

PRELIMINARY ENGINEERING REPORT
FOR
GROUNDWATER WITHDRAWAL PERMIT
FOR
BULLOCH COUNTY, GEORGIA
AUGUST 2023



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TPR CONSULTING SERVICES LLC

245 PEBBLEBROOK LANE
MACON, GA 31220 | 478-256-9332
TROJAS@TRPCONSULT.ORG

TO: Georgia Environmental Protection Division (EPD)

Cc: Tom Couch, Bulloch County Manager

Carl Hofstadter, PE, President, Hofstadter and Associates

Kelvin Seagraves, PE, Vice President, Hofstadter and Associates

FROM: Tony Rojas, Principal, TPR Consulting Services

DATE:

SUBJECT: Water Supply Wells Justification of Need

Justification of Need - 3.15 MGD

Bulloch County's groundwater withdrawal permit application is for a total of 3.15 MGD for 2 water supply wells. Bulloch County will wholesale water from these wells to Bryan County for the purpose of serving the Bryan County Mega-Site and the North Bryan County region. The justification of need to support the request for Bulloch County's 3.15 MGD groundwater withdrawal permit and an additional 3.5 MGD that Bryan County is requesting in a separate groundwater withdrawal permit is attached hereto. This justification of need was prepared by Thomas and Hutton.

Bulloch County is currently in the process of amending the County's service delivery agreement to authorize the County to provide water and sewer services in a utility district in southeast Bulloch County. Please see the attached map of the proposed utility district. Once the service delivery agreement amendment is finalized Bulloch County will seek a modification of the requested 3.15 MGD groundwater permit to allow the withdrawal of an additional 0.35 MGD from the 2 wells.



50 PARK OF COMMERCE WAY
SAVANNAH, GA 31405 | 912.234.5300
WWW.THOMASANDHUTTON.COM

TO: Georgia Environmental Protection Division (EPD)

Cc: **Tre Wilkins, PE, Project Manager, T & H**
Matthew Frazier, PE, Project Manager, T & H
Trent Thompson, PE, Vice President of Infrastructure, T & H

FROM: **Sam Dodd, PE, Project Manager, T & H**

DATE: **March 22, 2023**

SUBJECT: **Water Supply Wells Justification of Need**
Bulloch County Water Supply Wells

JOB NO.: **27691.0081**

BULLOCH COUNTY WATER SUPPLY WELLS – JUSTIFICATION OF NEED

Four (4) new water supply wells are proposed in Bulloch County to serve the Bryan County Mega-Site and North Bryan County region. The I-16 Mega-Site Region has the potential to transform Georgia by creating higher quality jobs, addressing chronic underemployment, recruiting large manufacturing operations, joining with post-secondary education, creating workforce housing infrastructure, and elevating underserved communities. The manufacturing industry in the Savannah Metropolitan area offers wages that can lift Georgia families out of poverty. The impact of this investment creates over 10,000-20,000 direct permanent jobs and an additional 30,000-50,000 in-direct permanent jobs over the next 20 years. According to the 2020 Census, Bryan County was the fastest growing county in Georgia, outside of Metropolitan Atlanta. Bryan County has experienced tremendous growth over the past few decades. The 2021 total population of Bryan County is estimated at 46,938. This is a 55% growth in population since 2010 and a 289% growth since 1980. This far exceeds the growth rate for the State of Georgia, which saw an overall average growth of 98% between 1980 and 2021 and just an 11% growth between 2010 and 2021.

North Bryan County's existing water supply system consists of a small supply well (450 gpm) and a 500,000-gallon (0.5 MG) elevated water storage tank. This system is located within Interstate Centre, an existing industrial park that is adjacent to Interstate 16 and US Highway 280 (US 280) in Northern Bryan County. Bryan County will need to increase their water capacity in the short-term to approximately 6.15 million gallons per day (MGD) to serve the Mega-Site Region. Proposed large diameter water mains, booster pump stations, and metering stations are anticipated to transfer the water from Bulloch County to Bryan County. Without the use of these wells there would not be enough water to supply the Mega-Site Region and its surrounding

areas. Bryan County would not meet its commitments to the State, JDA, and Project EA to provide water capacity for the upcoming manufacturing facilities. Other economic development regions will also stall and growth within Bryan County will dramatically slow.

Bryan County's short-term and long-term water capacity needs are summarized in **Tables 1 and 2.**

TABLE 1 – NORTH BRYAN COUNTY WATER DEMANDS - SHORT-TERM					
Service Basin	Average Daily Flow (GPD)	Average Daily Flow (GPM)	Peak Daily Flow (GPM)	Peak Hourly Flow (GPM)	ERU's
North of Interstate 16 Basin	199,468	139	249	374	664.89
Bryan County Mega-Site	6,150,000	4,271	5,552	7,688	20,500.00
TOTAL:	6,349,468	4,409	5,801	8,062	21,164.89

TABLE 2 – NORTH BRYAN COUNTY WATER DEMANDS - LONG-TERM					
Service Basin	Average Daily Flow (GPD)	Average Daily Flow (GPM)	Peak Daily Flow (GPM)	Peak Hourly Flow (GPM)	ERU's
South of Interstate 16 Basin	570,492	396	713	1,070	1,901.64
North of Interstate 16 Basin	1,252,923	870	1,566	2,349	4,176.41
Bryan County Mega-Site	6,150,000	4,271	5,552	7,688	20,500.00
TOTAL:	7,973,415	5,537	7,831	11,106	26,578.05

