

NOTIFICATION OF INTENT TO CONSTRUCT OR OPERATE INJECTION WELLS

These wells are "permitted by rule" and do not require an individual permit when constructed in accordance with the rules of [15A NCAC 02C .0200](#). This notice must be submitted prior to construction.

GEOTHERMAL AQUEOUS CLOSED-LOOP WELLS

As described in [15A NCAC 02C .0222](#) these wells circulate potable water only or a mixture of potable water and performance-enhancing additives as part of a geothermal heating and cooling system.

OR

GEOTHERMAL DIRECT EXPANSION CLOSED-LOOP WELLS

As described in [15A NCAC 02C .0223](#) these wells circulate a refrigerant gas as part of a geothermal heating and cooling system.

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

DATE: _____, **20**____ **PERMIT NO.** _____ (to be completed by DWR)

A. TYPE OF GEOTHERMAL CLOSED-LOOP WELL TO BE CONSTRUCTED

- (1) Aqueous (as per [15A NCAC 02C .0222](#)): _____ Number of wells: _____
(2) Direct Expansion (as per [15A NCAC 02C .0223](#)) _____ Number of wells: _____

B. STATUS OF WELL OWNER (choose one)

- (1) Single Family Residence ____ **Submit this form two (2) business days prior to construction.**
(2) Business/Organization ____ **Submit this form 30 days prior to construction.**
(3) Government: State ____ Municipal ____ County ____ Federal ____ **Submit this form 30 days prior to construction.**

C. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Mailing Address: _____

City: _____ State: ____ Zip Code: _____ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: _____

County: _____

(2) Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

E. MAPS, PLANS, AND SPECIFICATIONS

(1) Maps must be scaled or otherwise accurately indicate distances and orientations of features located within 250 feet of the injection well(s). Label all features clearly and include a north arrow. Attach a site-specific map showing the locations of the following:

- Proposed injection well locations
- Buildings
- Property boundaries
- Surface water bodies
- Water supply wells
- Septic systems and associated spray irrigation sites, drain fields, or repair areas
- Existing or potential sources of groundwater contamination

(2) Plans and specifications of the surface and subsurface construction details of the well system.

F. TYPES AND CONCENTRATIONS OF ADDITIVES – List any additives that will be used and their concentrations. Only additives that the Department of Health and Human Services’ Division of Public Health determines do not adversely affect human health shall be used. A list of approved additives can be found online at <http://portal.ncdenr.org/web/wq/aps/gwpro>. All other additives require approval prior to use.

G. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor’s Name: _____

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ____ Zip Code:____ County:_____

Day Tele No.: _____ Cell No.:_____

EMAIL Address: _____ Fax No.:_____

H. HEAT PUMP CONTRACTOR INFORMATION

Company Name:_____

Contact Person:_____ EMAIL Address:_____

Address: _____

City: _____ Zip Code: _____ State: ____ County: _____

Office Tele No.: _____ Cell No.: _____ Fax No.: _____

I. PROTECTION – Provide a brief description of how (1) water supply wells; (2) surface water bodies; and (3) septic systems and associated spray irrigation sites, drain fields, or repair areas within 250 feet of the proposed injection wells will be protected during construction of the wells:

J. VARIANCE – Pursuant to [15A NCAC 02C .0241](#) the Director of the Division of Water Resources may grant a variance from applicable well construction or operation standards provided that:

- (1) use of the well(s) will not endanger human health and welfare or the groundwater; and
- (2) that construction or operation in accordance with the standards is not technically feasible or the proposed construction provides equal or better protection of the groundwater.

Any variance request should accompany submittal of this notification to expedite evaluation of the request. The variance request form can be accessed online at <http://portal.ncdenr.org/web/wq/aps/gwpro/permit-applications>

K. SIGNATURES – The following section is to be completed as required below or by that person’s authorized agent. [15A NCAC 02C .0211\(e\)](#) 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](#) Rules.”

Signature of Property Owner/Applicant

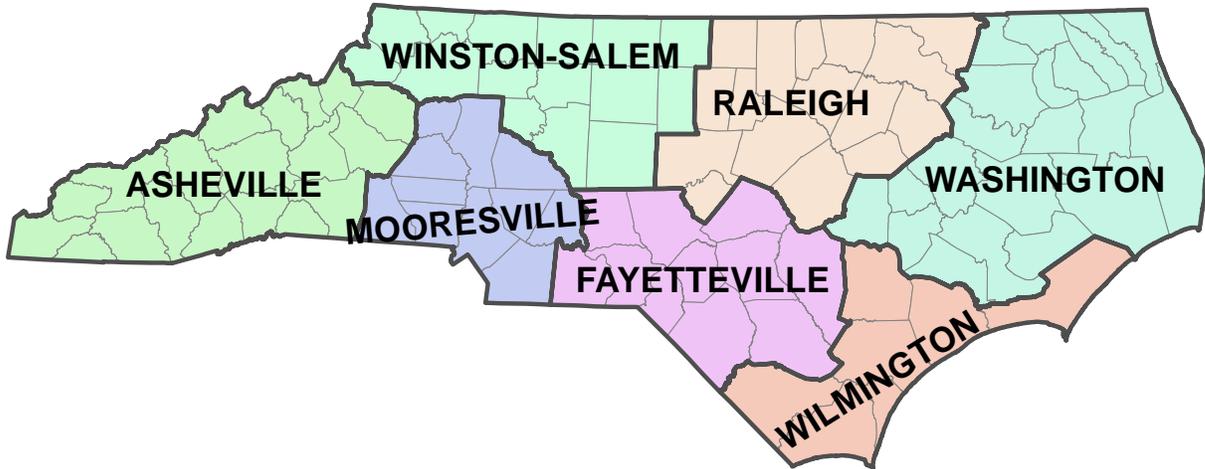
Print or Type Full Name

Signature of Authorized Agent, if any

Print or Type Full Name

L. SUBMITTAL INSTRUCTIONS – Submit one copy of the completed notification package to the each of the following:

- (1) The Division of Water Resources Regional Office serving the area in which the injection well facility will be located:



Asheville Regional Office
2090 U.S. Highway 70
Swannanoa, NC 28778
Telephone: (828) 296-4500
Fax: (828) 299-7043

Fayetteville Regional Office
225 Green Street, Suite 714
Fayetteville, NC 28301-5043
Telephone: (910) 433-3300
Fax: (910) 486-0707

Mooresville Regional Office
610 East Center Avenue, Suite 301
Mooresville, NC 28115
Telephone: (704) 663-1699
Fax: (704) 663-6040

Raleigh Regional Office
1628 Mail Service Center
Raleigh, NC 27699-1628
Telephone: (919) 791-4200
Fax: (919) 571-4718

Washington Regional Office
943 Washington Square Mall
Washington, NC 27889
Telephone: (252) 946-6481
Fax: (252) 975-3716

Wilmington Regional Office
127 Cardinal Drive Extension
Wilmington, NC 28405
Telephone: (910) 796-7215
Fax: (910) 350-2004

Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107-2241
Phone: (336) 771-5000
Fax: (336) 771-4631

- (2) County Health Department in which the injection well facility will be located. A list of county health departments can be found online at <http://www.ncalhd.org/county.htm>.