



SHALLOW DISPOSAL SYSTEM INVENTORY
 NORTH DAKOTA DEPARTMENT OF
 ENVIRONMENTAL QUALITY
 WATER QUALITY DIVISION
 SFN 59533 August 2019

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

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