



SHALLOW DISPOSAL SYSTEM INVENTORY
 NORTH DAKOTA DEPARTMENT OF HEALTH
 WATER QUALITY DIVISION
 SFN 59533 (6/2010) revised 12/2015

Return completed form to:
 North Dakota Department of Health
 Division of Water Quality
 918 East Divide Ave. - 4th Floor
 Bismarck, ND 58501-1947
 Telephone Number: 701.328.5210
 Email Address: dkannenber@nd.gov

1. Facility Information			
Facility Name			UIC No. (Provided by NDDH)
911 Location Address	Township	Range	Section/Quarter Section
City	State	ZIP Code	Telephone Number
Facility Contact	Contact Person's Title	Telephone Number	
Facility Manager	Phone	Email Address	
2. Owner Information			
Name			Email Address
Mailing Address			
City	State	ZIP Code	Telephone Number
3. Types and quantities of waste fluids produced at facility			
List the types and estimated quantities of waste fluids produced at this facility (e.g; waste oil, antifreeze, solvents, vehicle wash water, etc.)			
4. Waste fluid disposal method (Check all that apply)			
<input type="checkbox"/> None - No waste fluids produced at facility. <input type="checkbox"/> Underground disposal through septic tank/drainfield (<u>Sanitary wastes only</u>). System capacity less than 20 persons/day. <input type="checkbox"/> Underground disposal through septic tank/drainfield (<u>Sanitary wastes only</u>). System capacity greater than 20 persons/day. <input type="checkbox"/> Surface water body (lake, river, stream, wetland, etc.). <input type="checkbox"/> Privately owned lagoon or pond. <input type="checkbox"/> Ground surface. <input type="checkbox"/> Recycled or hauled away for recycling. <input type="checkbox"/> Municipal sewer system. <input type="checkbox"/> Underground disposal through septic tank/drainfield (any commercial, industrial, or automotive wastes). <input type="checkbox"/> Underground disposal into a well. <input type="checkbox"/> Other.			
Please list all types of fluids discharged. If multiple methods, indicate which fluids are disposed by which method:			
5. Please provide a brief summary of disposal locations in relation to the facility (i.e; drains, drainfields, wells, ponds, etc.)			
6. Person completing the form			
Name			Date
Mailing Address			
City	State	ZIP Code	Telephone Number