**NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY - DIVISION OF WATER RESOURCES**

**APPLICATION FOR PERMIT TO CONSTRUCT A MONITORING OR RECOVERY WELL SYSTEM**

**PLEASE TYPE OR PRINT CLEARLY**

In accordance with the provisions of Article 7, Chapter 87, General Statutes of North Carolina and regulations pursuant thereto, application is hereby made for a permit to construct monitoring or recovery wells.

**FOR OFFICE USE ONLY**

PERMIT NO. ISSUED DATE

1. Date:

2. County:

3.What type of well are you applying for? (monitoring or recovery):

4. Applicant: Telephone:

Applicant’s Mailing Address:

Applicant’s Email Address (if available):

5. Contact Person (if different than Applicant): Telephone:

Contact Person’s Mailing Address:

Contact Person’s Email Address (if available):

6. Property Owner (if different than Applicant): Telephone:

Property Owner’s Mailing Address:

Property Owner’s Email Address (if available):

7. Property Physical Address (Including PIN Number)

City County Zip Code

8. Reason for Well(s):

(ex: non-discharge permit requirements, suspected contamination, assessment, groundwater contamination, remediation, etc.)

9. Type of facility or site for which the well(s) is(are) needed:

(ex: non-discharge facility, waste disposal site, landfill, UST, etc.)

10. Are there any current water quality permits or incidents associated with this facility or site? If so, list permit and/or incident no(s).

11. Type of contaminants being monitored or recovered: (ex: organics, nutrients, heavy metals, etc.)

12. Are there any existing wells associated with the proposed well(s)? If yes, how many?

Existing Monitoring or Recovery Well Construction Permit No(s).:

13. Distance from proposed well(s) to nearest known waste or pollution source (in feet):

14. Are there any water supply wells located less than 500 feet from the proposed well(s)?

If yes, give distance(s):

15. Well Contractor: Certification No.:

Well Contractor Address:

**PROPOSED WELL CONSTRUCTION INFORMATION**

1. As required by 15A NCAC 02C .0105(f)(7), attach a well construction diagram of each well showing the following:

a. Borehole and well diameter e. Type of casing material and thickness

b. Estimated well depth f. Grout horizons

c. Screen intervals g. Well head completion details

d. Sand/gravel pack intervals

Continued on Reverse

**PROPOSED WELL CONSTRUCTION INFORMATION (Continued)**

2. Number of wells to be constructed in unconsolidated

material:

3. Number of wells to be constructed in bedrock:

4. Total Number of wells to be constructed:

(*add answers from 2 and 3*)

5. How will the well(s) be secured?

6. Estimated beginning construction date:

7. Estimated construction completion date:

**ADDITIONAL INFORMATION**

1. As required by 15A NCAC 02C .0105(f)(5), attach a scaled map of the site showing the locations of the following:

a. All property boundaries, at least one of which is referenced to a minimum of two landmarks such as identified roads, intersections, streams, or lakes within 500 feet of the proposed well or well system.

b. All existing wells, identified by type of use, within 500 feet of the proposed well or well system.

c. The proposed well or well system.

d. Any test borings within 500 feet of proposed well or well system.

e. All sources of known or potential groundwater contamination (such as septic tank systems, pesticide, chemical or fuel storage areas, animal feedlots as defined in G.S. 143-215.10B(5), landfills, or other waste disposal areas) within 500 feet of the proposed well or well system.

**SIGNATURES**

The Applicant hereby agrees that the proposed well(s) will be constructed in accordance with approved specifications and conditions of this Well Construction Permit as regulated under the Well Construction Standards (Title 15A of the North Carolina Administrative Code, Subchapter 2C) and accepts full responsibility for compliance with these rules

Signature of Applicant or \*Agent Title of Applicant or \*Agent

*\* If signing as Agent, attach authorization agreement stating* Printed name of Applicant or \*Agent *that you have the authority to act as the Agent.*

If the property is owned by someone other than the applicant, the property owner hereby consents to allow the applicant to construct wells as outlined in this Well Construction Permit application and that it shall be the responsibility of the applicant to ensure that the well(s) conform to the Well Construction Standards (Title 15A of the North Carolina Administrative Code, Subchapter 2C).

Signature of Property Owner (if different than Applicant) Printed name of Property Owner (if different than Applicant)

**DIRECTIONS**

Please send the completed application to the appropriate Division of Water Resources’ Regional Office:

**Asheville Regional Office**

2090 U.S. Highway 70

Swannanoa, NC 28778

Phone: (828) 296-4500

Fax: (828) 299-7043

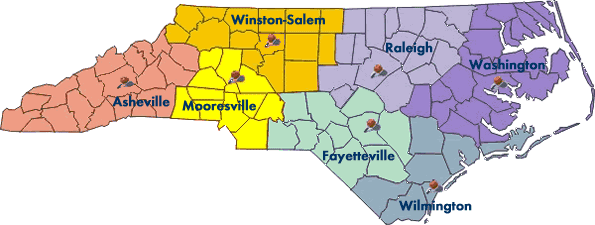
**Fayetteville Regional Office**

225 Green Street, Suite 714

Fayetteville, NC 28301-5094

Phone: (910) 433-3300

Fax: (910) 486-0707

**Mooresville Regional Office**

610 East Center Avenue

Mooresville, NC 28115

Phone: (704) 663-1699

Fax: (704) 663-6040

**Raleigh Regional Office**

3800 Barrett Drive

Raleigh, NC 27609

Phone: (919) 791-4200

Fax: (919) 571-4718

**Washington Regional Office**

943 Washington Square Mall

Washington, NC 27889

Phone: (252) 946-6481

Fax: (252) 975-3716

GW-22MR Rev. 3-1-2016

**Wilmington Regional Office**

GW-22M (Rev. 5/11)

127 Cardinal Drive Extension

Wilmington, NC 28405

Phone: (910) 796-7215

Fax: (910) 350-2004

**Winston-Salem Regional Office**

450 W. Hanes Mill Road

Suite 300

Winston-Salem, NC 27105

Phone: (336) 776-9800

Fax: (336) 776-9797

GW-22MR (6/11)