**Official Use Only**

Identification No.:

Authorization Date: 

**Wastewater Regulatory Program**

**Underground Injection Control (UIC) Program**

**Pilot Test Notification Form**

1.0 Purpose

This procedure allows Class V injection Pilot Test Wells (PTW) to be constructed and operated for up to 90 days prior to obtaining a UIC permit. The attached Pilot Test Notification form must be submitted to the EPD no later than 30 days prior to the proposed injection start date.

2.0 Scope

This procedure applies only to Class V remediation wells. The injected media will meet the Clean Air Act standards for air quality, the Georgia rules for Underground Injection Control, Chapter 391-6-3-.13, the Georgia Rules for Water Quality Control (Revised), and the Georgia Rules for Safe Drinking Water Act (Revised). The procedure does not replace the requirements for obtaining a UIC permit, but allows consultants flexibility in evaluating the most efficient, economical, and effective remediation method for a corrective action plan (CAP). The pilot tests are allowed for up to, but not to exceed 90 days after which time a UIC permit must be applied for per the appropriate UIC regulations.

3.0 Definitions

Class V PTW is a short term (no more than 90 days) experimental injection well related to a proposed remediation plan.

4.0 Procedure

The attached Pilot Test Notification form must be completed in its entirety and submitted to the EPD for review. A brief narrative describing the goal and purpose of the pilot test must accompany the notification from. Upon satisfactory review and concurrence with the pilot test specifications, the EPD will provide written authorization to conduct the pilot test. The EPD reserves the right to request additional information or impose limiting conditions on the pilot test prior to issuing written authorization.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION i. FACILITY Information** | | | | | | | | |
| Facility Name: | | | | | | | | |
| Phone: | | | | River Basin: | | | | |
| Facility Address: | | | | | | | | |
| City: | | | | State: GA | | | | Zip Code: |
| Coordinates (Decimal): | | | | | | | | County: |
| Is the pilot test part of a corrective action or remediation plan?: (check box)  Yes  No    HSI File No.:       HW File No.:  UST File No.:       Other: | | | | | | | | |
| **Section II. Owner contact information** | | | | | | | | |
| Name of Owner or Authorized Representative: | | | | | | | | |
| Title: | | | | | | | | |
| Phone: | | E-mail: | | | | | | Fax: |
| Owner Mailing Address: | | | | | | | | |
| City: | | | | State: | | | | Zip Code: |
| **section iii. Driller information** | | | | | | | | |
| GA Licensed Water Well Contractor or Bonded Environmental Drilling Company Name: | | | | | | | | |
| Phone: | | | E-mail: | | | Fax: | | |
| Address: | | | | | | | | |
| City: | | | | State: | | | | Zip Code: |
| License No.: | | | | Bond No.: | | | | |
| **section iV. Injection Well Information** | | | | | | | | |
| 1. No. of injection wells: | | | | | | | | |
| 2. Well depth (ft): | 3. Borehole Diameter(in): | | | | 4. Casing. Depth (ft): | | | |
| 5. Casing Diameter (in): | | | | 6. Casing Material: | | | | |
| 7. Screen Type: | | | | 8. Screen Diameter: | | | | |
| 9. Screen Interval from       to | | | | 10. Grout Type (if applicable): | | | | |
| 11. Grout Interval from (if applicable)       to | | | | 12. Grout Thickness (if applicable): | | | | |
| **SECTION V. INJECTION SYSTEM DATA** | | | | | | | | |
| 1. Type of Fluid: | | | | | | | | |
| 2. Source of Fluid: | | | | | | | | |
| 3. Purpose of the Injection/source of the contamination: | | | | | | | | |
| 4. Proposed Injection Rate Range (gallons/minute/well) (SCFM for air): | | | | | | | | |
| 5. Proposed Injection Volume (daily max) (gallons/minute/well) (SCFM for air): | | | | | | | | |
| 6. Proposed Injection Pressure Range ( lbs./sq. inch) (psi): | | | | | | | | |
| 7. Dates of proposed pilot test injection:       to | | | | | | | | |
| **SECTION VI. ADDITIONAL INFORMATION** | | | | | | | | |
| Provide any additional information regarding the project here. | | | | | | | | |
| **SECTION VII. CERTIFICAITON** | | | | | | | | |
| I certify under the penalty of law that I have examined and am familiar with the information contained in this document and attachments and the information is true, accurate and complete. I am aware of the associated penalties for submitting false documentation, including but not limited to monetary penalties and or imprisonment. | | | | | | | | |
| **Name of Applicant:** | | | | | | | **Date:** | |
| **Signature of Applicant:** | | | | | | | **Date:** | |