

WELLHEAD PROTECTION / NEW WELL/SPRING APPLICATION SHEET

Georgia Department of Natural Resources
Environmental Protection Division

FOR COMMUNITY - MUNICIPAL DRINKING WATER SYSTEMS ONLY

This is a preliminary data check to expedite permitting of new drinking water sources for municipal - community systems. A separate application must be filed for each new well.

System Name: _____ County: _____

System ID. No. _____ System Permit No. _____ Proposed Well/Spring No. _____

Owner: _____ Applicant: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone No.: () _____ Phone No.: () _____

Well/Spring Address if applicable: _____

Submit a map - mark the well location on a USGS 7 1/2 minute topographic map, a copy of a portion of a map is acceptable.

Is the well site located within a 100 year flood plain zone as defined by FEMA? _____ yes _____ no

Ground Elevation: _____ ft. MSL, Longitude: W _____, Latitude: N _____,

PROPOSED WELL DESCRIPTION

Provide a well construction diagram

Proposed Drill Date: _____ Proposed Total Depth: _____ Proposed Pump Rate: _____ gpm

Name and Georgia License # of proposed driller : _____

PROPOSED DRILLING METHOD (Indicate)

Rotary: _____ Percussion: _____ Other: _____

PROPOSED WELL SCREEN / OPEN HOLE INTERVAL

From: _____ ft. To: _____ ft.

From: _____ ft. To: _____ ft.

PROPOSED CASING INTERVAL

From: _____ ft. To: _____ ft.

From: _____ ft. To: _____ ft.

PROPOSED GROUTING MATERIAL & INTERVAL

Material: _____

From: _____ ft. To: _____ ft.

PROPOSED BACKFILL MATERIAL & INTERVAL

Material: _____

From: _____ ft. To: _____ ft.

Please submit drillers logs from nearby wells if they are available.

PROPOSED WELLHEAD PROTECTION AREA

CONTROL ZONE

_____ 15 ft. radius from wellhead

PROPOSED INNER-MANAGEMENT ZONE: (indicate one)

<u>Aquifer Type</u>	<u>Wellhead Protection Area</u>	<u>Key to Map</u>
_____ Karst	500 ft. radius from the wellhead	K
_____ Piedmont Fractured Crystalline Rock	250 ft. radius from the wellhead	P
_____ Coastal Plain Unconfined	250 ft. radius from the wellhead	C
_____ Coastal Plain Confined (attach documentation)	100 ft. radius from the wellhead	C

All wells in the Coastal Plain will be considered unconfined unless shown to be otherwise.

PROPOSED OUTER-MANAGEMENT ZONE:

For the purpose of this application a proposed outer-management zone of one mile radius will be considered when identifying the potential pollution sources listed on the back side of this application. The final outer-management zone will be dependent upon well construction and the geology of the wellhead protection area. The final radius may range from 100 feet to several miles.

**POTENTIAL POLLUTION SOURCE INVENTORY
WITHIN THE PROPOSED WELLHEAD PROTECTION AREA**

*Indicate whether any of the potential pollution sources are present.
EPD will not permit the well/spring if any of the following are present within the inner management zone.*

yes no

- ___ ___ commercial animal enclosures poultry enclosures or animal feedlots
 ___ ___ underground storage tanks
 ___ ___ non-domestic septic systems

Further investigation will be necessary if any of the following lie within one mile of the proposed site.

- | | | | | | |
|-----|-----|----------------------------------------|-----|-----|-----------------------------------------|
| yes | no | | yes | no | |
| ___ | ___ | domestic septic systems | ___ | ___ | commercial animal enclosures |
| ___ | ___ | municipal solid waste landfill | ___ | ___ | animal feedlots |
| ___ | ___ | industrial waste landfill | ___ | ___ | quarries/underground mines |
| ___ | ___ | construction waste landfill | ___ | ___ | underground storage tanks (unmonitored) |
| ___ | ___ | hazardous waste disposal | ___ | ___ | waste water treatment basins |
| ___ | ___ | facilities handling hazardous waste | ___ | ___ | non-domestic septic systems |
| ___ | ___ | agricultural waste impoundments | ___ | ___ | underground injection wells |
| ___ | ___ | land application of waste water/sludge | | | |

PROPOSED ALTERNATE WATER SUPPLY

Please provide a brief description of the alternative water supply to be used in the event this well must be shut down.

Does this permit application affect or require another environmental permit or license or certification issued by the Georgia Environmental Protection Division? No Yes (if Yes, please indicate below)

- | | | | | |
|------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dam Safety | <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Erosion/Sediment |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Lead-based Paint | <input type="checkbox"/> Radioactive Matrls | <input type="checkbox"/> Scrap Tires | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Underground
Injection Control | <input type="checkbox"/> Underground
Storage Tanks | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Water Withdrawal |
| <input type="checkbox"/> Well Drilling | <input type="checkbox"/> Other (specify): | | | |

I understand the Director of EPD is relying upon the accuracy of the information provided herein and in accordance with Section 9 of the Georgia Safe Drinking Water Act of 1977. I shall upon request of the Director or his representative, provide such additional information as may be necessary to complete final disposition of the application. I further understand it is unlawful for any person to own or operate a public water system, except in such a manner as to conform and comply with all rules, regulations, orders, and permits established under the provisions of the Georgia Safe Drinking Water Act of 1977 and applicable to the waters involved.

Name of Owner of the Water System as it will appear on the permit (Individual, City, County, Company, etc.) Please Print
 Owner's or Authorized Agent's Signature: _____ Title: _____

For governmentally owned water systems (Cities, Counties, Authorities):

To the best of my knowledge, the water system is in compliance with the Service Delivery Strategy (House Bill 489, 1997) for all counties in which its boundaries lie.

Owner's or Authorized Agent's Signature: _____ Date: _____

SEND FORM TO: Georgia EPD, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1152 East Tower, Atlanta, Georgia 30334 (404) 232-7818, c/o Edward Rooks

