

## Underground Injection Control (UIC) Annual Report

<b>Applicant:</b>	City of Keizer	<b>Permit Number<sup>1</sup>:</b>	WPCF-COM-UIC-103068
<b>Applicant Street Address:</b>	930 Chemawa Rd NE	<b>File Number<sup>2</sup>:</b>	119546
<b>Applicant City, State and Zip:</b>	Keizer, Or 97303	<b>Permit Year (Reporting Period):</b>	2022-23 (July 1, 2022 through June 30, 2023)

### NOTES

- <sup>1</sup> The Permit number is located in the upper right-hand corner of the permit  
<sup>2</sup> The File number is located in the upper right-hand corner of the permit

## Section A. Certification of Accuracy

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<b>Name (printed)<sup>1</sup>:</b>	Bill Lawyer	<b>Title:</b>	Director of Public Works
<b>Signature:</b>		<b>Date:</b>	
<b>Email:</b>	lawyerb@keizer.org	<b>Phone Number:</b>	503-856-3555

### NOTES

- 1 Must be signed by the person identified in 40 CFR 144.32: [http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40cfr144\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40cfr144_main_02.tpl)

## Section B. Stormwater Sampling

1. Did you collect any stormwater samples this year? Check one box:  Yes  No  
 If the answer is "yes," then go to "2." If the answer is "no," then go to "4"

2. Enter stormwater sample results (i.e., pollutant concentrations) in the table below (attach additional pages if necessary):

UIC ID <sup>1</sup>	Sample Date	b(a)p (ug/L)	PCP (ug/L)	DEHP (ug/L)	Copper (total) (ug/L)	Lead (total) (ug/L)	Zinc (total) (ug/L)
10	01/04/2023	ND	1.10	1.23	49.20	12.50	186.00
	05/04/2023	ND	ND	0.94	32.90	1.11	38.60
16	01/04/2023	ND	ND	ND	3.05	0.11	11.60
	05/04/2023	ND	ND	0.97	4.69	0.69	115.00
21	01/04/2023	ND	ND	ND	15.90	ND	20.10
	05/04/2023	ND	ND	0.44	3.50	0.27	41.30
25	01/04/2023	ND	0.91	2.06	11.50	3.02	80.90
	05/04/2023	ND	ND	2.54	22.70	5.60	156.00
101	01/04/2023	ND	ND	1.73	3.86	1.45	116.00
	05/04/2023	ND	ND	0.47	3.04	0.58	195.00
36	01/04/2023	ND	ND	2.92	17.70	6.85	114.00
	05/04/2023	ND	ND	2.91	12.40	3.44	89.90

3. Did you collect the number of samples required in Schedule B, condition 2(a)? Check one box:  Yes  No  
 If the answer is "yes," then go to Section C. If the answer is "no," then go to "4"

4. Reason for not collecting stormwater sample(s) (check all that apply):

- NA  
 Sampling not required this year (only applicable for first year of permit)  
 Sampling discontinued in accordance with Schedule B, condition 2(c) (go to "5")<sup>2</sup>  
 Other (describe): \_\_\_\_\_

5. Do you certify that there have been no changes to site conditions that would significantly change stormwater quality?<sup>2</sup> An example of a change is a new business that could potentially increase pollutant load to the UIC began operation at your site (for example, automotive repair facility):  
 Yes     No    (check only if your permit was issued prior to March 2016)

**NOTES**

- 1 UIC ID should match the name for the UIC in Table 2 of your permit  
2 Not applicable to permits issued prior to March 2016. If your permit was issued prior to March 2016, then check "NA" for Question 5.  
b(a)p = benzo(a)pyrene    PCP= pentachlorophenol    DEHP=di(2-ethylhexyl)phthalate    ug/L=micrograms per liter

**Section C. Action Level Exceedances**

1. Did any pollutant concentrations exceed action levels?<sup>1</sup> Check one box:     Yes     No

*If the answer is "yes," then go to "2." If the answer is "no," then go to Section D.*

2. For each action level exceedance, discuss the actions from Schedule A, condition 6 that you took to address the exceedance (required), and the actions from Schedule A, condition 5 that you took to address the exceedance (if necessary).

NA

**NOTES**

- 1 Action Levels are in Table 1 of your permit.

**Section D. Actions Not Completed <sup>1</sup>**

1. Describe any actions in Schedule D, condition 4 of your permit that were not completed, and the reason they were not completed.

All planned actions were completed during the report period.

**NOTES**

- 1 If your permit was issued prior to March 2016, describe actions in your UIC Management Plan or Stormwater Monitoring Plan that you were not able to complete and why, and describe actions taken to implement the UIC Management Plan and proposed modifications to the Stormwater Monitoring Plan.

**Section E. UICs Closed, Retrofitted, Discovered or Installed**

**1. In the table below, identify UICs that were closed, retrofitted, discovered or installed during the year.**

Closed, Retrofitted, Discovered, or Installed?	Your UIC ID	DEQ UIC ID <sup>1</sup>	Information About Discovered, Retrofitted and Installed UICs						
			<i>[This section needs to be filled out if: (1) the UIC is newly-installed or discovered, and (2) you are not submitting an addendum to your System-Wide Assessment that describes the newly-installed or discovered UIC]</i>						
			Latitude (decimal degrees NAD 83)	Longitude (decimal degrees NAD 83)	Type Code ("5D2" for stormwater, or "other")	Within 500 feet of a Water Well? (Yes/No)	Within Two-Year TOT? (Yes/No)	Vertical Separation Distance? (feet)	If UICs were Retrofitted, describe HOW
Installed	135	11518	45.013	-123.002	5D2	NO	NO	25.5	NA
Installed	136	11518	45.005	-123.046	5D2	NO	NO	21.5	NA

**NOTES:**

- 1 Only enter the DEQ UIC ID for closed or retrofitted or installed UICs.
- 2 TOT = Time of Travel. See **Instructions** (following this form on page 9) for information on how to determine whether or not a UIC is within a two-year TOT.

**Section F. Future UIC Actions**

**1. Describe your known plans to install, modify, convert, or close any UICs in the next year.**

City anticipates the installation of two additional public UICs in the next report year.

- Trail Avenue Apartments (tentative)
- 1195 Candlewood (tentative)

**Section G. Key Personnel**

**1. Describe the key personnel positions responsible for the permit and their contact information**

Name of Person Responsible for Permit:	Keare Blaylock
Title:	Environmental & Technical Division Manager
Mailing Address:	PO Box 21000 Keizer, OR 97303
Email Address:	blaylockk@keizer.org
Phone Number:	503-856-3526
Business Section or City Department:	Public Works Department

#### Section H. Submittal

**Consult Schedule B, condition 4 or 5 of your permit to determine if you need to submit an electronic copy of this annual report, a hard copy of this annual report, or both.**

Email Electronic Copy To: [UIC@deq.state.or.us](mailto:UIC@deq.state.or.us)

Mail Hard Copy To:

DEQ UIC Hydrogeologist  
700 NE Multnomah Street  
Suite 600  
Portland, Oregon 97232