**North Carolina Department of Environmental Quality – Division of Water Resources**

### NOTIFICATION FOR STORMWATER DRAINAGE WELLS

*Stormwater drainage wells are Class 5 injection wells “permitted by rule” and do not require an individual injection well permit when constructed in accordance with the rules of* [*15A NCAC 02C .0200*](http://portal.ncdenr.org/c/document_library/get_file?uuid=6bc67e83-e925-4975-bb8a-d3084da0de4f&groupId=38364)*.*

*As described in* [*15A NCAC 02C .0227*](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2002%20-%20environmental%20management/subchapter%20c/15a%20ncac%2002c%20.0227.pdf) *this applies to rooftop runoff infiltration systems and certain other stormwater infiltration systems implemented as Best Management Practices designed in accordance with State stormwater regulations or an approved local government stormwater program.*

*This notification form shall be submitted within 30 days of a change of status as described in Part D below.*

***Print Clearly or Type Information. Illegible Submittals Will Be Returned As Incomplete.***

**DATE**: , **20**\_\_\_\_ **PERMIT NO.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(to be completed by DWR)

**A. STATUS OF WELL OWNER (choose one)**

(1) Single Family Residence \_\_\_\_

(2) Business/Organization \_\_\_\_

(3)Government: State \_\_\_\_ Municipal \_\_\_\_ County \_\_\_\_ Federal \_\_\_\_

**B. WELL OWNER(S) –** For single family residences, list all persons listed on the property deed. For all others, list name of the business/government agency and person and title with delegated signature authority:

Mailing Address:

City: State: \_\_\_\_\_\_ Zip Code:

Telephone No.: EMAIL:

**C. WELL FACILITY**

(1) Name of Facility:

(2) Physical Address:

City: County: Zip Code:

(3) Facility Location Identified By (check one):

[ ] Attached facility site map with property boundaries, or

[ ] Geographic Coordinates: Latitude: Longitude:

Reference Datum: Position Accuracy:

Method of Data Collection:

**D. WELL STATUS –** Indicate the status of the well or well system (choose one):

Proposed Active Inactive Temporarily Abandoned Permanently Abandoned

**E. SIGNATURE(S) –** The following section is to be completed as required below or by that person’s authorized agent. [15A NCAC 02C .0211(e)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2002%20-%20environmental%20management/subchapter%20c/15a%20ncac%2002c%20.0211.pdf) requires signatures as follows:

(a) for a corporation: by a responsible corporate officer;

(b) for a partnership or sole proprietorship: by a general partner or the proprietor, respectively;

(c) for a municipality or a state, federal, or other public agency: by either a principal executive officer or ranking publicly elected official;

(d) for all others: by the well owner;

(e) for any other person authorized to act on behalf of the applicant: documentation shall be submitted with the notification that clearly identifies the person, grants them signature authority, and is signed and dated by the applicant.

*“I hereby certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining said information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties, including the possibility of fines and imprisonment, for submitting false information. I agree to construct, operate, maintain, repair, and if applicable, abandon the injection well and all related appurtenances in accordance with the* [*15A NCAC 02C 0200*](http://portal.ncdenr.org/c/document_library/get_file?uuid=6bc67e83-e925-4975-bb8a-d3084da0de4f&groupId=38364) *Rules.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Property Owner/Applicant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print or Type Full Name and Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Property Owner/Applicant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print or Type Full Name and Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorized Agent, if any**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print or Type Full Name and Title**

Submit one copy of the completed notification package to:

DWR – UIC

1636 Mail Service Center

Raleigh, NC 27699-1636

Telephone: 919-807-6464 | Fax: 919-807-6496