NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WATER RESOURCES

VARIANCE APPLICATION FOR INJECTION WELL CONSTRUCTION STANDARDS: GEOTHERMAL AQUEOUS CLOSED-LOOP WELLS (<u>15A NCAC 02C .0222</u>) <u>or</u> GEOTHERMAL DIRECT EXPANSION CLOSED-LOOP WELLS (<u>15A NCAC 02C .0223</u>)

This form MUST accompany the Closed-Loop Geothermal Notification Form available online at http://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/ground-water-protection/ground-water-applications

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

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

A. 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:
 County:

 Day Tele No.: _____ Cell No.: _____ EMAIL Address: _____ Fax No.:_____ В. PHYSICAL LOCATION OF WELL SITE Parcel Identification Number (PIN) of well site: (1)County: (2)Physical Address (if different than mailing address): City: County Zip Code: C. 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.:_____ **D. REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

E. SIGNATURES

Signature of Well Driller and Certification No.

Print or Type Full Name

Signature of Well Owner

Print or Type Full Name

Signature of Well Owner

Print or Type Full Name

Per <u>15A NCAC 02C .0241</u> the Director of the Division of Water Resources may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in <u>G.S. 150B-23</u> within 60 days after receipt of the decision.

F. SUBMITTAL INSTRUCTIONS – Submit one copy of the completed variance request <u>attached</u> to the Notification of Intent to Construct or Operate Injection Wells to the Division of Water Resources Regional Office serving the area in which the injection well facility will be located:



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

 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

450 W. Hanes Mill Road Suite 300 Winston-Salem, NC 27105 Phone: (336) 776-9800 Fax: (336) 776-9797