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

### NOTIFICATION FOR STORMWATER DRAINAGE WELL SYSTEMS

*Stormwater drainage wells are classified by EPA as Class V injection wells 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.*

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

**DATE**:  \_**PERMIT NO.**: (to be completed by DWR for new permits)

**A. TYPE 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 INFO**

(1) Name of Facility:

(2) Contact Name (if any): Phone No.:

(3) Physical Address (if different than Owner):

City: County: Zip Code:

 (4) Geographic Coordinates: Latitude: Longitude:

 Reference Datum: Position Accuracy:

 Method of Data Collection:

**D. PROJECT CONTACT INFO (generally the environmental/engineering consultant)**

Name: Title:

Company:

Address:

City: State: Zip:

Telephone number: Email:

**E. WELL(S) INFO –** Indicate the number of the well(s) according to the status:

 Proposed Active Inactive Temporarily Abandoned Permanently Abandoned

**F. DESCRIPTION OF UIC STORMWATER WELL(S) –** Attach a **site map and schematic** of well system, and provide a brief narrative regarding the purpose, scope, and goals of the proposed injection activity:

**G. SIGNATURE(S) of APPLICANT & PROPERTY OWNER–** The following section is to be completed as required below or by that person’s authorized agent. [15A NCAC 02C .0211(d)](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.

Well Owner/Applicant**:** *“I hereby certify, under penalty of law, that I 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 Applicant Print or Type Full Name and Title**

Property Owner **(**if the property is not owned by the Well Owner/Applicant**):**

“*As owner of the property on which the injection well(s) are to be constructed and operated, I hereby consent to allow the applicant to construct each injection well as outlined in this application and agree that it shall be the responsibility of the applicant to ensure that the injection well(s) conform to the Well Construction Standards (*[*15A NCAC 02C .0200*](http://portal.ncdenr.org/c/document_library/get_file?uuid=6bc67e83-e925-4975-bb8a-d3084da0de4f&groupId=38364)*).”*

### “Owner” means any person who holds the fee or other property rights in the well being constructed. A well is real property and its construction on land shall be deemed to vest ownership in the land owner, in the absence of contrary agreement in writing.

**Signature\* of Property Owner (if different from applicant) Print or Type Full Name and Title**

*\*An access agreement between the applicant and property owner may be submitted in lieu of a signature on this form.*

Send one copy of the completed notification package along with an electronic copy on CD or Memory Stick to:

Division of Water Resources

UIC Program

1636 Mail Service Center

Raleigh, NC 27699-1636

Telephone: 919-707-9000