NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

### NOTIFICATION OF INTENT TO CONSTRUCT OR OPERATE INJECTION WELLS

*Injection Well Type “Other – Enhanced Electrical Resistance Heating”*

These wells use potable water to hydrate an electrode emplaced in the subsurface that provides heat to promote volatilization of organic compounds for extraction from the subsurface.

As provided for in [15A NCAC 02C .0230](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2002%20-%20environmental%20management/subchapter%20c/15a%20ncac%2002c%20.0230.html), enhanced electrical resistance heating wells are permitted according to the criteria for *in situ* remediation wells specified in[15A NCAC 02C .0225](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2002%20-%20environmental%20management/subchapter%20c/15a%20ncac%2002c%20.0225.html)

*Injection wells used for enhanced electrical resistance heating are “permitted by rule” and do not require an individual permit when constructed and operated 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)*.*

*This form shall be submitted at least 2 weeks prior to injection.*

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

**DATE**: , **20**\_\_\_\_ **PERMIT #:** (to be filled in by DWR)

A. STATUS OF WELL OWNER: Choose an item.

B. WELL OWNER – State name of entity and name of person delegated authority to sign on behalf of the business or agency:

Name:

Mailing Address:

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

Day Tele No.: Cell No.:

EMAIL Address: Fax No.:

**C. PROPERTY OWNER** (if different than well owner)

Name:

Mailing Address:

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

Day Tele No.: Cell No.:

EMAIL Address: Fax No.:

**D. PROJECT CONTACT -** Person who can answer technical questions about the proposed injection project.

Name:

Mailing Address:

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

Day Tele No.: Cell No.:

EMAIL Address: Fax No.:

**E. PHYSICAL LOCATION OF WELL SITE**

 (1) Physical Address: County:

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

 (2) Geographic Coordinates: Latitude\*\*: o ′ ″ or o.

 Longitude\*\*: o ′ ″ or o.

 Reference Datum: Accuracy:

 Method of Collection:

**F. TREATMENT AREA**

 Land surface area of contaminant plume: square feet

 Land surface area of inj. well network: square feet

 Percent of contaminant plume area to be treated: %

**G. INJECTION ZONE MAPS –** Attach the following to the notification.

(1) Contaminant plume map(s) with isoconcentration lines that show the horizontal extent of the contaminant plume in soil and groundwater, existing and proposed monitoring wells, and existing and proposed injection wells;

(2) Cross-section(s) to the known or projected depth of contamination that show the horizontal and vertical extent of the contaminant plume in soil and groundwater, changes in lithology, existing and proposed monitoring wells, and existing and proposed injection wells; and

(3) Potentiometric surface map(s) indicating the rate and direction of groundwater movement, plus existing and proposed wells.

**H. DESCRIPTION OF PROPOSED INJECTION ACTIVITIES –** Provide a brief narrative regarding the purpose, scope, and goals of the proposed injection activity. This should include the rate, volume, and duration of injection over time.

**I. INJECTANTS** –Provide a MSDS and the following for each injectant. Attach additional sheets if necessary.

*NOTE: Approved injectants (tracers and remediation additives) can be found online at* [*http://portal.ncdenr.org/web/wq/aps/gwpro*](http://portal.ncdenr.org/web/wq/aps/gwpro)*. All other substances must be reviewed by the Division of Public Health, Department of Health and Human Services. Contact the UIC Program for more info (919-807-6496).*

Injectant:

Volume of injectant:

Concentration at point of injection:

Percent if in a mixture with other injectants:

Injectant:

Volume of injectant:

Concentration at point of injection:

Percent if in a mixture with other injectants:

Injectant:

Volume of injectant:

Concentration at point of injection:

Percent if in a mixture with other injectants:

**J. WELL CONSTRUCTION DATA**

(1) Number of injection wells: Proposed Existing

(2) Provide well construction details for each injection well in a diagram or table format. A single diagram or line in a table can be used for multiple wells with the same construction details. Well construction details shall include the following:

 (a) well type as permanent, direct-push, or subsurface distribution system (infiltration gallery)

 (b) depth below land surface of grout, screen, and casing intervals

 (c) well contractor name and certification number

**K. SCHEDULES –** Briefly describe the schedule for well construction and injection activities.

**L. MONITORING PLAN –** Describe below or in separate attachment a monitoring plan to be used to determine if violations of groundwater quality standards specified in [Subchapter 02L](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2002%20-%20environmental%20management/subchapter%20l/subchapter%20l%20rules.pdf) result from the injection activity.

**M. SIGNATURE OF APPLICANT AND PROPERTY 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**

PROPERTY OWNER **(**if the property is not owned by the permit 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**

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

**Submit the completed notification package to:**

DWR – UIC Program

1636 Mail Service Center

Raleigh, NC 27699-1636

Telephone: (919) 807-6464