

**APPLICATION FOR FLINT RIVER BASIN
FROST/FREEZE PROTECTION WELL**

NOTE: We cannot process incomplete applications. Please see the information page of this application (Page 3) for assistance as needed. Please give us a call at 229-391-2400 if you have any questions, and we will be happy to assist you.

For EPD Use	<i>App ID</i>	_____
<i>Date Application Received</i>		____ / ____ / ____

The water source will be located in _____ County.

Property Owner

Farm/Corp Name: _____

Name: _____
(First, MI, Last, Suffix)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Operator/Manager (if different than property owner)

Farm/Corp Name: _____

Name: _____
(First, MI, Last, Suffix)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

This is an application to install a frost/freeze protection well within the Flint River Basin.

Application Type (SELECT ONE):

- a Letter of Concurrence to **INSTALL** a new Water Withdrawal System/Source for a new permit for the purpose of frost/freeze protection.
- a request to **MODIFY** Permit _____ to include frost/freeze protection.
(Permit Number)

Frost/Freeze Protection System Planned for this Source:

Name of Field: _____

What type of frost/freeze protection system are you intending to use? _____

How many acres will be frost/freeze protected from this system? _____ Acres

Attach an aerial imagery map that outlines the acres that will be frost/freeze protected.

Groundwater Well Information:

Designated Well Name (ex. "Well # 1" or "Home Place Well") _____

Frost/Freeze Protection Maximum Pumping Capacity _____ gal/min

Planned Date of Pump/Well Installation ____/____/____

Well Depth _____ (feet) Depth of Well Casing _____ (feet) Well Casing Diameter _____ (in.)

Precise GPS Coordinates of planned drilling location (Degrees, Minutes, Seconds or Decimal Degrees):

Latitude _____ Longitude _____

Note: A well pad that meets the standards of the Water Well Standards Act must be installed on each well.

Complete the sections on the following pages to complete your application. To apply for multiple wells working together as a system, please make copies of page 2 and submit information for each well.

Acknowledgment of Requirements (Initial each line. If any questions about these, please let us know.)

1. _____ (**Landowner/Operator Initial Here**) I understand that water withdrawals from new wells in excess of 100,000 gallons per day are allowed only after meeting all conditions specified in both the Letter of Concurrence issued by the Environmental Protection Division (EPD), and the new or updated Groundwater Permit for Farm Use issued and signed by the EPD Director. In addition, doing so prior to a new or updated permit being issued may result in a violation of Georgia Groundwater Use Act and/or the Water Quality Control Act.
2. _____ (**Landowner/Operator Initial Here**) I understand that **PRIOR** to the use of my groundwater well, the well must have a water flow meter correctly installed and that an operable water use meter is required as a condition of withdrawing water for agricultural use. (EPD recommends checking with an irrigation dealer for installation requirements specific to your meter make and model.) In addition, I understand that water withdrawal may not commence until a flow meter is installed on each source and approved by EPD.
3. _____ (**Landowner/Operator Initial Here**) For each well (and any other location where metering is specified), I will install a minimum of ten (10) clean pipe diameters of straight run between the well and the frost/freeze protection system and as close as practical to the well. I will not install any valves, gages, or anything in the straight run to disrupt the flow in the ten (10) clean pipe diameters of straight run. If you have any questions regarding installation of a meter, please contact EPD. *Please see table below for exact straight run by pipe diameter.*

Pipe Diameter (Inches)	Required Straight Run (Inches)
2	20
4	40
6	60
8	80
10	100
12	120

4. _____ (**Landowner/Operator Initial Here**) I understand that state law mandates that any groundwater withdrawal for farm use have a water-measuring device associated with it, and that the permittee is responsible for such costs. I will reimburse EPD \$1,500.00 for the purchase and installation of a flow meter for each new or modified source. I will make a payment of that \$1,500.00 by check or cashier check payable to "Department of Natural Resources". I understand that EPD will purchase and install a telemetry unit at no cost to me. I understand that all maintenance and reoccurring data costs of the meter and telemetry unit will remain the responsibility of EPD.

5. _____ (**Landowner/Operator Initial Here**) I understand that willfully injuring, altering, removing, resetting, adjusting, manipulating, obstructing, or in any manner interfering with or tampering with any water measuring device for the purpose or with the intent to produce an incorrect, inaccurate, or misleading measurement, or to cause, procure or direct any other person to do so, shall be unlawful. Once a water measuring device has been installed and approved by EPD, any modification in the location or placement of the device shall require the permit holder to submit a written request or proposal for review and approval by the Director. Any malfunctioning measuring device should be reported to the EPD or EPD personnel after discovery.

6. _____ (**Landowner/Operator Initial Here**) I understand that the water well contractor installing water wells must be licensed in the State of Georgia, and wells installed by unlicensed water well contractors will not receive a Permit. If you have selected your water well contractor, please provide the company name and license number: _____. *(EPD strongly recommends that you and your water well contractor develop a written agreement detailing the services that will be performed by your contractor.)*

7. _____ (**Landowner/Operator Initial Here**) I understand that a well pad that meets the standards of the Water Well Standards Act (O.C.G.A. 12-5-134(1)(R)) must be installed on each well.

8. _____ (**Landowner/Operator Initial Here**) I understand that new wells are only to be used for frost/freeze protection purposes. Wells may be used for frost/freeze protection at a rate specified by the issued Permit for Farm Use of Groundwater from October 1st through April 30th when the air temperature approaches 35 degrees or are at or below 35 degrees.

9. _____ (**Landowner/Operator Initial Here**) I understand that for permit modification requests, increases in pump capacity may only be used for frost/freeze protection. Wells are only to be used at their increased capacities for frost/freeze protection purposes from October 1st through April 30th when the air temperature approaches 35 degrees or are at or below 35 degrees. Wells may be used for frost/freeze protection at a rate specified by the issued Permit for Farm Use of Groundwater.

Signature

I hereby certify that the information in this application is correct and accurate to the best of my knowledge. I understand that, if issued, the permit may be revoked for falsification of information given in this application.

Signature of Applicant _____ Date _____

Name _____

Type or Print

Submitting Your Application

Please submit the completed application form with any associated maps by email to Ag.Permits@dnr.ga.gov

OR by mail to:

**GA EPD Agricultural Permitting Unit
531 Main Street Suite D
Tifton, GA 31794-4898**

What steps you must take to attain your Permit:

1. EPD's Agricultural Permitting Unit, located in Tifton, Georgia, will send you a **confirmation letter** that your application is complete or request missing information. **We cannot process incomplete applications. PLEASE call us if you have any questions about how to complete the application, and we will be happy to assist you.**
2. Applications are then given a thorough **geologic evaluation** based upon your request. Evaluations are performed in order of date received. The evaluations seek to protect existing users to the extent provided in Georgia law, and they determine potential impact on natural resources. If your request conflicts with any current restrictions, you will be notified, and we will explain your options.
3. If no problems are found during the evaluation, we will issue a **Letter of Concurrence**. This will be your permission to proceed with financing, design, and installation of the water source and frost/freeze protection system. The Letter of Concurrence will contain your withdrawal details and conditions that must be met. **You must satisfy all conditions of the Letter of Concurrence before water withdrawal may commence.**
4. **Your Georgia licensed water well contractor must complete the Agricultural Well Completion Data Form. YOU must then submit all required documentation specified in the Letter of Concurrence, in one complete package, to EPD.**
5. **Your application will be submitted to the Director of EPD for Permit recommendation. Pending the director's approval, you are limited to a maximum of 100,000 gallons of water per day until the permit is issued and you have returned all required documents to GA EPD.**