

Georgia Department of Natural Resources

Environmental Protection Division

Water Resources Management Program

531 Main Street, Suite D

Tifton, GA 31794

229-391-2400

REQUEST FOR CHANGES TO AGRICULTURAL WITHDRAWAL PERMIT

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

__ ADDRESS CHANGE

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

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

__ NAME OR OWNERSHIP CHANGE (include address change above)

Former permit holder: _____

New permit holder: _____

__ PUMPAGE CHANGE

From: _____ gpm

To: _____ gpm

__ CHANGE IN IRRIGATED ACRES

From: _____ acres

To: _____ acres

__ CHANGE IN USE (DESCRIBE)

__ OTHER

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.

Signed: _____ Date: _____