NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY – AQUIFER PROTECTION SECTION

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 zip code) and PIN Number_____
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
   b. Estimated well depth
   c. Screen intervals
   d. Sand/gravel pack intervals
   e. Type of casing material and thickness
   f. Grout horizons
   g. Well head completion details

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

_____
Printed name of Applicant or *Agent

** If signing as Agent, attach authorization agreement stating 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 Quality's Aquifer Protection Section Regional Office:

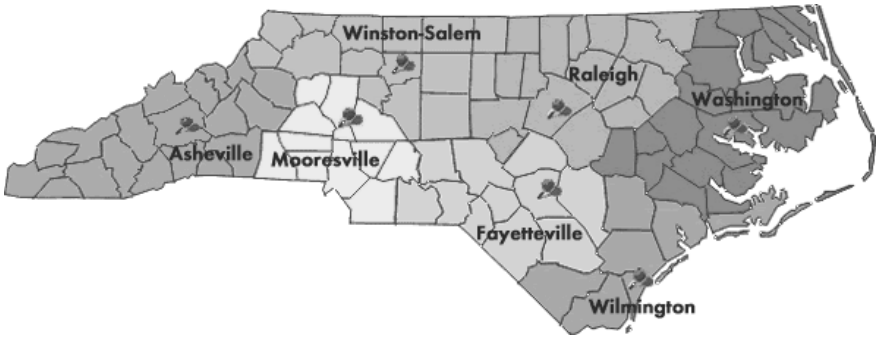
Asheville Regional Office
2090 U.S. Highway 70
Swannanoa, NC 28778
Phone: (828) 296-4500
Fax: (828) 299-7043

Raleigh Regional Office
3800 Barrett Drive
Raleigh, NC 27609
Phone: (919) 791-4200
Fax: (919) 571-4718

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

Fayetteville Regional Office
225 Green Street, Suite 714
Fayetteville, NC 28301-5094
Phone: (910) 433-3300
Fax: (910) 486-0707

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

Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107
Phone: (336) 771-5000
Fax: (336) 771-4630

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