# 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 <a href="http://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/ground-water-protection/ground-water-applications">http://deq.nc.gov/about/divisions/water-resources/water-resources-permits/wastewater-branch/ground-water-protection/ground-water-applications</a>

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

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 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