



Environmental Quality

**Shallow Disposal System Inventory**

Return Completed Form to:  
 NDDEQ Division of Water Quality  
 4201 Normandy St  
 Bismarck, ND 58503-1324  
 Phone: 701.328.9172  
 Email: [ahlstedtcarter@nd.gov](mailto:ahlstedtcarter@nd.gov)

**1. Facility Information**

Facility Name		Latitude/Longitude (Decimal Degrees)	
911 Location Address	Township	Range	Section QQQQ
City	State	Zip Code	County
Facility Contact	Facility Contact Phone	Facility Contact Email Address	
Facility Manager	Facility Manager Phone	Facility Manager Email Address	

**2. Owner Information**

Owner Name	Owner Phone	Owner Email Address	
Owner Address	City	State	ZIP Code

**3. Types and Quantities of Waste Generated at Facility (Check all that apply and list estimated amount per month)**

( ) Septic/Sanitary	( ) Solvents:
( ) Waste Oil:	( ) Wash Water:
( ) Antifreeze:	( ) Other:

**\* Please continue to Sections 4-7 on the back.\***



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**4. Waste Fluid Disposal Method (Check all that apply)**

- None - No waste fluids produced at facility
- Underground disposal through septic tank/drainfield (Sanitary wastes only).  
System capacity less than 20 people per day
- Underground disposal through septic tank/drainfield (Sanitary wastes only).  
System capacity more than 20 people per day
- Surface water body (lake, river, stream, wetland, etc)
- Privately owned lagoon or pond
- Ground surface
- Recycled or hauled away (please list):
- Municipal/City sewer system
- Underground disposal through septic tank/drainfield  
(Any commercial, industrial, or automotive waste)
- Underground disposal into a well
- Other (Please list):

<b>5. Is vehicle repair or maintenance work performed at this facility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**6. Disposal features (Check all that apply). Specify waste type and location at facility.**

- Floor drains:
- Holding tank:
- Septic Tank/Drainfield:
- Municipal sewer:
- Lagoon/Pond:
- Other:

**7. Person completing the form**

Name	Date	Phone
City	State	Zip Code

**Class V Well Inspection Form**

Facility Name:

Facility Address:

County

Township

Range

Section QQQQ

Latitude

Longitude

**Description of Facility**

**Class V Well Inspection Form**

Facility Name:

Facility Address:

County

Township

Range

Section QQQQ

Latitude

Longitude

**Description of Facility**

**Class V Injection System Category**

Category	No. of Wells	Installation Date	Status	Location
( ) 5C2-Heat Pump/AC Return (Open Loop System)				
( ) 5H1-Stormwater Drainage				
( ) 5A2-Carwash (No Undercarriage Wash)				
( ) 5A1-Carwash				
( ) 5F-Large Capacity Septic				
( ) 5A24-Industrial Process Water				
( ) 5K-Motor Vehicle Waste				
( ) Other:				

**Inspection Information**

Inspector Signature:

Date:

Notes: