

WELLHEAD PROTECTION / NEW WELL/SPRING APPLICATION SHEET

When filling out this application the following information must be included:

1. If the proposed well site is located within a flood plain zone as defined by FEMA please include a separate map indicating the proposed well location within the flood plain.
Links to flood plain sites: <http://map.georgiadfirm.com/> <https://msc.fema.gov/portal/home>
2. The Proposed Pump Rate for the proposed new well must be included. Applications without this information will be delayed.
3. If the proposed new well site has any of the following within 250 feet: non-domestic septic systems, underground storage tanks, or commercial animal enclosures, poultry enclosures, or animal feedlots, you must include the location of the facility in relation to the proposed new well location on the maps that you provide.
4. If the proposed new well location will be replacing an existing well or if there are existing wells within a one mile radius of the proposed new well location, please submit the drillers logs from the nearby wells if they are available.
5. If you are proposing more than one new well location, you must include an application for each individual proposed new well location. However, you may use the same maps for each application if the proposed new well sites are near each other.
6. If the new well location is in the Coastal Plain and you are proposing that the well when drilled will be Confined, you will need to include documentation to support this (for example, well logs for nearby wells, or geologic publications).

Mail the completed form to: **Georgia EPD, c/o Michael Gillis, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1362 East Tower, Atlanta, Georgia 30334.**

If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

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.: (____) _____

Will this be a New Well _____ or Will this be an Existing Well _____ (if it is for an Existing Well please provide a well log)

Well/Spring Address if applicable: _____

Submit a map - mark the well location on a USGS 7 1/2 minute topographic map or scaled and geographically referenced imagery such as Google Earth. 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 (if yes please provide a map)

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

- 25 ft. radius from wellhead for proposed wells
- 15 ft. radius from wellhead for existing wells with cement pad

PROPOSED INNER-MANAGEMENT ZONE: (indicate one, please see Figure 1)

<u>Aquifer Type</u>	<u>Wellhead Protection Area</u>
<input type="checkbox"/> Karst	500 ft. radius from the wellhead
<input type="checkbox"/> Piedmont Fractured Crystalline Rock	250 ft. radius from the wellhead
<input type="checkbox"/> Coastal Plain Unconfined	250 ft. radius from the wellhead
<input type="checkbox"/> Coastal Plain Confined (attach documentation)	100 ft. radius from the wellhead
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 below. 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 following three potential pollution sources are present within the inner management zone. EPD will not permit the well/spring if any of them 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | domestic septic systems | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | municipal solid waste landfill | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | industrial waste landfill | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | construction waste landfill | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | hazardous waste disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | facilities handling hazardous waste | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | agricultural waste impoundments | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | land application of waste water/sludge | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <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 _____ Title: _____
Signature: _____

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, c/o Michael Gillis, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1362 East Tower, Atlanta, Georgia 30334 If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

Figure 1. Map of Georgia indicating the aquifer type for each County for the purpose of identifying wellhead protection zones:

