



United States Environmental Protection Agency

## Class V Well Pre-Closure and Post-Closure Notification Form

1. Name and Address of Facility		2. Description of Facility/Wells To Be Closed	
3. State	4. County	5. Permit (or EPA ID) Number	
6. Latitude		Longitude	
7. Name, Address, Phone Number and/or Email of Permittee		8. Name, Address, Phone Number and/or Email of Legal Contact	
9. Type of Wells		10. Number of Well(s)	
11. Well construction type (check all that apply): <input type="checkbox"/> Drywell <input type="checkbox"/> Septic tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Improved sinkhole <input type="checkbox"/> Drainfield/Leachfield <input type="checkbox"/> Other (Describe Below)		12. Type of discharge:	
13. Average flow (gallons/day)		14. Year(s) of well(s) construction	
15. Type of well closure (check all that apply): <input type="checkbox"/> Sample fluids/sediments <input type="checkbox"/> Clean out well <input type="checkbox"/> Appropriate disposal of remaining fluids/sediments <input type="checkbox"/> Install permanent plug <input type="checkbox"/> Remove well & any contaminated soil <input type="checkbox"/> Conversion to other well type <input type="checkbox"/> Other (describe):                      (Describe):			
16. Date of well closure (Proposed)		Date of well closure (Actual)	
<b>Certification</b> I certify under the 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)			
Authorized Signatory and Official Title (Please type or print)		Signature	Date Signed

## INSTRUCTIONS FOR FORM 7520-17

This form contains the minimum information that you must provide your UIC Program Director if you intend to close your Class V well. This form will be used exclusively where the EPA administers the UIC Program: AK, AS, AZ, CA, CO, DC, HI, IA, IN, KY, MI, MN, MT, NY, PA, SD, VA, VI, and on all Tribal Lands. If you are located in another State or jurisdiction, ask the agency that administers the UIC Program in your State for the appropriate form. **If your Class V well is operating under a permit that requires a plugging report or other documentation, please follow the requirements of the permit.**

If you are closing two or more Class V wells that are of similar construction at your facility (two dry wells, for example) you may use one form. If you are closing Class V wells of different construction (a septic system and a dry well, for example) use one form per construction type.

**Please read:** The purpose of this form is to serve as a notification to the UIC Director by a Class V well owner or operator of his/her intent to close the well in accordance with Title 40 of the Code of Federal Regulations (40 CFR) Section 144.12(a). According to 40 CFR 144.86, you must notify the UIC Program Director at least 30 days prior to well closure of your intent to close and abandon your well. Upon receipt of this form, if the Director determines that more specific information is required to be submitted to ensure that the well closure will be conducted in a manner that will protect underground sources of drinking water (as defined in 40 CFR 144.3), the Director can require the owner or operator to prepare, submit and comply with a closure plan acceptable to, and approved by the Director.

Please be advised that this form is intended to satisfy Federal UIC requirements regarding closure notification only. Other State, Tribal or Local requirements may also apply.

**1. NAME AND ADDRESS OF FACILITY:** Supply the name and street address of the facility where the well is located. Include the city/town, State, and ZIP Code. If there is no street address for the Class V well, provide the route number or locate the well on a map and attach it to this form.

**2. DESCRIPTION OF FACILITY/WELL TO BE CLOSED:** Describe the well (or, in a multiple-well facility, which wells) to be closed. Attach the original and most recent schematics or drawings to fully describe the facility.

Enter the **3. STATE** and **4. COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

**5. PERMIT (OR EPA ID) NUMBER:** Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

**6. LATITUDE AND LONGITUDE:** Enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible.

**7. NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL OF PERMITTEE:** Provide the name and mailing address of the owner of the facility (or, if the facility is operated by lease, the operator of the facility).

**8. NAME, ADDRESS, PHONE NUMBER AND/OR EMAIL OF LEGAL CONTACT:** Provide the name and phone number of the legal contact for any questions regarding the information provided on this form. If the legal contact is the same as the permittee, enter "same as permittee."

**9. TYPE OF WELL:** Indicate the type of Class V well that you intend to close (for example, motor vehicle waste disposal well or cesspool).

**10. NUMBER OF WELLS:** Provide the number of wells of this well type at your location that will be closed.

**11. WELL CONSTRUCTION TYPE:** Check the appropriate box(es) to indicate the type of well construction. Check all that apply to your situation. For example, for a septic tank that drains into a drywell, check both the "septic tank" and "drywell" boxes. Please provide a generalized sketch or schematic of the well construction, if one is available. If you select "other," please describe the well's construction in the space provided.

**12. TYPE OF DISCHARGE:** List or describe the types of fluids that enter the Class V well. If available, attach a copy of the chemical analysis results and/or the Material Safety Data Sheets for the fluids that enter the well.

**13. AVERAGE FLOW:** Estimate the average daily flow into the well, in gallons per day.

**14. YEAR OF WELL CONSTRUCTION:** Provide the year that the Class V well was constructed. If unknown, provide the length of time that your business has been at this location and used this well.

**15. TYPE OF WELL CLOSURE:** Check the appropriate box(s) to indicate briefly how the well closure is expected to proceed. Check all that apply to your situation. For example, check "Install permanent plug" and "Conversion to other well type" if the connection of an automotive service bay drain leading to a septic tank and drainfield will be closed (and a cement plug placed in the service bay drain and the pipe leading to the washroom connection), but the septic system will continue to be used for washroom waste disposal only. In this example, the motor vehicle waste disposal well is being converted to another well type (a large capacity septic system).

**16. DATE OF WELL CLOSURE:** Provide the proposed/planned or actual date on which closure of the well occurred, as appropriate.

**CERTIFICATION:** This form must be signed and dated by either: an authorized responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

**PAPERWORK REDUCTION ACT NOTICE:** The public reporting and recordkeeping burden of this collection of information is estimated to average 1.4 hours per response. Burden means the total time, effort, or financial resource 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 the 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. 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 the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.