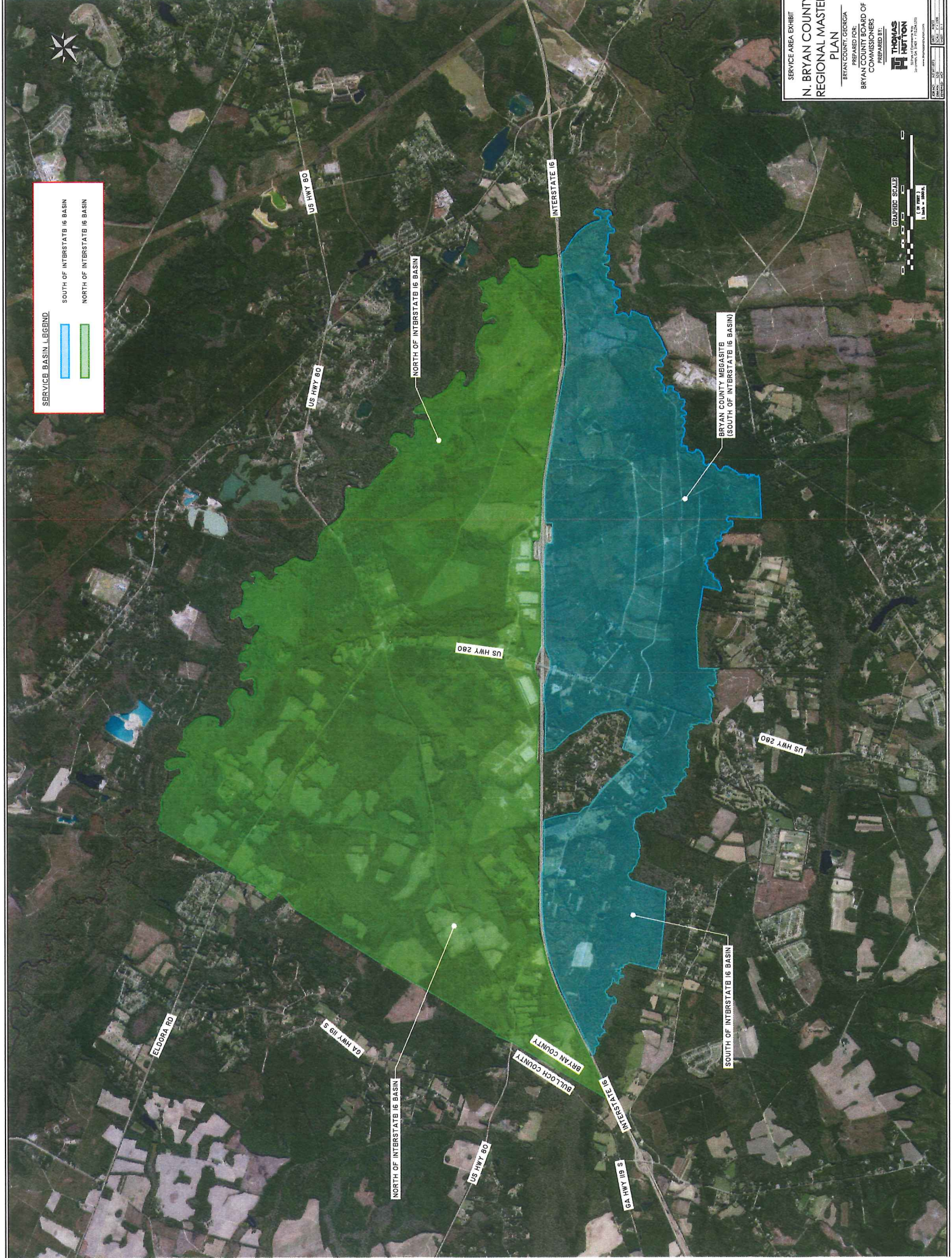
The three other alternatives investigated were the No Action alternative, City of Savannah I&D Water Treatment Plant alternative, and Effingham County alternative.

- The No Action alternative includes the existing 500,000 gallon elevated water storage tank and well, but they are not capable of supplying the anticipated future demands.
- The Savannah I&D Water Treatment Plant could supply water via proposed 24-inch and 36-inch water main extensions from existing large-diameter water mains, but this alternative was not cost effective compared to Bulloch County.
- The Effingham County alternative includes four (4) new drinking water wells in Effingham County, but this alternative disturbed more land and was not as cost effective as Bulloch County.

All investigated alternatives were deemed unattainable due to factors such as cost, land disturbance, water quality, and demand.

We respectfully request that you review this letter at your earliest convenience.

Should you have any questions or need anything else, please do not hesitate to call. We appreciate your willingness to assist in this project.

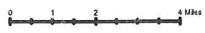
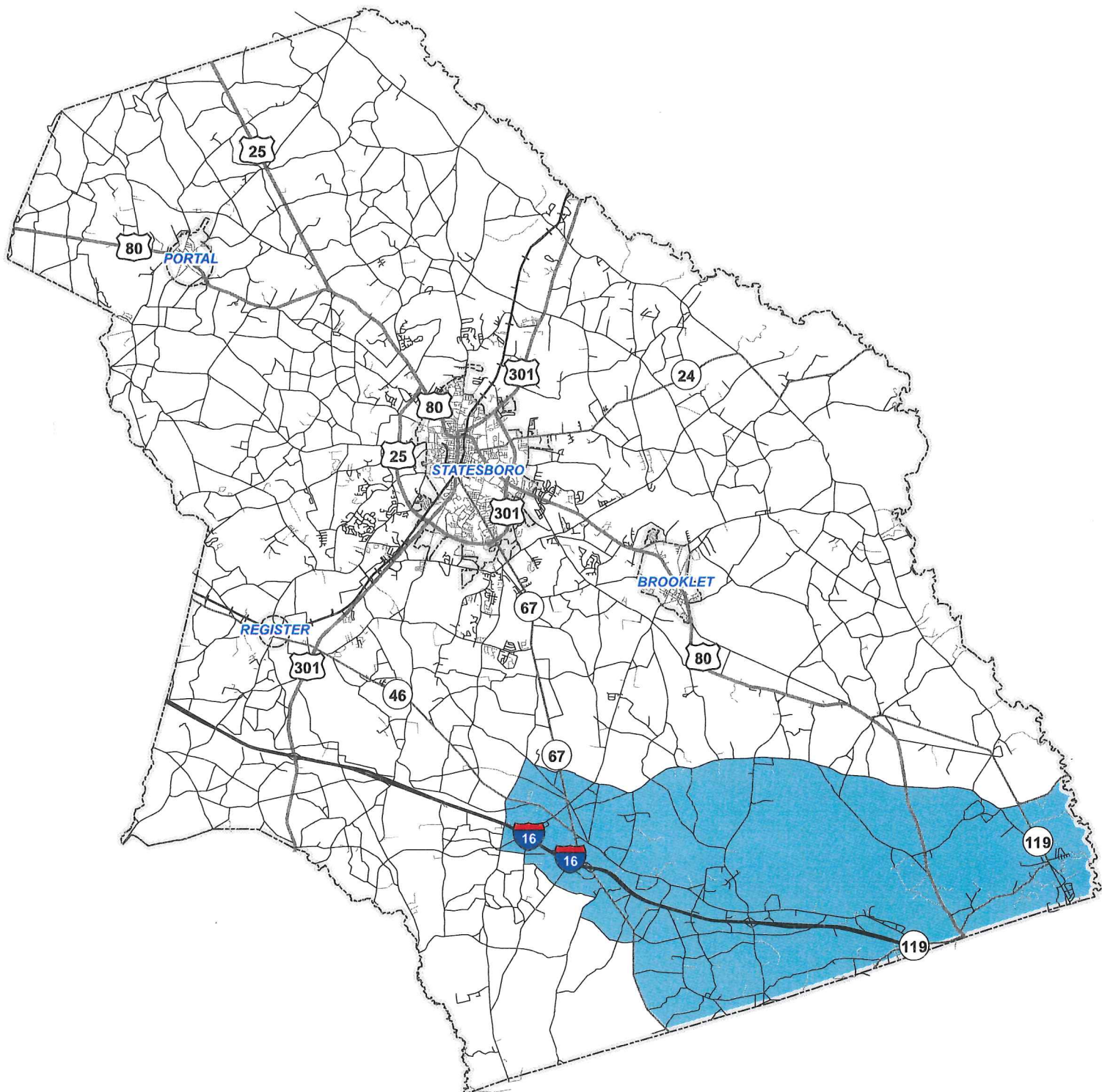


