



FROST/FREEZE PROTECTION
LETTER OF INTEREST FOR
FLINT RIVER BASIN

Capacity Use (Red) and Restricted Use (Yellow) Areas

Please call us at 229-391-2400 if you have any questions, and we will be happy to assist you.

I am interested in frost/freeze protection in _____ County.

Property Owner:

Farm/Corp Name: _____

Name: _____
(First, MI, Last, Suffix)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Operator/Manager: (if different than property owner)

Farm/Corp Name: _____

Name: _____
(First, MI, Last, Suffix)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

This is a QUESTIONNAIRE regarding interest in frost/freeze protection wells in the Capacity Use and Restricted Use Areas as defined by the Flint River Basin Regional Water Development and Conservation Plan, 2006. *This is not intended for use as an application to install a frost/freeze protection system.*

If you are interested in frost/freeze protection, please select one or more of the options below:

- I am interested in obtaining a Letter of Concurrence to INSTALL a new Water Withdrawal System/Source for a new permit for the purpose of frost/freeze protection.
I am interested in MODIFYING an existing permit to include frost/freeze protection. If so, please provide the permit number(s) that you would be interested in modifying: _____

Frost/Freeze Protection System Questions:

What crops are you interested in frost/freeze protecting? [] Citrus [] Blueberry [] Other

If you selected "other" above, please specify: _____

What type of frost/freeze protection system are you interested in using? [] Micro-Jet [] Overhead [] Other

If you selected "other" above, please specify: _____

How many acres would you be interested in frost/freeze protecting? _____ Acres

What is the maximum pump capacity you are interested in using for frost/freeze protection? _____ gal/min

If you have interest in installing a frost/freeze protection well or modifying an existing well for frost/freeze protection, provide the location of interest below:

Latitude _____ Longitude _____

If you have interest in multiple systems or wells, please make copies of this page for each system/well.

Frost/Freeze Protection Requirements to be aware of: (If any questions about these please let us know)

1. Water withdrawals from new wells in excess of 100,000 gallons per day are allowed only after meeting all conditions specified in both the Letter of Concurrence issued by the Georgia Environmental Protection Division (EPD), and the new or updated Groundwater Permit for Farm Use issued and signed by the EPD Director. In addition, doing so prior to a new or updated permit being issued may result in a violation of Georgia Groundwater Use Act and/or the Water Quality Control Act.
2. **PRIOR** to the use of groundwater, wells must have a water flow meter correctly installed. An operable water use meter is required as a condition of withdrawing water for agricultural use. (EPD recommends checking with an irrigation dealer for installation requirements specific to your meter make and model.) In addition, water withdrawal may not commence until a flow meter is installed on each source and approved by EPD.
3. For each well (and any other location where metering is specified), a minimum of ten (10) clean pipe diameters of straight run must be installed between the well and the frost/freeze protection system and as close as practical to the well. No valves, gages, or anything in the straight run can be installed which would disrupt the flow in the ten (10) clean pipe diameters of straight run. *Please see table below for exact straight run by pipe diameter.*

Pipe Diameter (Inches)	Required Straight Run (Inches)
2	20
4	40
6	60
8	80
10	100
12	120

4. State law mandates that any groundwater withdrawal for farm use have a water-measuring device associated with it and that the permittee is responsible for such costs. EPD must be reimbursed \$1,400 for the purchase and installation of a flow meter for each new or modified source. At no cost to the permittee, EPD will also install a telemetry unit. All maintenance and reoccurring data costs of the meter and telemetry unit will remain the responsibility of EPD.
5. Willfully injuring, altering, removing, resetting, adjusting, manipulating, obstructing, or in any manner interfering with or tampering with any water measuring device for the purpose or with the intent to produce an incorrect, inaccurate, or misleading measurement, or to cause, procure or direct any other person to do so, shall be unlawful. Once a water measuring device has been installed and approved by EPD, any modification in the location or placement of the device shall require the permit holder to submit a written request or proposal for review and approval by the Director. Any malfunctioning measuring device should be reported to the EPD office or EPD personnel after discovery.
6. The water well contractor installing water wells must be licensed in the State of Georgia, and wells installed by unlicensed water well contactors will not receive a permit.
7. A well pad that meets the standards of the Water Well Standards Act (O.C.G.A. 12-5-134(1)(R)) must be installed on each well.

8. New wells are only to be used for frost/freeze protection purposes. Wells may be used for frost/freeze protection at a rate specified by the issued Permit for Farm Use of Groundwater from October 1st through April 30th when the air temperature approaches 35 degrees or are at or below 35 degrees.
9. For permit modification requests, increases in pump capacity may only be used for frost/freeze protection. Wells are only to be used at their increased capacities for frost/freeze protection purposes from October 1st through April 30th when the air temperature approaches 35 degrees or are at or below 35 degrees. Wells may be used for frost/freeze protection at a rate specified by the issued Permit for Farm Use of Groundwater.

Signature

I hereby certify that the information above is correct and accurate to the best of my knowledge.

Signature _____ Date _____

Name _____

Type or Print

Submitting Your Letter of Interest

Please submit the completed form by email to Ag.Permits@dnr.ga.gov

OR by mail to:

**GA EPD Agricultural Permitting Unit
531 Main Street Suite D
Tifton, GA 31794-4898**