

# Drywell Registration Form (Revised August 2017)

Thank you for taking steps to comply with the drywell registration program. This form must be submitted by any person who owns a drywell used for storm water disposal as required by Arizona Revised Statutes (A.R.S.) §49-332.

Please submit a **signed copy of the registration form** and a **fee of \$100 for each drywell** to:

Arizona Department of Environmental Quality  
Groundwater Section - APP  
1110 West Washington, 5<sup>th</sup> Floor  
Phoenix, Arizona 85007

Upon receipt of the form and fee payment, the drywell(s) is/are considered registered and registration number(s) will be assigned by ADEQ. Please complete all sections of the form to the best of your ability. If some of the requested information cannot be supplied, or if additional details may clarify the status of your drywell, please attach written explanation to the registration form. If you have any questions regarding the drywell registration process, please call **(602) 771-4686**.

### **CHANGE OF OWNERSHIP:**

You may change existing drywell owner information by submitting the Change of Ownership form; located on the ADEQ web page, to the address above along with a \$50.00 transfer fee, per drywell. Please include the drywell registration number(s), the name of the facility, and the new owner.

### **PERMITTING REQUIREMENTS:**

Drywells **can only receive storm water runoff** or discharges that are exempt per A.R.S. §49-250. If other fluids have been directed to the drywell, it is subject to Aquifer Protection Permit (APP) and/or closure requirements and may be considered an underground injection well that requires both ADEQ and USEPA permitting. Spills to the drywell may also trigger permitting, clean closure, or enforcement actions.

An APP is required for any drywell located in an area where hazardous substances are used, stored, treated or loaded. **The permitting requirement may not apply if the Site Plan clearly demonstrates that the site is graded or engineered such that drywell(s) cannot receive runoff or spills from chemical handling areas.**

### **DECOMMISSIONING/CLOSURE**

Within 30 days of decommissioning, the drywell owner should submit written verification of the decommissioning procedures to the address above. Include the drywell registration number, the reason for closure, the materials used to abandon the drywell and the completion date. There is no fee for this service. If a drywell is being decommissioned and is not registered, fill out this registration form with \$100.00 fee and indicate that the drywell has been decommissioned in Part F.

**The registration form is to be signed by the owner of the drywell or an authorized agent or general contractor with permission to sign on behalf of the owner.**

### **INSTRUCTIONS:**

Include a **Site Plan** with the location of the drywell accurately depicted. Often a site plan may be obtained from city building permit departments that issue an “approval to construct”. If a facility is/ or will conduct industrial activities (i.e., activities fall under items 03b through 10 in Section E, Nature of Business), the Site Plan must clearly indicate all hazardous material handling areas (waste or product storage tanks or areas, fuel pumping areas, etc.) The plan should also show the drainage flow around such areas in relation to the drywell. **If applicable, describe and depict any engineered structures or secondary containment that will prohibit chemical spills and leaks from reaching the drywell.** This information may eliminate the need for an APP for your drywell.

**A.** Provide a name by which the facility/property may be referred to in all correspondence. The location address needs to be specific to the property and drywell location.

**B.** Indicate the property owner of the drywell, the business name and address (including a contact name, business name, e-mail and mailing address [including city /state/zip code]).

**C.** If the lessee of the property is different than the property owner; please include a contact name, business name, e-mail and mailing address including city/state/zip code.

**D.** Indicate the technical contact person (engineer, environmental consultant, or contractor). This is whom ADEQ will contact with registration questions.

**E.** Give the location of the facility in the Township, Range format (cadastral location). Break the Section down to a 2.5-acre parcel (1/4, 1/4, 1/4, 1/4). Include the lat/long coordinates (NAD 1983) of the standpipe for each drywell (see Section F, Drywell Location). This information can typically be obtained from deed information or the County Recorder or Assessor's Offices.

**F.** Check all categories, which best describe the activities conducted at the facility/property. If ‘other’, please provide details. A complete description will minimize requests for additional information.

**G.** Complete **Table F**. Designate a name or number by which each drywell can be permanently referenced. Check the type of areas that drain into each well. **Indicate if the drywell(s) drain an area where hazardous substances are used, stored, loaded or treated (THIS ROW MUST BE COMPLETED).** If the drywell receives fluids other than storm water, please describe. Submit additional form(s) if registering more than 7 drywells.

**Indicate that the following attachments have been included with this form:**

- Site Plan with Accurate Location of Drywell, Showing Drainage Details
- \$100 Registration Fee for Each Drywell

**Facility Information**

**A. Facility Project Name** \_\_\_\_\_  
 Location Address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Property Owner Name** \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_

Lessee Name (If different than Property Owner) \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_

**C. Technical Contact Person (Engineer, Contractor or Consultant)** \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_

**D. Facility Location:** Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_,  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$

- E. Nature of Business(es) conducted on the property:**
- |   |  |
|---|--|
| <input type="checkbox"/> (00) Residential   | <input type="checkbox"/> (05) Industrial/Agriculture Processing  |
| <input type="checkbox"/> (01) Schools, Churches & Recreational Facilities without vehicular maintenance operations. | <input type="checkbox"/> (06) Mining/Milling   |
| <input type="checkbox"/> (02) Offices & Retail Only   | <input type="checkbox"/> (07) Chemical & Fuel Storage  |
| <input type="checkbox"/> (03a) Warehouse - General (No chemical handling)   | <input type="checkbox"/> (08) Vehicular Service Facilities   |
| <input type="checkbox"/> (03b) Warehouse - Industrial (stores hazardous chemicals)                                  | <input type="checkbox"/> (09) Schools, Churches & Recreational Facilities with vehicular maintenance operations. |
| <input type="checkbox"/> (04) Manufacturing   | <input type="checkbox"/> (10) Other _____  |
|   | <input type="checkbox"/> (11) Exempt Activity per §49-250(B)   |

<b>For ADEQ Use Only</b>	
<b>REGISTRATION NUMBERS:</b> ____ - ____ Through _____	Fee Remitted \$ _____ Additional Fee Needed \$ _____
The Drywell Registration Form for disposal of storm water was received and registered on _____.	Reviewed by: _____
<input type="checkbox"/> <b>Incomplete:</b> Attempted to call registrant by phone on _____. Return form to Well Owner for additional information as highlighted in items A through F.	<input type="checkbox"/> <b>Permitting Notification:</b> Notify applicant that APP permit may be needed.

The registration form is to be signed by the owner of the drywell or an authorized agent or general contractor with permission to sign on behalf of the owner.

ADEQ Drywell Registration Form (Revised March 2017)

F. Drywell Information (Please check or complete all items that apply)

DRYWELL NUMBER	1	2	3	4	5	6	7
Owner's identification name or number							
<b>STATUS</b>							
ACTIVE <sup>1</sup>							
PROPOSED (future or under construction)							
CLOSED/DECOMMISSIONED							
<b>HAZARDOUS SUBSTANCES</b>							
Indicate whether the drywell drains an area where hazardous substances (such as gasoline, oil, solvents, pesticides or as defined in ARS §49-201(19)) are used, stored, loaded or treated. THIS ROW MUST BE COMPLETED.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>DRAINAGE AREA</b>							
Driveways or parkinglots							
Rooftops							
Streets or landscaped areas							
Loading docks (no hazardous materials handled)							
Loading docks (hazardous materials handled)							
Contained Chemical storage areas <sup>2</sup>							
Chemical storage or treatment areas <sup>3</sup>							
Livestock/agricultural activities							
Other (Describe)							
<b>DRYWELL LOCATION</b>							
Latitude	° ' " N	° ' " N	° ' " N	° ' " N	° ' " N	° ' " N	° ' " N
Longitude	° ' " W	° ' " W	° ' " W	° ' " W	° ' " W	° ' " W	° ' " W
<b>OTHER FLUIDS</b>							
Describe fluids received by drywell – if other than storm water							

<sup>1</sup> Wells that penetrate groundwater must be registered with the Department of Water Resources (DWR)

<sup>2</sup> Structural controls or containment have been constructed to prevent spills from reaching the drywell or chemicals are located inside building - see site plan

<sup>3</sup> No structural controls or containment has been installed to prevent chemical spills from reaching the drywell

Total Drywell(s) being registered \_\_\_\_ multiplied by **\$100.00** per drywell = \$\_\_\_\_ ( Fee Remitted )

I, \_\_\_\_\_, certify that the information provided on this form is true to the best of my knowledge.  
(Please print or type name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title, Company

\_\_\_\_\_  
Date