SERVICE BASIN LEGEND

- SOUTH OF INTERSTATE 16 BASIN
- NORTH OF INTERSTATE 16 BASIN

SERVICE AREA EXHIBIT
**N. BRYAN COUNTY
REGIONAL MASTER
PLAN**
PREPARED FOR:
BRYAN COUNTY BOARD OF
COMMISSIONERS
PREPARED BY:
**THOMAS
HUTTON**
THOMAS HUTTON & ASSOCIATES
1000 N. W. 10th Ave., Suite 100
Fort Lauderdale, FL 33304
Phone: 954.571.1111
Fax: 954.571.1112
www.thomashutton.com





Area Type
Water Service

Southeast Bulloch Utility District



TPR CONSULTING SERVICES LLC

245 PEBBLEBROOK LANE
MACON, GA 31220 | 478-256-9332
TROJAS@TRPCONSULT.ORG

TO: Georgia Environmental Protection Division (EPD)

Cc: Tom Couch, Bulloch County Manager

Carl Hofstadter, PE, President, Hofstadter and Associates

Kelvin Seagraves, PE, Vice President, Hofstadter and Associates

FROM: Tony Rojas, Principal, TPR Consulting Services

DATE:

SUBJECT: Water Conservation Plan

Bulloch County's groundwater withdrawal permit application is for a total of 3.15 MGD for 2 water supply wells. Bulloch County will wholesale water from these wells to Bryan County for the purpose of serving the Bryan County Mega-Site and the North Bryan County region. Bryan County is submitting a separate groundwater withdrawal permit for 3.5 MGD for 2 additional wells which will be located in Bulloch County, but owned and operated by Bryan County. Bulloch County, Bryan County and the Hyundai Motor Group Metaplant America LLC all recognize the need for the sustainable conservation of water resources and seek ways to reduce water consumption and recycle water. Bryan County's groundwater application for 3.5 MGD will include detailed information concerning the conservation measures that will be employed to conserve water in North Bryan County and at the Hyundai mega-site.

Bulloch County is currently in the process of amending the County's service delivery agreement to authorize the County to provide water and sewer services in a utility district in southeast Bulloch County. Please see the attached map of the proposed utility district. Once the service delivery agreement amendment is finalized Bulloch County will seek a modification of the requested 3.15 MGD groundwater permit to allow the withdrawal of an additional 0.35 MGD from the 2 wells. At such time as Bulloch County requests the additional 0.35 MGD from the 2 wells, a draft Water Conservation Plan will be submitted to EPD with water conservation measures to be implemented in Bulloch County's southeast utility district.



ENVIRONMENTAL PROTECTION DIVISION
Water Conservation Progress Report (Municipal)
Groundwater Withdrawal Permit

Permit Number:	This application from Bulloch County is for a new groundwater withdrawal permit therefore no conservation measures exist and there is no progress to report on.
Permit Holder:	
River Basin:	
Permit Limits (mgd):	

1. Water System Usage

Report Year (month/yr)	Non-Revenue Water ¹ (annual avg gal/day)	Annual Average Daily Withdrawal (AADW) in (gal/day)	Service Area Population (pop)	Equivalent Per Capita Usage (gal/capita/day) ² (AADW/pop)
1 – /				
2 – /				
3 – /				
4 – /				
5 – /				

¹Non-Revenue Water (NRW) is the difference between the volume of water supplied to a system (*Water Withdrawn + Purchased Water*) and volume of water billed to customers.

Non-Revenue Water = Water Supplied – Water Billed to Customers

²Per Capita Usage is calculated with the following formula:

Per Capita Usage = Annual Average Daily Withdrawal / Population

Note: Calculations for the above parameters apply only to service area of the system. Water sold outside the service area should be subtracted from the Water Withdrawn value.

2. Provide a brief description of actions taken to improve water conservation and reduce water loss in the following areas:

Leak Detection and Repair (Systems Serving Population Less than 3,300 Only)		
Performance Measure:	<hr/>	
Current Status:	<hr/>	
Goal:	<hr/>	
In Progress / Completed Actions	Beginning Date	Projected / Actual Completion Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
Notes / Comments:		
<hr/>		
<hr/>		
<hr/>		

Meter Testing, Installation, Calibration, or Replacement (Systems Serving Population Less than 3,300 Only)

Performance Measure: _____

Current Status: _____

Goal: _____

In Progress / Completed Actions**Beginning Date****Projected / Actual Completion Date**

Notes / Comments:

Summer and/or Peak Use Surcharges (All Systems)**In Progress / Completed Actions****Beginning Date****Projected / Actual Completion Date**

Notes / Comments:

Enforcement of Ultra-Low Flow Plumbing Fixture Requirements (All Systems)

In Progress / Completed Actions	Beginning Date	Projected / Actual Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

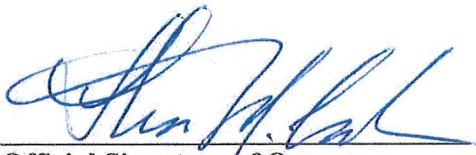
Notes / Comments:

Other Measure: _____ **(All Systems, If Applicable)**

In Progress / Completed Actions	Beginning Date	Projected / Actual Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes / Comments:

Notes / Comments (All Systems, If Applicable)



Official Signature of Owner or
Authorized Official

Tom Couch, County Manager
Printed Name of Owner or
Authorized Official

Date 07.16.2023

APPENDIX I

Environmental Protection

Department of Natural Resources



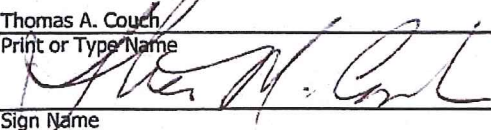
Application for a Permit to Use Groundwater

Part A – General System Information

(Part A must be accompanied by one copy of the Part B – Well Data form for each well in your system)

<input checked="" type="checkbox"/> New Permit	
<input type="checkbox"/> Renewal	
<input type="checkbox"/> Modify Existing GW Withdrawal Permit No.	Please enter GW Withdrawal Permit No. ____ - ____ - ____
(Print or type ALL information)	

Applicant Information			
Contact Person: Thomas A. Couch	Phone: (912)764-2181	Email: tcouch@bullochcounty.net	
Company / Permittee: Bulloch County Board of Commissioners			
Permittee Address: 113 North Main St	Statesboro,	Georgia	30458
(No. and Street)	(City)	(State)	(Zip)
Water Use Name & Address (if different than above):			
Request For:			
Monthly Average Withdrawal Limit requested: <u>3,500,000</u>		Gallons Per Day (GPD)	
Annual Average Withdrawal Limit requested: <u>3,125,000</u>		Gallons Per Day (GPD)	
For a beneficial use of <u>(3,125,000)</u>		gallons of water per day, to be pumped from <u>2</u> well(s)	
Averaging <u>18</u> hours pumping per day utilizing the <u>Upper Floridan</u>		aquifer(s) for a	
<input type="checkbox"/> Consumptive use OR			
<input checked="" type="checkbox"/> Nonconsumptive use			
For...			
<input type="checkbox"/> Sanitary Facilities			
<input checked="" type="checkbox"/> Central Water Supply			
<input type="checkbox"/> Cooling Water			
<input type="checkbox"/> Process Water for _____			
<input type="checkbox"/> Other (please specify) _____			
Location:			
County where well(s) is located: <u>Bulloch County - See Attached Map</u>			
All applications shall be accompanied by a map showing the location of the existing and proposed well(s); each well to be identified by number. The location map shall be the best map available, which may be a portion or a copy of a U.S. Geological Survey 7.5 min. quadrangle map, or latest county highway MAP, or city MAP, provided the submitted map is properly identified and should be no larger than 8½ x 11 inches.			
And such other pertinent information submitted by the applicant or required by the Division.			

Thomas A. Couch
Print or Type Name

Sign Name
County Manager
Title
08.21.2023
Date

Return Application To:

Georgia Environmental Protection Division
Water Supply Program
Groundwater Withdrawal Unit
2 Martin Luther King Jr. Dr., S.E.
East Floyd Towers, Suite 1052
Atlanta, Georgia 30334-9000
Fax: (404) 651-9590



Application for a Permit to Use Groundwater

Part B – Well Data

(Submit one (1) form for each well in the system)

(Print or type ALL information)

Applicant Information									
Contact Person: Thomas A. Couch				Phone: (912)764-2181		Email: tcouch@bullochcounty.ney			
				Fax:					
Company / Permittee: Bulloch County Board of Commissioners									
Address: 113 North Main St.				Statesboro		Georgia		30458	
(No. and Street)				(City)		(State)		(Zip)	
Well Information									
Well No.: 1 (Key to attached location map)					Ground elevation at well (if available): 74				
County where well(s) is located: Bulloch					Latitude: 32°13'51.31"		Longitude: 81°33'18.82"		
Well Construction Description									
<input type="checkbox"/> Existing well <input checked="" type="checkbox"/> Proposed well									
Name of aquifer(s) being or to be utilized: Floridian									
Well Drilling Information					<input type="checkbox"/> Rotary		<input type="checkbox"/> Percussion		<input type="checkbox"/> Bored
Total depth of well: 603 ft.					Date drilled:				
Static water level: -74 ft.					Date to be drilled:				
					Driller:				
Drill Hole Diameter					Grouting				
Size in., from 0 ft. to ft.					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Size in., from ft. to ft.					Type				
Size in., from ft. to ft.					From ft. to ft.				
Size in., from ft. to ft.					From ft. to ft.				
Size in., from ft. to ft.					From ft. to ft.				
Casing Record					Test Pump Data				
Type material					Pumped Bailed				
Wall thickness					Estimated				
Weight/Foot					Date tested				
Size in., from 0 ft. to ft.					Pump rated		GPM		HP
Size in., from ft. to ft.					Pump yield		GPM after		hrs of pumping
Size in., from ft. to ft.					Water level before test ft.				
Size in., from ft. to ft.					Drawdown ft.				
Size in., from ft. to ft.					Specific Capacity GPM/ft.				
Well Screen					Permanent Pump Data (if available)				
Type material					Pump type				
Size in., from ft. to ft.					Outlet size				
Size in., from ft. to ft.					Powered by				
Size in., from ft. to ft.					Horsepower				
Size in., from ft. to ft.					Rate GPM				
Size in., from ft. to ft.					Pumping level				
					Average hours pumped per day				
<p>Note: Detailed well construction specifications of a proposed well may be required by the Division upon review of the submitted application.</p>									
Complete WELL LOG on reverse side, if available.									

[illegible]

I certify that the above information is true to the best of my knowledge

Date _____



Application for a Permit to Use Groundwater

Part B – Well Data

(Submit one (1) form for each well in the system)

(Print or type ALL information)

Applicant Information									
Contact Person: Thomas A. Couch				Phone: (912)764-2181		Email: tcouch@bullochcounty.ney			
				Fax:					
Company / Permittee: Bulloch County Board of Commissioners									
Address: 113 North Main St.				Statesboro		Georgia		30458	
(No. and Street)				(City)		(State)		(Zip)	
Well Information									
Well No.: 2 (Key to attached location map)					Ground elevation at well (if available): 86				
County where well(s) is located: Bulloch					Latitude: 32°13'58.84"		Longitude: 81°35'00.56"		
Well Construction Description									
<input type="checkbox"/> Existing well <input checked="" type="checkbox"/> Proposed well									
Name of aquifer(s) being or to be utilized <u>Floridian</u>									
Well Drilling Information					<input type="checkbox"/> Rotary		<input type="checkbox"/> Percussion		<input type="checkbox"/> Bored
Total depth of well: 615 ft.					Date drilled:				
Static water level: -86 ft.					Date to be drilled:				
					Driller:				
Drill Hole Diameter					Grouting				
Size in., from 0 ft. to ft.					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Size in., from ft. to ft.					Type				
Size in., from ft. to ft.					From ft. to ft.				
Size in., from ft. to ft.					From ft. to ft.				
Size in., from ft. to ft.					From ft. to ft.				
Casing Record					Test Pump Data				
Type material					Pumped Bailed				
Wall thickness					Estimated				
Weight/Foot					Date tested				
Size in., from 0 ft. to ft.					Pump rated		GPM		HP
Size in., from ft. to ft.					Pump yield		GPM after		hrs of pumping
Size in., from ft. to ft.					Water level before test ft.				
Size in., from ft. to ft.					Drawdown ft.				
Size in., from ft. to ft.					Specific Capacity GPM/ft.				
Well Screen					Permanent Pump Data (if available)				
Type material					Pump type				
Size in., from ft. to ft.					Outlet size				
Size in., from ft. to ft.					Powered by				
Size in., from ft. to ft.					Horsepower				
Size in., from ft. to ft.					Rate GPM				
Size in., from ft. to ft.					Pumping level				
					Average hours pumped per day				
<p>Note: Detailed well construction specifications of a proposed well may be required by the Division upon review of the submitted application.</p>									
Complete WELL LOG on reverse side, if available.									

[illegible]

I certify that the above information is true to the best of my knowledge

Date _____

APPENDIX II

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/> <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 1362 East Tower, Atlanta, Georgia 30334.**

If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

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: Bulloch County Water System County: Bulloch County
System ID. No. _____ System Permit No. _____ Proposed Well/Spring No. 001
Owner: Bulloch Co. Board of Commissioners Applicant: Same
Address: 113 North Main St Address: _____
City/State/Zip: Statesboro, GA 30458 City/State/Zip: _____
Phone No.: (478) 764-2181 Phone No.: ()

Will this be a New Well X 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 1/2 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 X no (if yes please provide a map)

Ground Elevation: 74 ft. MSL, Longitude: W 81°33'18.82", Latitude: N 32°13'51.31"

PROPOSED WELL DESCRIPTION

Provide a well construction diagram

Proposed Drill Date: April, 2024 Proposed Total Depth: 603 Ft. Proposed Pump Rate: 2,000 gpm

Name and Georgia License # of proposed driller : _____

PROPOSED DRILLING METHOD (Indicate)

Rotary: X Percussion: _____ Other: _____

PROPOSED CASING INTERVAL

From: 0 ft. To: 400 ft.
From: _____ ft. To: _____ ft.

