



North Carolina Department of Environment and Natural Resources

Division of Water Quality

Beverly Eaves Perdue  
Governor

Charles Wakild, P. E.  
Director

Dee Freeman  
Secretary

April 30, 2012

MEMORANDUM

**TO:** State and Local Government Stormwater Regulatory Agencies  
Owners and Operators of Stormwater Infiltration Systems  
Other Interested or Affected Parties

**FROM:** Thomas Slusser, L.G. *TJS*  
Underground Injection Control (UIC) Program Manager

**SUBJECT:** Impact of Injection Well Rule Revisions on Certain Stormwater Infiltration Systems  
Criteria and Standards Applicable to Injection Wells (15A NCAC 02C .0200)

On April 19, 2012, the North Carolina Rules Review Commission approved revisions of the criteria and standards applicable to injection wells, which will become effective on May 1, 2012. Rule 15A NCAC 02C .0227 was adopted to address a regulatory conflict between State stormwater BMPs that encourage onsite stormwater infiltration and the injection well rules adopted in 1997, which prohibit stormwater injection. As established in the federal injection well regulations, stormwater infiltration systems that use infiltration galleries, perforated piping, or other subsurface distribution systems are considered to be a Class 5 injection well. These systems are regulated as an injection well due to the potential to adversely affect groundwater quality, especially from industrial and commercial facilities.

A separate permit from the NC UIC Program is not required. However, in order for the NC UIC Program to comply with federal requirements, owners or operators of stormwater infiltration systems with subsurface distribution systems are to submit basic information needed to fulfill reporting obligations with the EPA. Attached for your reference and use are the stormwater injection rule and the notification form to be submitted within 30 days of construction, abandonment, or any other change of status. Additional guidance and information is available online at:  
[http://portal.ncdenr.org/web/wq/aps/gwpro/injection\\_stormwater](http://portal.ncdenr.org/web/wq/aps/gwpro/injection_stormwater).

Please contact me at [thomas.slusser@ncdenr.gov](mailto:thomas.slusser@ncdenr.gov) or 919-807-6412 if you have any questions about the new rules, injection wells, or the UIC Program.

Attachments: Rule 15A NCAC 02C .0227 – Stormwater Drainage Wells  
Notification form for reporting stormwater infiltration systems to the NC UIC Program

AQUIFER PROTECTION SECTION  
1636 Mail Service Center, Raleigh, North Carolina 27699-1617  
Location: 512 N. Salisbury St. Raleigh, North Carolina 27604  
Phone: 919-807-6464 \ FAX: 919-807-6496  
Internet: [www.ncwaterquality.org/web/wq/aps](http://www.ncwaterquality.org/web/wq/aps)

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**15A NCAC 02C .0227 STORMWATER DRAINAGE WELLS**

- (a) Stormwater Drainage Wells receive the flow of water that results from precipitation occurring immediately following rainfall or a snowmelt event.
- (b) The following Stormwater Drainage Wells are permitted by rule pursuant to Rule .0217 of this Section:
  - (1) systems designed in accordance with stormwater controls required by federal laws and regulations, state statutes and rules, or local controls adopted consistent with these federal or state requirements; and
  - (2) roof-top runoff infiltration systems.
- (c) Nothing in this Rule shall be construed as to allow untreated stormwater to be emplaced directly into any aquifer or to otherwise result in the violation of any groundwater quality standard as specified in Subchapter 02L.
- (d) Reporting. Within 30 days of a change of status of the well, the owner/operator shall provide the following information:
  - (1) facility name, address, and location indicated by either:
    - (A) latitude and longitude with reference datum, position accuracy, and method of collection;
    - or
    - (B) a facility site map with property boundaries;
  - (2) name, telephone number, and mailing address of legal contact;
  - (3) ownership of facility as a private individual or organization, or a federal, state, county, or other public entity;
  - (4) number of injection wells; and
  - (5) well status as proposed, active, inactive, temporarily abandoned, or permanently abandoned.

*History Note: Authority G.S. 87-87; 87-88; 87-90; 87-94; 87-95; 89E-13; 89E-18; 143-211; 143-214.2(b); 143-215.1A; 143-215.3(a)(1); 143-215.3(c); 150B-19(4); 40 CFR Part 144.52(a)(7); 40 CFR Part 145.11(a)(20); Eff. May 1, 2012.*

**NOTIFICATION FOR STORMWATER DRAINAGE WELLS**

*Stormwater drainage wells are Class 5 injection wells "permitted by rule" and do not require an individual injection well permit when constructed in accordance with the rules of 15A NCAC 02C .0200.*

*As described in 15A NCAC 02C .0227 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. Additional guidance is available online at [http://portal.ncdenr.org/web/wq/aps/gwpro/injection\\_stormwater](http://portal.ncdenr.org/web/wq/aps/gwpro/injection_stormwater)*

*This notification form shall be submitted within 30 days of a change of status as described in Part D below.*

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

**DATE:** \_\_\_\_\_, 20\_\_\_\_ **PERMIT NO.** \_\_\_\_\_ (to be completed by DWQ)

**A. STATUS OF WELL OWNER (choose one)**

- (1) Single Family Residence \_\_\_\_
- (2) Business/Organization \_\_\_\_
- (3) Government: State \_\_\_\_ Municipal \_\_\_\_ County \_\_\_\_ Federal \_\_\_\_

**B. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:**

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Ph#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**C. WELL FACILITY**

- (1) Name of Facility: \_\_\_\_\_
- (2) Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **NC** Zip Code: \_\_\_\_\_

(3) Facility Location Identified By (check one):

- Attached facility site map with property boundaries, or
- Geographic Coordinates: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Reference Datum: \_\_\_\_\_ Position Accuracy: \_\_\_\_\_  
Method of Data Collection: \_\_\_\_\_

**D. WELL STATUS – Indicate the status of the well or well system (choose one):**

\_\_\_\_ Proposed \_\_\_\_ Active \_\_\_\_ Inactive \_\_\_\_ Temporarily Abandoned \_\_\_\_ Permanently Abandoned

**E. SIGNATURES** – The following section is to be completed as required below or by that person’s authorized agent. 15A NCAC 02C .0211(d) 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.

*“I hereby certify, under penalty of law, that I have personally examined and 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 Rules.”*

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**Signature of Property Owner/Applicant**

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**Print or Type Full Name**

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**Signature of Authorized Agent, if any**

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**Print or Type Full Name**

Submit one copy of the completed notification package to:

DWQ – Aquifer Protection Section  
1636 Mail Service Center  
Raleigh, NC 27699-1636  
Telephone: 919-807-6464 | Fax: 919-807-6496