX: Important: In addition to the Name and Title of the submitter, also include the submitter’s Email address and Phone Number in the same box. This person will be the main point of contact for questions relating to this injection well inventory submission.

IMPORTANT: ADDITIONAL INFORMATION

To ensure that the UIC Well(s) at your Facility are accurately inventoried and to review the potential for endangerment to an underground source of drinking water, *at the time of your inventory submittal*, you must also submit via email to the Region 2 UIC inbox (Region2_UIC@epa.gov):

(1) A brief description characterizing your Facility and the types of activities conducted; fluids and waste fluids generated, transported, stored, disposed. Indicate whether the Facility is still an active Facility. Include:

- All SIC and NAICS codes and descriptive code names for the Facility
 - Standard Industrial Classification (SIC)
<https://www.osha.gov/pls/imis/sicsearch.html>

- North American Industry Classification System (NAICS)
<https://www.naics.com/search-naics-codes-by-industry/> or
<https://www.census.gov/naics/>;
- EPA RCRA Site Identification Number, if any;
<https://rcrapublic.epa.gov/rcrainfoweb/action/modules/hd/handlerindex>
- NYSDEC Case Manager Contact Information; NYSDEC Spill No.; NYSDEC Remediation Site No. (i.e., Brownfield Cleanup Program (BCP), State Superfund, etc.); NYSDEC Bulk Storage No.; if any;
<https://www.dec.ny.gov/cfm/xtapps/derexternal/?CFID=18293167&CFTOKEN=47368771&jsessionid=8A4F3376C638BEEA7E135F7429C46202.+p20>
- List relevant local or state permits for the Facility, if any.

(2) A brief description of your injection well(s), where they are located, and what you use each of your injection well(s) for. (Note: wells with the same information may be grouped.) Include:

- NYSDEC SPDES Permit # for each well, if any, and statement on compliance status with SPDES;
- Well Mechanics, if known (drywell, drywell with spill over drywells, leach field, dug hole, subsurface open pipe, temporary injection point, other, undetermined);
- Well Depth, or Range of Depths;
- List any other local or state permits that authorize, monitor, or otherwise affect the reported injection well(s), if any.

(3) A complete description of the types of fluids (nature of the injected fluids) that enter, have entered, or have the potential to enter each of your injection well(s). Describe the *source* of the fluids into the system; list the *types* of fluids that can enter the system, describe the kinds of *treatment* (if any) that the fluids go through before disposal. Be as specific as you can about the kinds of fluids or products that can be drained into the system.

(4) If you have an on-site sanitary waste system such as a Cesspool or Septic System, also provide the following information:

- A description of the system and indicate whether it has treatment such as a septic tank;
- Whether the system serves a business and/or a residential multiple dwelling;
- Whether the system is a community or regional system;
- Indicate the *capacity* the system can serve or serves. As-built plans and system schematics may be subsequently requested.

(5) For Class V (5B6) Beneficial Use – Subsurface Environmental Remediation Wells, also provide the following information:

- For NYS, the date the NYSDEC approved the injection as outlined in the NYSDEC approved remediation plan, if applicable.
- Medium (soil, ground water) being remediated;
- Temporary Points or Permanent;
- What Injecting, Volume, Concentration;
- Contaminants being remediated for, and the source of the contamination;
- Notification to EPA when all wells are permanently closed.

(6) The ownership of the Facility and Business. Provide the *legal contact, property owner* and *business owner* information, if not already provided on Form 7520-16. Name, address, organization, organization type, phone, and e-mail. Provide the name of the town and county where the Facility is located.

(7) Depth to ground water, if known.

(8) Submit the Additional Information **by e-mail** at Region2_UIC@epa.gov addressed to:
Chief, Drinking Water and Ground Water Protection Section
United States Environmental Protection Agency
290 Broadway, 24th Floor
New York, NY 10007-1866

IMPORTANT:

On the **Subject Line** include:

Facility Name and Address as they appear on the submitted “Owner or Operator Online Form for Inventory of Injection Wells (7520-16)” and UICID Number if known.

In the **e-mail body** include:

The Name and Official Title of the submitter, Email address, Phone Number, Organization and Organization Address.

If necessary, hard copies may be mailed to the above address.

If you require assistance, please contact EPA Region 2 at Region2_UIC@epa.gov.