PROPOSED BACKFILL MATERIAL & INTERVAL

Material: Cement
From: 0 ft. To: 400 ft.

PROPOSED WELL SCREEN / OPEN HOLE INTERVAL

From: 0 ft. To: 603 ft.
From: _____ ft. To: _____ ft.

PROPOSED GROUTING MATERIAL & INTERVAL

Material: Cement
From: 0 ft. To: 400 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)

<u>Aquifer Type</u>	<u>Wellhead Protection Area</u>
<input type="checkbox"/> Karst	500 ft. radius from the wellhead
<input type="checkbox"/> Piedmont Fractured Crystalline Rock	250 ft. radius from the wellhead
<input checked="" type="checkbox"/> Coastal Plain Unconfined	250 ft. radius from the wellhead
<input type="checkbox"/> Coastal Plain Confined (attach documentation)	100 ft. radius from the wellhead
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
☐ municipal solid waste landfill
☒ industrial waste landfill
☐ construction waste landfill
☒ hazardous waste disposal
☒ facilities handling hazardous waste
☒ agricultural waste impoundments
☐ land application of waste water/sludge

yes no

- ☒ commercial animal enclosures
☒ animal feedlots
☒ quarries/underground mines
☒ underground storage tanks (unmonitored)
☒ wastewater treatment basins
☒ non-domestic septic systems
☒ underground injection wells

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.

There will Be multiple Wells serving the Water System

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)

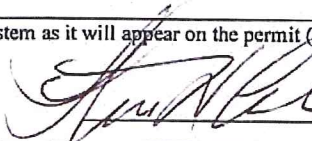
- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dam Safety | <input checked="" type="checkbox"/> Drinking Water | <input checked="" type="checkbox"/> Erosion/Sediment |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Lead-based Paint | <input type="checkbox"/> Radioactive | <input type="checkbox"/> Scrap Tires | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Underground | <input type="checkbox"/> Matrls | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Water Withdrawal |
| <input type="checkbox"/> Well Drilling | <input type="checkbox"/> Injection Control | <input type="checkbox"/> Underground Storage Tanks | | |
| | <input type="checkbox"/> 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.

Bulloch County Water System

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:


Thomas A. Couch

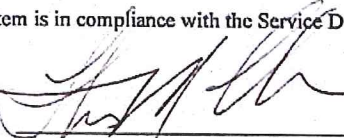
Title:

County Manager

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:

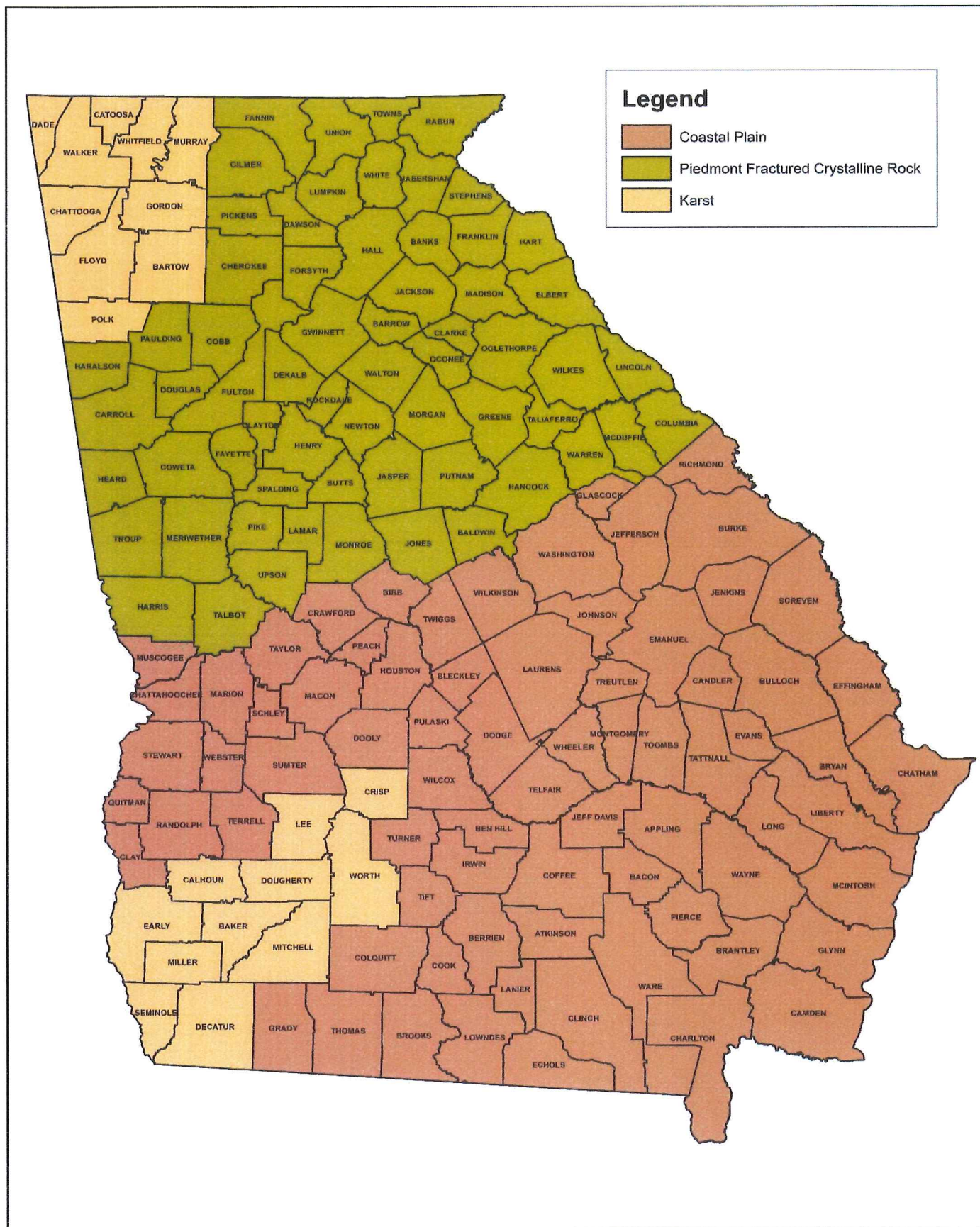


Date:

08.21.2023

SEND FORM TO: Georgia EPD, c/o Michael Gillis, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1362 East Tower, Atlanta, Georgia 30334 If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

Figure 1. Map of Georgia indicating the aquifer type for each County for the purpose of identifying wellhead protection zones:



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/> <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 1362 East Tower, Atlanta, Georgia 30334.**

If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

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: Bulloch County Water System County: Bulloch County
System ID. No. _____ System Permit No. _____ Proposed Well/Spring No. 002
Owner: Bulloch Co. Board of Commissioners Applicant: Same
Address: 113 North Main St Address: _____
City/State/Zip: Statesboro, GA 30458 City/State/Zip: _____
Phone No.: (478) 764-2181 Phone No.: ()

Will this be a New Well X 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 1/2 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 X no (if yes please provide a map)

Ground Elevation: 86 ft. MSL, Longitude: W 81°35'00.56", Latitude: N 32°13'58.84"

PROPOSED WELL DESCRIPTION

Provide a well construction diagram

Proposed Drill Date: April, 2024 Proposed Total Depth: 625 Ft. Proposed Pump Rate: 2,000 gpm

Name and Georgia License # of proposed driller : _____

PROPOSED DRILLING METHOD (Indicate)

Rotary: X Percussion: _____ Other: _____

PROPOSED CASING INTERVAL

From: 0 ft. To: 400 ft.

