

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. The wellhead protection area is subject to change upon detailed investigation of the geology. A separate application must be filed for each new source.

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. () _____
Well/Spring address or written location description: _____

Submit a map with this application. Mark the well location on a USGS 7 1/2 minute topographic map. A copy of a portion of the map is acceptable.

Is the well site located within a 100-year floodplain zone as defined by FEMA? _____ Yes _____ no
Ground Elevation: _____ feet 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 Number of Proposed Driller: _____

Proposed Drilling Method (indicate) _____ **Proposed Well Screen / Open Hole Interval**

Rotary: ___ Percussion: _____ Other: _____ From: _____ feet To: _____ feet
From: _____ feet To: _____ feet

Proposed Casing Interval

From: _____ feet To: _____ feet
From: _____ feet To: _____ feet

Proposed Grouting Material & Interval

Material: _____
From: _____ feet To: _____ feet

Proposed Backfill Material & Interval

Material: _____
From: _____ feet To: _____ feet

Please submit drillers logs from nearby wells if they are available

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.

**Proposed Wellhead Protection Area
Control Zone**

_____ 15 foot radius from the wellhead

Proposed Inner Management Zone (indicate one)

(Use the map in Figure 1 for assistance in identifying the aquifer type in which the well / spring is located.)

Aquifer Type	Inner Management Zone	Key to Map
<input type="checkbox"/> Karst	500 foot radius from the wellhead	K
<input type="checkbox"/> Piedmont Fractured Crystalline Rock	250 foot radius from the wellhead	P
<input type="checkbox"/> Coastal Plain Unconfined	250 foot radius from the wellhead	C
<input type="checkbox"/> Coastal Plain Confined (attach documentation)	100 foot radius from the wellhead	C

All wells in the Coastal Plain will be considered unconfined unless shown to be otherwise.

Proposed Outer Management Zone

Assume that the outer management zone will be a one-mile radius from the wellhead when identifying potential pollution sources listed on this application. The final outer management zone will depend on well construction and the geology of the wellhead protection area. The final zone may range from a radius of 100 feet to an area of several square miles.

**Potential Pollution Source Inventory
Within The Proposed Wellhead Protection Area**

EPD will not permit the well / spring if any of the following are present within the inner management zone.

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial animal enclosures, poultry enclosures, or animal feedlots |
| <input type="checkbox"/> | <input type="checkbox"/> | Underground storage tanks |
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is the proposed site located:

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- _____ Within 100 feet of a surface water body?
 _____ Within 100 feet of any buildings, structures, or agricultural lands to which chemicals are applied?

Send the completed form and **two** copies of any required attachments to:

Regulatory Support Program, Attn. Sanra Jo Robertson
 19 Martin Luther King Jr., Dr., Room 400
 Atlanta, Georgia 30334
 Phone: (404) 656-3214 / Fax: (404) 463-6432

Figure 1. Map of Georgia indicating the aquifer type for each county for the purpose of identifying wellhead protection zones: **K** = Karst, **P** = Piedmont Fractured Crystalline Rock, and **C** = Coastal Plain.
Note: Not drawn to scale

