



North Carolina Department of Natural Resources & Community Development

James E. Hunt, Jr., Governor

Joseph W. Grimsley, Secretary

DIVISION OF
ENVIRONMENTAL
MANAGEMENT

Robert F. Helms
Director

Telephone 919 733-7015

Colonel M. G. Lilley
U. S. Marine Corps
Assistant Chief of Staff, Facilities
Marine Corps Base
Camp Lejeune, North Carolina 28542

Subject: Issuance of Variance to
Well Construction Standards
Camp Lejeune
Onslow County

Dear Colonel Lilley:

The United States Marine Corps is hereby granted permission to construct fifty-five (55) wells in variance to 15 NCAC 2C .0108(b)(2). The wells will be used to monitor groundwater quality at several sites located on the Camp Lejeune Marine Corps Base.

The variance is granted under the following conditions:

1. The wells must be located and constructed as shown in the diagrams submitted as part of the variance request.
2. The casing shall be installed in such a way as to insure the proper distribution of grout, bentonite, and gravel.
3. All identification and well head completion shall comply with the well construction standards.
4. Each well shall have a locking cap and a highly visible sign stating that the well is for monitoring purposes only, and not for a potable water supply.
5. A completed GW-1 ("Well Record" forms enclosed as requested) and a copy of the variance approval shall be submitted for each well constructed. A diagram may be submitted for much of the information on the GW-1 if attached to a GW-1.
6. When a monitor well is no longer useful for its intended purpose or its use is discontinued, it should be properly abandoned and an abandonment report filed.
7. The Wilmington Regional Office shall be notified prior to the construction of the wells.

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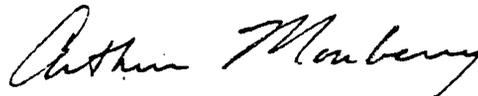
Colonel M. G. Lilley

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The variance granted in this letter under the stated conditions does not exempt any other provisions in 15 NCAC 2C.

If you have questions or need further assistance, please contact Rick Shiver at telephone number (919) 256-4161.

Sincerely,



for Robert F. Helms
Director

RFH/MM/sf

cc: Perry Nelson
Central Files
Wilmington Regional Office

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NORTH CAROLINA DEPARTMENT OF NATURAL RESOURCES & COMMUNITY DEVELOPMENT
WELL RECORD

DIVISION OF ENVIRONMENTAL MANAGEMENT
P. O. Box 27687 - RALEIGH, N.C. 27611 919-733-2020

DRILLING CONTRACTOR _____ REG. NO. _____ WELL CONSTRUCTION PERMIT NO. _____

1. WELL LOCATION: (Show sketch of the location below)

Nearest Town: _____ County: _____
_____ Quadrangle No. _____
(Road, Community or Subdivision and Lot No.)

2. OWNER: _____

DRILLING LOG

3. ADDRESS: _____

| DEPTH | | FORMATION DESCRIPTION |
|-------|----|-----------------------|
| FROM | TO | |

4. TOPOGRAPHY: draw, valley, slope, hilltop, flat (circle one)

5. USE OF WELL: _____ DATE: _____

6. DOES THIS WELL REPLACE AN EXISTING WELL? _____

7. TOTAL DEPTH: _____ RIG TYPE OR METHOD: _____

8. FORMATION SAMPLES COLLECTED: YES _____ NO _____

9. CASING: Depth Inside Wall thick. type
Dia. or weight/ft.

From _____ to _____ ft _____

10. GROUT: Depth Material Method

From _____ to _____ ft _____

If additional space is needed, use back of form

11. SCREEN: Depth Dia. Type & Opening

From _____ to _____ ft _____

LOCATION SKETCH
(Show distance to numbered roads, or other map reference points)

12. GRAVEL: Depth Size Material

From _____ to _____ ft _____

13. WATER ZONES (depth): _____

14. STATIC WATER LEVEL: _____ ft. above top of casing
below

Casing is _____ ft. above land surface ELEV: _____

15. YIELD (gpm): _____ METHOD OF TESTING: _____

16. PUMPING WATER LEVEL: _____ ft.

after _____ hours at _____ gpm.

17. CHLORINATION: Type _____ Amount _____

18. WATER QUALITY: _____ TEMPERATURE (°F) _____

19. PERMANENT PUMP: Date Installed _____

Type _____ Capacity _____ (gpm) HP _____

Make _____ Intake Depth _____

Airline Depth _____

20. HAS THE OWNER BEEN PROVIDED A COPY OF THIS RECORD AND INFORMED OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS? _____

21. REMARKS _____

I do hereby certify that this well was constructed in accordance with N.C. Well Construction Regulations and Standards and that this well record is true and exact.

SIGNATURE OF CONTRACTOR OF AGENT _____ DATE _____

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