From: _____ ft. To: _____ ft.

PROPOSED BACKFILL MATERIAL & INTERVAL

Material: Cement

From: 0 ft. To: 400 ft.

PROPOSED WELL SCREEN / OPEN HOLE INTERVAL

From: 0 ft. To: 625 ft.

From: _____ ft. To: _____ ft.

PROPOSED GROUTING MATERIAL & INTERVAL

Material: Cement

From: 0 ft. To: 400 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)

<u>Aquifer Type</u>	<u>Wellhead Protection Area</u>
<input type="checkbox"/> Karst	500 ft. radius from the wellhead
<input type="checkbox"/> Piedmont Fractured Crystalline Rock	250 ft. radius from the wellhead
<input checked="" type="checkbox"/> Coastal Plain Unconfined	250 ft. radius from the wellhead
<input type="checkbox"/> Coastal Plain Confined (attach documentation)	100 ft. radius from the wellhead
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
☐ municipal solid waste landfill
☒ industrial waste landfill
☐ construction waste landfill
☒ hazardous waste disposal
☐ facilities handling hazardous waste
☐ agricultural waste impoundments
☐ land application of waste water/sludge

yes no

- ☒ commercial animal enclosures
☒ animal feedlots
☒ quarries/underground mines
☒ underground storage tanks (unmonitored)
☒ wastewater treatment basins
☒ non-domestic septic systems
☒ underground injection wells

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.

There will Be multiple Wells serving the Water System

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)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dam Safety | <input checked="" type="checkbox"/> Drinking Water | <input checked="" type="checkbox"/> Erosion/Sediment |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Lead-based Paint | <input type="checkbox"/> Radioactive | <input type="checkbox"/> Scrap Tires | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Underground | <input type="checkbox"/> Matrls | <input type="checkbox"/> Wastewater | <input type="checkbox"/> Water Withdrawal |
| <input type="checkbox"/> Well Drilling | <input type="checkbox"/> Injection Control | <input type="checkbox"/> Underground Storage Tanks | | |
| | <input type="checkbox"/> 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.

Bulloch County Water System

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:

Thomas A. Couch

Title:

County Manager

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.

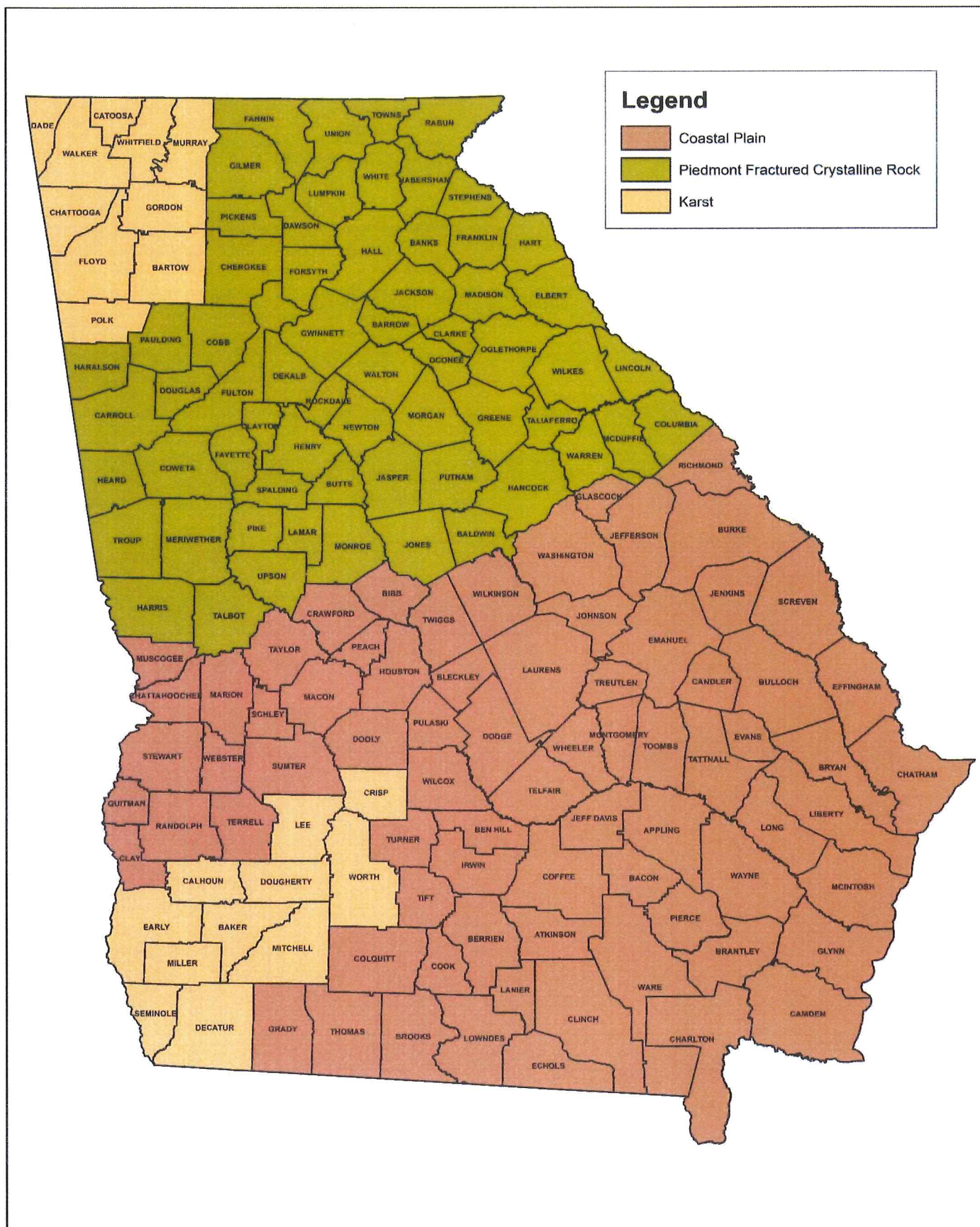
Owner's or Authorized Agent's Signature:

Date:

08.21.2023

SEND FORM TO: Georgia EPD, c/o Michael Gillis, Source Water Assessment Program, 2 Martin Luther King Jr., Dr., Suite 1362 East Tower, Atlanta, Georgia 30334 If you have any questions regarding this form, please call Michael Gillis (470) 524-0728 (New number).

