



SHALLOW DISPOSAL SYSTEM INVENTORY
 NORTH DAKOTA DEPARTMENT OF HEALTH
 WATER QUALITY DIVISION
 SFN 59533 (6/2010) revised 3/2012

Return completed form to:
 North Dakota Department of Health
 Division of Water Quality
 918 East Divide Avenue, 4th Floor
 Bismarck ND 58501-1947
 Telephone: 701.328.5210

1. FACILITY INFORMATION			
Facility Name			UIC No. (provided by NDDH)
911 Location Address	Township	Range	Section/Quarter Section
City	State	Zip	Phone
Facility Contact	Title		Phone
Facility Manager	Phone		Email
2. OWNER INFORMATION			
Name			Email
Mailing Address			
City	State	Zip	Phone
3. TYPES AND QUANTITIES OF WASTE FLUIDS PRODUCED AT FACILITY			
List the types and estimated quantities of waste fluids produced at this facility (e.g., waste oil, antifreeze, solvents, vehicle wash water, etc.) _____ _____			
4. WASTE FLUID DISPOSAL METHODS			
<input type="checkbox"/> None - No waste fluids produced at facility <input type="checkbox"/> Recycled or hauled away for recycling: List types of fluids recycled: _____ _____ <input type="checkbox"/> Municipal Sewer System: List types of fluids discharged: _____ _____ <input type="checkbox"/> Surface Water Body (lake, river, stream, wetland, etc.): List types of fluids discharged: _____ _____ <input type="checkbox"/> Privately Owned Lagoon or Pond: List types of fluids discharged: _____ _____ <input type="checkbox"/> Ground Surface: List types of fluids discharged: _____ _____ <input type="checkbox"/> Underground Disposal through septic tank/drainfield (<u>Sanitary Wastes Only</u>), system capacity less than 20 persons per day. <input type="checkbox"/> Underground Disposal through septic tank/drainfield (<u>Sanitary Wastes Only</u>), systems capacity of greater than 20 persons per day. <input type="checkbox"/> Underground Disposal through septic tank/drainfield (any commercial, industrial, or automotive wastes). List types of fluids: _____ <input type="checkbox"/> Underground Disposal into a well: List types of fluids discharged: _____ _____ <input type="checkbox"/> Other: _____ List types of fluids discharged: _____ _____			
5. Please provide a brief summary of disposal locations in relation to the facility (i.e., location of drains, drainfield, well, pond, etc.):			

6. PERSON COMPLETING FORM			
Name			Date
Mailing Address			
City	State	Zip	Phone