

UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET

(see instructions on back)

1. Name of facility: _____

Address of facility: _____

City/Town: _____ State: _____ Zip Code: _____

County: _____ Location: _____

Contact Person: _____ Phone Number: _____

2. Name of Owner or Operator: _____

Address of Owner or Operator: _____

City/Town: _____ State: _____ Zip Code: _____

3. Type & number of system(s): _____ Drywell(s) _____ Septic System(s) _____ Other(describe): _____
Attach a schematic of the system. Attach a map or sketch of the location of the system at the facility.

4. Source of discharge into system: _____

5. Fluids discharged: _____

6. Treatment before discharge: _____

7. Status of underground discharge system: Existing Unused/Abandoned Under Construction Proposed

Approved/Permitted by: _____ Date constructed: _____

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

Signature: _____ Date: _____

Name (printed): _____

Official Title: _____