Figure 1. Map of Georgia indicating the aquifer type for each County for the purpose of identifying wellhead protection zones:



APPENDIX III

WATER RESOURCES MANAGEMENT BRANCH WELL DATA SHEET

Georgia Department of Natural Resources

Environmental Protection Division

(Form To Be completed By Licensed Water Well Contractor)

Water System Name: City of Pembroke County: Bulloch
 System ID. No. _____ System Permit No. _____ System Well No. _____
 System Type: community: x non-commu non-transient: _____ non-public: _____

Owner*: City of Pembroke
 Address*: _____
 City/State/Zip*: _____
 Phone No*: _____

Driller*: Woodrow Sapp Well Drilling, Inc.
 Address*: 4774 New Jesup Highway
 City/State/Zip*: Brunswick, GA 31520
 Phone No*: (912) 265-2603

Well Location: _____
 Ground Elevation: _____ ft. MSL., Longitude: W -81.611084 Latitude: N 32.194554

WELL DESCRIPTION

Date Drilled*: 1/23/2019
 Total Depth*: 607 ft
 Static Water Level (SWL) 78 ft
 Date SWL Measured 1/24/2019
DRILLING METHOD
 Rotary: X Percussion: _____ Other: _____
HOLE DIAMETER*
 Size: 30 in., From: 0 feet, To: 100 feet
 Size: 25 in., From: 100 feet, To: 397 feet
 Size: 18 in., From: 397 feet, To: 607 feet

CASING RECORD*
 Type Material: Black Steel
 Wall Thickness 0.237 SDR: SCH 40
 Weight/Foot: 10.79
 Size: 26 in., From: 0 feet, To: 100 feet
 Size: 18 in., From: 0 feet, To: 397 feet
 Size: _____ in., From: _____ feet, To: _____ feet

(use additional sheets if necessary)

WELL SCREEN*
 Type of Material: PVC
 Size: _____ in., From: _____ feet, To: _____ feet
 Size: _____ in., From: _____ feet, To: _____ feet
 Size: _____ in., From: _____ feet, To: _____ feet

GROUTING*
 Type Grout: Cement
 Applied by pressure: Yes X No: _____
 From: 0 feet, To: 397 feet
 From: _____ feet, To: _____ feet

PUMPING TEST DATA

Date Tested: 1/24/2019
 Test Pump Rated: 2000 gpm, 60 hp
 Total Continuous Hrs. Tested: 4
 Water Level Stabilized: Yes: x No: _____
 Hrs. Before Stabilization: 1 minute
 Sustained Well Yield: 2000 gpm
 Static Water Level: 78 feet
 Total Drawdown: 10 feet
 Specific Capacity: 200 gpm/ft
 Pumping Water Level: 88 feet
 No. Minutes to Recover: <1
 Developed Well: Yes: x No: _____
 Deisinfected Well: Yes: x No: _____

(Attach Time and Drawdown Measurements)

PERMANENT PUMP DATA

(Completed by Contractor or Owner)

Pump Type: Vertical Turbine
 Diameter: 12" in., Outlet size: 8" in.
 Motor hp*: 100 HP Motor rpm: 1770
 Pump Capacity*: 815 gpm
 Total Dynamic Head: 300 feet
 Pump Set At*: 160 feet
 Pump Disinfected: Yes: X No: _____
 Deep Well Air Line Length: 160 feet
 Access Port Diameter: _____ in.
 Casing Vent Installed: Yes: X No: _____
 Sample Tap Installed: Yes: _____ No: _____
 Meter installed: Yes: _____ No: _____
 Meter Size: _____ in. _____ gpm

SEND FORM TO: Drinking Water Program, 205 Butler ST., S.E., Rm. 1066, Atlanta, Ga. 30334

This well was drilled and constructed (and plugged, if applicable) in accordance with the Georgia Department of Natural Resources' Regulations for Groundwater Use, Chapter 391-3-2. I certify that the information on both sides of this form (Page 1 and 2) is correct and true to the best of my knowledge

Well Contractor's Signature*: 
 Well Contractor's Name*: Woodrow Sapp

License No.*: 95
 Date*: 1/24/2019

PLEASE COMPLETE DRILLER'S WELL LOG ON PAGE 2



WELL COMPLETION DATA FORM

DRILLERS WELL LOG

FROM (feet)	TO (feet)	TYPE MATERIAL ENCOUNTERED	REMARKS	WATER BEARING?
0	2	TOP SOIL		
2	10	RED CLAY		
10	32	RED/WHITE CLAY & SAND		
32	44	RED & GREEN CLAY		
44	92	FINE & MEDIUM SAND		
92	153	SANDY GREEN CLAY		
153	155	HARD ROCK		
155	284	SANDY GREEN CLAY & ROCK		
284	291	FINE SAND, SHELL, & CLAY		
291	310	FINE SAND & GREEN CLAY		
310	311	HARD ROCK		
311	346	FINE SAND, GREEN CLAY, & ROCK		
346	348	HARD ROCK		
348	361	FINE SAND, WHITE CLAY, & ROCK		
361	369	HARD GRAY ROCK		
369	376	SANDAY GRAY CLAY & ROCK		
376	385	WHITE CLAY & ROCK		
385	600	WHITE LIME ROCK		

(If more space is required, use additional sheets)

