

Georgia Department of Natural Resources

Environmental Protection Division

Agricultural Permitting Unit

531 Main Street, Suite D

Tifton, GA 31794-4898

229-391-2400

REQUEST FOR CHANGES TO AGRICULTURAL WITHDRAWAL PERMIT

I, _____, am requesting that the following changes be made to agricultural withdrawal permit number _____, located in _____ County, Georgia.

Requests for changes in ownership MUST be accompanied by a copy of a property deed, bill of sale, title transfer, last will and testament, or some other verifiable and legally binding document showing that the well and permit in question are owned by the undersigned. Please attach copies of these documents to this page.

__ ADDRESS CHANGE (Please provide mailing address.)

From: Street: _____
City, State, Zip: _____
Phone number: _____
Cell Phone number: _____

To: Street: _____
City, State, Zip: _____
Phone number: _____
Cell Phone number: _____

__ NAME OR OWNERSHIP CHANGE (Please use full legal name and include address change above.)

Former permit holder: _____

New permit holder: _____

__ PUMPAGE CHANGE

From: _____ gpm (gallons per minute)

To: _____ gpm (gallons per minute)

__ CHANGE IN IRRIGATED ACRES

From: _____ Irrigated Acres

To: _____ Irrigated Acres

__ ADDING ADDITIONAL WITHDRAWAL(S) TO EXISTING PERMIT (Please provide withdrawal(s) specifications (GPM's and Name of Water Source) and location(s) in the spaces below)

__ CHANGE IN WATER USE / DATE WATER WITHDRAWAL INSTALLED / OTHER (DESCRIBE)

Please provide GPS coordinates for all of the withdrawal location(s) for this permit.

Latitude _____

Longitude _____

Signed: _____ **Date:** _____