

N00639.AR.002026  
NSA MID SOUTH  
5090.3a

LETTER DISCUSSING APPROVED CONSTRUCTION PERMIT FOR EMERGENCY  
RECOVERY WELLS AT SOLID WASTE MANAGEMENT UNITS 24 AND 43 MILLINGTON  
SUPPACT TN  
9/24/1999  
MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT



# MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT

YVONNE S. MADLOCK  
*Director*

JOHN B. KIRKLEY, M.D.  
*Interim Health Officer*



JIM ROUT  
*Mayor of Shelby County*

DR. W. W. HERENTON  
*Mayor of Memphis*

September 24, 1999

Mr. David McCray  
Tri State Testing Services  
6756 Buckles Cove  
Memphis, TN 38133

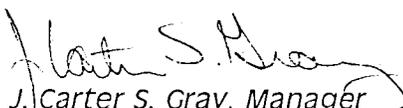
RE: **EMERGENCY CONSTRUCTION OF MONITORING WELL(S): NSA-Mid South**  
**(Assemblies G & H-SWMU 24 and 43)**  
**Permit #99-206 Geoprobes**

Dear Mr. McCray:

This letter acknowledges the oral approval given by this Office for emergency construction of a well at the above referenced location. The "**CONSTRUCTION PERMIT**" documenting the procedure is enclosed. You are expected to comply with all conditions indicated on the permit as well as the specifications outlined on the application. The permit must be maintained at the job site for the duration of the construction process.

Your prompt attention and cooperation in this matter will be appreciated. In the meantime if you have any questions, please contact Mr. Greg Parker at (901) 544-7741.

Sincerely,

  
J. Carter S. Gray, Manager  
POLLUTION CONTROL SECTION

GP:JCSG:mpc

Enclosure

cc: Carol Davis, Ensafe ✓

Mission

To promote, protect and improve the health and environment of all Shelby County residents.

814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE 38105

Phone (901) 544-7600

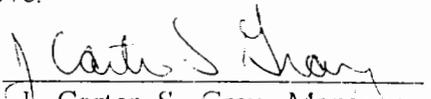
**MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT**  
**WATER QUALITY BRANCH**  
**MONITORING WELL CONSTRUCTION PERMIT**

WELL DRILLING COMPANY TRI STATE TESTING SERVICES  
ADDRESS 6756 Buckles Cove Memphis, TN 38133  
DATE ISSUED 6/25/99 EXPIRATION DATE 9/25/99 PERMIT NUMBER 99-206  
DESCRIPTION OF WORK Construction of Monitoring Wells at : NSA-Mid South  
**EMERGENCY PERMIT** Assemblies G & H (SWMU 24 and 43)

This permit is issued based on the signed commitment of the driller and the owner of said well that all work performed at this site will be in full compliance with the requirements outlined in the Shelby County Well Construction Code or as directed by the Water Quality Branch of the Memphis and Shelby County Health Department. Any deviation of the approved conditions outlined on this permit by the well drilling company will void this permit immediately.

**CONDITIONS :**

1. Any water used in drilling these monitoring wells must be obtained from a potable source.
2. A protective device must be placed over the well opening by the well driller and it will be the owners responsibility to maintain the integrity of this device.
3. All applicable fees must be paid to the Memphis and Shelby County Health Department .
4. An annual fee of twenty (\$20.00) dollars per well will be assessed for all active monitoring wells at this location with the maximum annual fee not to exceed one hundred (\$100.00) per site.
5. The Water Quality Branch shall be notified at least twenty-four (24) hours before construction of the monitoring wells.
6. Within thirty (30) days after completion of the monitoring wells a copy of the well logs must be submitted to the Water Quality Branch.
7. A copy of the sample results must be submitted to this office within sixty (60) days of completion of the monitoring wells.
8. All requirements outlined in the Shelby County Well Construction Code shall be complied with by the driller.
9. The Water Quality Branch will be notified should the number of monitoring wells change from the number permitted.
10. Abandoned wells shall be properly sealed as required by the Health Department.
11. This permit is valid only for the construction site referenced above.

  
J. Carter S. Gray, Manager  
POLLUTION CONTROL

No authority is granted by this permit to construct, operate or maintain any well in violation of any law, statute, code, ordinance, rule or regulation of Memphis and Shelby County, Tennessee.

NON TRANSFERABLE

POST OR FILE AT INSTALLATION ADDRESS

GP 9/29/99

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT  
POLLUTION CONTROL SECTION  
WATER QUALITY ROOM 438-L  
814 JEFFERSON AVENUE  
MEMPHIS, TN 38105  
901-544-7741

WELL APPLICATION FORM

SECTION I, II, III, AND IX MUST BE COMPLETELY FILLED OUT BY THE WELL OWNER. SECTIONS IV THRU VIII MUST BE COMPLETELY FILLED OUT BY THE WELL DRILLER. APPLICANT AND DRILLER MUST SIGN APPLICATION.

I. WELL OWNER

NAME OR NAME OF ESTABLISHMENT: U.S. Navy  
CONTACT NAME: Tonya Barker TITLE: Director, Public Works  
Office, Environmental  
Division  
MAILING ADDRESS: 7800 Wasp Avenue  
CITY: Millington STATE: TN ZIP: 38054  
PHONE: BUSINESS: 901-874-5462 HOME:

II(a). WELL LOCATION

ADDRESS: NSA Mid-South, Southside, Assemblies F, G, and H  
WELL IS APPROX NA MILES N S E W OF (See Attached Maps) RD. or ST.  
WELL IDENTIFICATION # 020G01LF, 039G01LF, 039G02LF, 039G03LF, 039G04LF, 039G05LF, 039G06LF, 039G07LF,  
039G08LF, 039G09LF, 041G01DA, 041G02DA, 041G03DA, 041G04DA  
locations LAND SIZE IN ACRES: NA

III. TYPE WELL TO BE DRILLED

<input checked="" type="checkbox"/>	WATER PRODUCTION	<input checked="" type="checkbox"/>	MONITORING
<input type="checkbox"/>	DEWATERING	<input checked="" type="checkbox"/>	a. Groundwater quality
<input type="checkbox"/>	RECOVERY	<input type="checkbox"/>	b. Methane gas
<input type="checkbox"/>	SOIL BORING	<input type="checkbox"/>	c. Water level
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	d. Leachate
<input type="checkbox"/>	SPECIFY: _____	<input type="checkbox"/>	e. Gas movement
		<input checked="" type="checkbox"/>	f. Chemical movement

IV. WELL DRILLER

DRILLING COMPANY: EnSafe/Alliance Drilling  
TENNESSEE WELL DRILLER LICENSE #: PG# 2245  
REPRESENTATIVE: Greg Pierce PHONE: 372-7962  
MAILING ADDRESS: 5724 Summer Trees Dr.  
CITY: Memphis STATE: TN ZIP: 38134

V. TYPE OF WORK

<input checked="" type="checkbox"/>	NEW WELL	<input type="checkbox"/>	REPLACEMENT
<input type="checkbox"/>	REWORK	<input type="checkbox"/>	REPAIR
<input type="checkbox"/>	FILL AND ABANDON	<input type="checkbox"/>	OTHER
			SPECIFY

VI. WELL CONSTRUCTION INFORMATION

1. EXPECTED DEPTH OF WELL: 78 to 108' CONSTRUCTION WATER SOURCE; NSA Memphis potable water
2. WELL CASING: TYPE MATERIAL PVC DIAMETER 2" WALLTHICKNESS sch. 40
3. TYPE OF WATER PUMPING EQUIPMENT: SUBMERSIBLE NA JET NA TURBINE NA

VII. MONITORING WELL INFORMATION

1. NUMBER OF WELLS NEEDED: 14 PROPOSED DEPTH OF WELL(S): 78 TO 108'
2. SUBSTANCES TO BE MONITORED FOR: VOCs
3. SAMPLING METHOD TO BE USED: BAILER: PUMP: Submersible
4. HOW OFTEN IS WELL TO BE SAMPLED? Biennially

VIII. WATER WELL USAGE

RESIDENTIAL COMMERCIAL INDUSTRIAL FARM
HEAT PUMP SPRINKLER SYSTEM IRRIGATION
RETAIN LAKE LEVEL X OTHER (SPECIFY) Groundwater monitoring

IX. ADDITIONAL INFORMATION REQUIRED

1. HOW MANY EXISTING WELLS ARE ON PROPERTY?
261 ACTIVE 132 INACTIVE OR ABANDONNED NONE

2. THE FOLLOWING MUST ACCOMPANY APPLICATION WHEN SUBMITTED:

- A. PLOT PLAN SHOWING ALL NEEDED INFORMATION AS STATED IN REGULATIONS.
B. \$25.00 PROCESSING FEE (DOES NOT APPLY TO FILLING AN ABANDONED WELL).
C. ALL WELL APPLICATIONS REQUIRE AN ADDITIONAL \$100.00 INSPECTION FEE (WITH THE EXCEPTION OF WATER PRODUCTION WELL APPLICATIONS).
D. A SKETCH OF ANY PROPOSED MONITORING WELL MUST BE ENCLOSED.

THE APPLICANT AND WELL DRILLER HEREBY AGREE TO COMPLY WITH ALL RULES AND REGULATIONS ADOPTED BY THE M.S.C.H.D. TO REGULATE WATER QUALITY CONTROL WITHIN SHELBY COUNTY. FURTHERMORE, THE DUTIES WHICH ARE LISTED IN THE REGULATIONS HAVE BEEN READ BY THE APPLICANT AND BY THE WELL DRILLER, AND ARE FULLY UNDERSTOOD AND AGREED UPON.

SIGNATURE OF WELL OWNER [Signature] DATE 9-15-99

SIGNATURE OF WELL DRILLER [Signature] DATE 09-15-99

REMARKS: THE HEALTH DEPARTMENT RESERVES THE RIGHT TO SUPPLEMENT THE GENERAL REQUIREMENTS BY AN ADDENDUM AS MAY BE REQUIRED. IF THE APPLICATION IS APPROVED BY THE HEALTH DEPARTMENT, A CONSTRUCTION PERMIT WILL BE ISSUED IN WRITING TO THE WELL DRILLER WITH A COPY BEING SENT TO THE APPLICANT. NO CONSTRUCTION IS TO BEGIN UNTIL SAID PERMIT HAS BEEN RECEIVED AND SHALL BE KEPT AT THE CONSTRUCTION SITE UNTIL THE WELL HAS BEEN COMPLETED.

FOR DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED: LOG NUMBER
PERMIT REJECTED: GRANTED: CONDITION:
APPROVAL/DENIAL DATE: PERMIT NUMBER:
DEPARTMENT SIGNATURE: