



STATE OF NEW HAMPSHIRE
DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER DIVISION
29 HAZEN DRIVE, PO BOX 95
CONCORD, NEW HAMPSHIRE 03302-0095
(603) 271-2858

REGISTRATION AND NOTIFICATION FORM FOR STORM WATER INFILTRATION TO GROUNDWATER (5D2 / 5D4)

Facility Information

Facility Name: _____
Address: _____
Property Deed Reference Book: _____ Page: _____ Tax Map: _____ Lot # _____
City: _____ State: _____ Zip: _____

Facility Owner Information

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Property Owner Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Facility Operator's Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Contact Person Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____)____-_____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Complete this form if you are using a drywell or other subsurface infiltration structures to recharge storm water to the ground or groundwater. If a completed UIC storm water registration form was submitted to the Alteration of Terrain Program for this project, then one is not required to be sent directly to the DWGB / UIC Coordinator.

**REGISTRATION AND NOTIFICATION FORM
FOR STORM WATER INFILTRATION TO GROUNDWATER**

Please provide a complete description of the facility including historic uses, any former contamination and/or on-going remedial action at the site: _____

Please provide information concerning the location of the infiltration activity (include Locus map (i.e. USGS map):

Please describe the pretreatment system (if any) and capacity of the system: _____

Please describe the materials and products used for the subsurface infiltration structure (i.e., pipe and stone leachfield, plastic chamber units, concrete drywell, etc.): _____

Please describe the disposal method and location. Include a site plan showing: the infiltration structure, any other on-site infiltration structures, dimensions, depth to groundwater (if known), adjacent septic system(s), and Drinking water source(s): _____

Please provide information concerning methods and schedule for periodic inspection and/or maintenance:

To the best of my knowledge, the information I have provided on this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form.

Signature of Facility Owner

Date Signed

For additional information on Discharges to Groundwater or the Underground Injection Control (UIC) Program, contact the program coordinator at (603) 271-2858 or send e-mail to mitchell.locker@des.nh.gov
