


Form  I  UIC	 Underground Injection Control Permit Application Ground-Water Protection Division <small>(Collected under the Authority of Title 48 Chapter I          of the 1976 South Carolina Code of Laws)</small>	I. EPA ID NUMBER		
			T/A	C
		U		

**Read attached instructions before starting.  
For Official Use Only**

Application Approved month day year	Date Received month day year	Permit Well Number

Comments

II. Facility Name and Address			III. Owner/Operator and Address		
Facility Name			Owner/Operator Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

IV. Ownership Status (Select One)	V. SIC Codes
<input type="checkbox"/> A. Federal <input type="checkbox"/> B. State <input type="checkbox"/> C. Private <input type="checkbox"/> D. Public <input type="checkbox"/> E. Other (Explain) <input type="text"/>	<input type="text"/> <input type="text"/>

VI. Well Status (Select A, B or C)		
<input type="checkbox"/> A. Operating	Date Started (MM/DD/YYYY)	<input type="checkbox"/> B. Modification/Conversion <input type="checkbox"/> C. Proposed

VII. Type of Permit Requested - Class and Type of Well (see reverse)			
A. Class(es) enter code(s)	B. Type(s) enter code(s)	C. If class is "other" or type is code 'Y', explain	D. Number of Wells per type

VIII. Location of Wells or Approximate Center of field or Project							
C	A. Latitude				B. Longitude		
I	Deg	Min	Sec		Deg	Min	Sec

**IX. Attachments**  
 Complete the following questions on a separate sheet(s) and number accordingly; see instructions for Classes 11, 111, and V, complete and submit on a separate sheet(s) attachments A-U as appropriate. Attach maps where required. List attachments by letter which are applicable and include with your application.

X. 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 a fine and imprisonment.			
A. Name (Type or Print)		Title	
<input type="text"/>		<input type="text"/>	
C. Signature		D. Date Signed (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	