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/](http://map.georgiadfirm.com/)  [https://msc.fema.gov/portal/home](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 1162 East Tower, Atlanta, Georgia 30334.
If you have any questions regarding this form, please call Michael Gillis (404) 657-6148.
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 ½ 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 CASING INTERVAL
From:__________ ft. To:__________ ft.
From:__________ ft. To:__________ ft.

PROPOSED WELL SCREEN / OPEN HOLE INTERVAL
From:__________ ft. To:__________ ft.
From:__________ ft. To:__________ ft.

PROPOSED CASING 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)

<table>
<thead>
<tr>
<th>Aquifer Type</th>
<th>Wellhead Protection Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Karst</td>
<td>500 ft. radius from the wellhead</td>
</tr>
<tr>
<td>____ Piedmont Fractured Crystalline Rock</td>
<td>250 ft. radius from the wellhead</td>
</tr>
<tr>
<td>____ Coastal Plain Unconfined</td>
<td>250 ft. radius from the wellhead</td>
</tr>
<tr>
<td>____ Coastal Plain Confined (attach documentation)</td>
<td>100 ft. radius from the wellhead</td>
</tr>
</tbody>
</table>

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**

___ ___ 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  ___ ___ wastewater 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)

☐ Air Quality ☐ Asbestos ☐ Dam Safety ☐ Drinking Water ☐ Erosion/Sediment
☐ Hazardous Waste ☐ Lead-based Paint ☐ Radioactive ☐ Scrap Tires ☐ Solid Waste
☐ Stormwater ☐ Underground Injection Control ☐ Underground Storage Tanks ☐ Wastewater ☐ Water Withdrawal
☐ Well Drilling ☐ 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, c/o Michael Gillis, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1162 East Tower, Atlanta, Georgia 30334

If you have any questions regarding this form, please call Michael Gillis (404) 657-6148.
Figure 1. Map of Georgia indicating the aquifer type for each County for the purpose of identifying wellhead protection zones: