

**Information Collection**  
**Underground Injection Control (UIC) Class V Well Study**  
**Sewage Treatment Effluent Wells**

**U.S. Environmental Protection Agency**  
**Washington, DC 20460**

NOTE: If there is a more appropriate person to complete this questionnaire, please forward it.

*Please provide missing information and/or update the contact information provided below.*

	Contact
State:	
Name of Contact:	
Name of Agency:	
Street Address:	
City, State Zip:	
Phone Number:	
E-mail Address:	

If you have any questions or need assistance filling out this questionnaire, please contact:

Class V Coordinator  
(703) 931-8700

**EPA is required to collect this information as part of its consent decree with the Sierra Club, which was amended in 1997. EPA is authorized to collect this information under § 1421 of the SDWA, 42 USC §300h. Responses to this collection are voluntary.** The public reporting and recordkeeping burden for this collection of information is estimated to average 2 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division • U.S. Environmental Protection Agency (2137) • 401 M St., S.W. • Washington, D.C. 20460 • ; and to the Office of Information and Regulatory Affairs, Office of Management and Budget • 725 17<sup>th</sup> Street, N.W. • Washington, D.C. 20503 • Attention: Desk Officer for EPA. • Include the EPA ICR number and OMB control number in any correspondence. Do not send the completed form to this address.

## Information Collection on Sewage Treatment Effluent Wells

**DEFINITION:** Sewage treatment effluent wells are used by privately or publicly owned treatment works (POTW) to inject treated or untreated domestic sewage through a vertical well or a leachfield. Aquifer Recharge wells, Aquifer Storage and Recovery Wells, Subsidence control wells, and Saline Intrusion Barrier wells injecting treated or untreated wastewater are considered Sewage Treatment Effluent wells for the purposes of this study.

**We are only asking you to submit data that has already been collected by the State and is readily available. Please answer the following questions to the extent possible based on existing data.**

### 1. Regulations

We are obtaining regulations from the State Underground Injection Control (UIC) program. If sewage treatment effluent wells are regulated under a separate statute or regulation, please provide the citation(s) below or attach appropriate copies.  Check if attached.

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### 2. Number of Sewage Treatment Effluent Wells

2a. Indicate the number of sewage treatment effluent wells that can be documented in the State (excluding wells that have been permanently plugged and abandoned): \_\_\_\_\_

2b. In your judgement, does the number given in 2a accurately reflect the number of wells in the State?

Yes  No Go to Question 3.

No

2c. Please estimate the number of wells in the State (excluding wells that have been permanently plugged and abandoned): \_\_\_\_\_

2d. What is the source of the estimate given in 2c (e.g., survey, model, best professional judgement)?

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Please explain the methodology used to derive the estimate.

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### 3. Location of Sewage Treatment Effluent Wells

Please provide the location of each sewage treatment effluent well in your inventory. We prefer latitude and longitude coordinates (a). If that information is not available, please provide other location information such as zip code (b), county (c), Quarter/Section/Township/Range (Q/S/T/R) coordinates, or other identifying information (d). If you have a database containing this information, you may submit this information in any format that is convenient for you instead of completing the following table. If completing the table or submitting information will be extremely time consuming or financially burdensome, please contact the Class V coordinator (see cover page). Please copy this page if you need additional lines.

**NOTE: If you have aquifer recharge, saline intrusion barrier, aquifer storage and recovery (ASR), or subsidence wells that inject waste water, please report them on this questionnaire.**

*One well per line please.*

Unique well identifier (e.g., permit no., operator name)	PLEASE COMPLETE (a), (b), (c), OR (d). WE PREFER (a).				
	(a) Latitude/ Longitude (to minutes)		(b) Zip Code	(c) County Name	(d) Other Location Information (e.g., Q/S/T/R, UTM)
	Latitude	Longitude			

4. Please tell us about the level of treatment prior to injection.

Type of Treatment	Number of wells
No treatment	
Primary treatment	
Secondary treatment	
Tertiary treatment	
Other (please specify)	
Unknown	
<b>Total*</b>	

\*Please ensure that the above total matches your response to Question 2a.

5. Number of wells owned/operated privately: \_\_\_\_\_

6. Number of wells owned/operated publicly: \_\_\_\_\_

7. Do any of the privately or publicly owned sewage treatment effluent wells receive waste that is not solely sanitary?

Yes  Please attach information on these wells including whether they are privately or publicly owned, the type of non-sanitary waste the treatment plant accepts, the type of treatment, and the volume of waste, if available.  Check if information attached.

No

8. Does the State have construction and/or siting requirements for these wells?

Yes  Please describe briefly below, or attach appropriate information.  Check if information attached.

No  Go to Question 10.

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9. Does the State conduct inspections or review records to ensure that construction/siting requirements are met?

Yes  Please describe briefly below.

No

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10. Does the State have operating requirements (e.g., contaminant limits, monitoring requirements) for these wells?

Yes  Please describe briefly below, or attach appropriate information.  Check if information attached.

No  Go to Question 12.

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11. Does the State conduct inspections or review records to ensure that operating requirements are met?

Yes  Please describe briefly below.

No

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12. In deciding whether to approve sewage treatment effluent wells or in setting operating requirements for sewage treatment effluent wells, do you consider the existing quality of the ground water in the injection zone?

Yes  Please describe briefly below, or attach appropriate information.  Check if information attached.

No

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13. Have there been any incidents in your State in which a sewage treatment effluent well contributed to contamination of an Underground Source of Drinking Water (USDW)? Contamination can include exceedances of Federal or State drinking water standards, ground water standards, or health advisory levels.

Yes  If any study or description of the incident exists, please provide us a copy. If not, please provide a brief summary for each incident. To the extent this information is available, include a description of what happened, the impact on ground water quality or drinking water wells (public or private), the date of the incident, the name of the city or county in which the incident occurred, and the name and phone number of a contact for follow up.  Check if description(s) attached.

No

Don't Know

**Please Go To Page 6 and Complete the Additional Contacts Section.**

## Additional Contacts

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Please list individuals that could help answer our questions on sewage treatment effluent wells. Include individuals from other State programs, local programs, or institutions such as universities, as appropriate

Name/Title: _____	Name/Title: _____
Affiliation: _____	Affiliation: _____
Street Address: _____ _____	Street Address: _____ _____
Telephone Number: _____	Telephone Number: _____

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### Thank you for your help.

Please remember to:

☐ Attach appropriate information.

☐ Return this questionnaire

In the pre-paid Federal Express envelope to:

Class V Study Coordinator

4900 Seminary Road

Suite 600

Alexandria, VA 22311

By fax to:

Class V Study Coordinator

(703) 931-8701