

**UIC CLASS V
ANNUAL REPORT**

Facility Name: _____

UIC Permit Number: _____

Beginning Month and Year: _____

	Inspection Date	Odor (Yes/No)	Septic Visible (Yes/No)	Inspector's Signature
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

SLUDGE MEASUREMENT

Sludge Depth: _____ ÷ (Total Fluid Depth + Sludge Depth) _____ X 100 = _____

Date of Measurement: _____ Was the tank pumped? _____ Yes _____ No

Name of Pumper: _____

Pumper's Certification #: _____ Date Pumped: _____

Pumper's Signature: _____

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 the information to be true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name(Please Print) _____ Title _____

Signature _____ Date _____

USE BACK OF FORM FOR ADDITIONAL COMMENTS OR OBSERVATIONS

Department of Environmental Protection
601 57th Street SE
Charleston, WV 25304-2345
Phone: (304) 926-0495