



**SHALLOW DISPOSAL SYSTEM INVENTORY**  
 NORTH DAKOTA DEPARTMENT OF  
 ENVIRONMENTAL QUALITY  
 WATER QUALITY DIVISION  
 SFN 59533 January 2024

Return completed form to:  
 North Dakota Department of Environmental Quality  
 Division of Water Quality  
 4201 Normandy St  
 Bismarck, ND 58503-1324  
 Telephone Number: 701.328.5210  
 Email Address: ctgleich@nd.gov

<b>1. Facility Information</b>			
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
<b>2. Owner Information</b>			
Name			Owner Email Address
Mailing Address (if different from above)			
City	State	ZIP Code	Owner Telephone
<b>3. Types and quantities of waste fluids produced at facility</b>			
<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>			
<b>4. Waste fluid disposal method (Check all that apply)</b>			
<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>			
<b>5. Please provide a brief summary of disposal locations in relation to the facility (i.e; drains, drainfields, wells, etc.)</b>			
<b>6. Person completing the form</b>			
Name			Date
Mailing Address (if different from above)			
City	State	ZIP Code	Telephone



**FOR DEPARTMENT USE ONLY**



**Site Location Information**

<i>County</i>	<i>Township</i>	<i>Range</i>	<i>Section/Quarter Section</i>

<i>Latitude</i>	<i>Longitude</i>

*Lat/Long Method*

GPS field reading     
  Processed GPS reading     
  Address matching     
  Map interpolation

*Description of facility location:*

**Class V Injection System Category**

Category	Number of Wells	System Installation Date	Status	General Location
<input type="checkbox"/> 5C2-Heat pump/AC Return (Open loop system)				
<input type="checkbox"/> 5H1-Stormwater drainage				
<input type="checkbox"/> 5A2-Carwash (No undercarriage wash)				
<input type="checkbox"/> 5A1-Carwash				
<input type="checkbox"/> 5F-Large capacity septic				
<input type="checkbox"/> 5A24-Industrial process water				
<input type="checkbox"/> 5K-Motor vehicle waste				
<input type="checkbox"/> Other:				

**Inspection Information**

<i>Inspector</i>	<i>Inspection Date:</i>

*Comments*