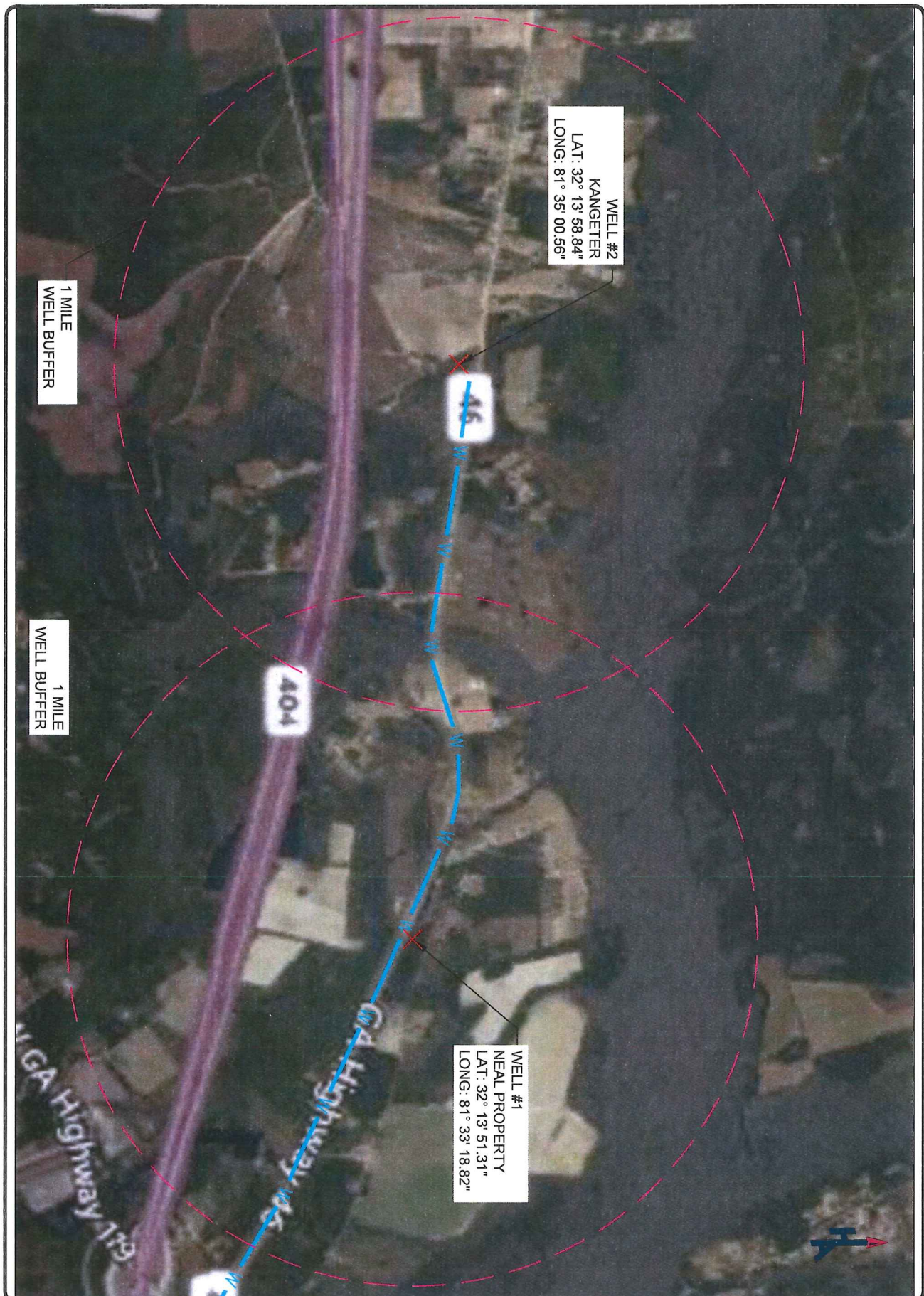
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGN NAME

TITLE PRESIDENT

DATE 1/24/2019

APPENDIX IV



SHEET	INSET A PROPOSED WELL MAP COUNTYWIDE WATER SYSTEM BULLOCH COUNTY, GA	<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> CIVIL & ENVIRONMENTAL, JR. P.C. GEORGE SHEL AND BRIAN CHRISTOPHER CHRISTENSEN LICENSED PROFESSIONAL ENGINEERS BULDOZER CONSTRUCTION IN BULLOCH COUNTY BULDOZER CONSTRUCTION LICENSED 04/15/2023 </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: 0.7em;">EXHIBIT</th> <th style="font-size: 0.7em;">NO.</th> <th style="font-size: 0.7em;">DATE</th> <th style="font-size: 0.7em;">BY</th> <th style="font-size: 0.7em;">DESCRIPTION</th> </tr> <tr> <td style="font-size: 0.7em;">PROJECT NUMBER</td> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.7em;">KSS</td> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.7em;">CHECKED BY</td> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.7em;">MLM</td> <td style="text-align: center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: 0.7em;">DATE</td> <td style="text-align: center;">5</td> <td></td> <td></td> <td></td> </tr> </table>	EXHIBIT	NO.	DATE	BY	DESCRIPTION	PROJECT NUMBER	1				KSS	2				CHECKED BY	3				MLM	4				DATE	5				<div style="border: 1px solid black; padding: 5px;"> HOFSTADTER & ASSOCIATES <small>CIVIL/ENVIRONMENTAL/TRANSPORTATION CONSULTING ENGINEERS/SURVEYORS WWW.HOFSTADTER.COM</small> </div>	SCALE H: 1"=2000' SCALE V: NA
EXHIBIT	NO.	DATE	BY	DESCRIPTION																															
PROJECT NUMBER	1																																		
KSS	2																																		
CHECKED BY	3																																		
MLM	4																																		
DATE	5																																		

APPENDIX V

ROY THOMPSON
Chairman
JAPPY STRINGER
Commissioner
TOBY CONNER
Commissioner
RAY MOSLEY
Commissioner
TIMMY RUSHING
Commissioner
ANTHONY D. SIMMONS
Commissioner
CURT DEAL
Commissioner



THOMAS M. COUCH
County Manager
CINDY STEINMAN
Assistant County Manager
KRISTIE KING
Chief Financial Officer
JEFF S. AKINS
Chief Legal Counsel
VENUS MINCEY-WHITE
Clerk of the Board

BULLOCH COUNTY BOARD OF COMMISSIONERS

August 15, 2023

Bill Frechette
Environmental Engineer
Drinking Water & Engineering Program
2 Martin Luther King Jr. Drive
Suite 1152, East Tower
Atlanta, GA 30334
(via e-mail to bill.frechette@dnr.ga.gov)

RE: Countywide Water System
Bulloch County, Georgia
H&A No. 1506-040

Dear Bill:

This is to certify that according to the records of Bulloch County, none of the deep wells, water mains, services, or any other utilities associated with this project are to be constructed on or serving structures constructed or proposed to be constructed on solid waste landfills.

If you should have any questions or need more information, please do not hesitate to call.

Sincerely,

BULLOCH COUNTY

Thomas Couch
County Manager

APPENDIX VI



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **BULLOCH**

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms shall clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A <i>Revising or Adding to the SDS</i>	OPTION B <i>Extending the Existing SDS</i>
<ol style="list-style-type: none">4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]	<ol style="list-style-type: none">4. In Section IV type, "NONE."5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]6. Proceed to step 7, below. <div data-bbox="850 1163 1516 1394"><p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p></div>

7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Bulloch County
City of Statesboro
Town of Brooklet
Town of Portal
Town of Register
Development Authority of Bulloch County
Statesboro Housing Authority
Statesboro Convention and Visitors Bureau
Statesboro-Bulloch County Land Bank Authority

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which will continue as previously agreed with no need for modification.

Airport
Animal Shelter/Control
Code Enforcement
Courts
Development Services
Downtown Development
Economic Development
Elections and Voter Registration
Emergency 911
Emergency Management
Emergency Medical and Rescue
Engineering
Fire Protection
Housing and Urban Redevelopment
Indigent Defense
Jail
Law Enforcement
Library
Natural Gas
Parks and Recreation
Planning and Zoning
Public Health Services
Public Housing
Recycling
Road and Street Construction
Road and Street Maintenance
Senior Citizens Program/Title 3
Social Services /Public Health
Solid Waste Collection/Recycling
Solid Waste Disposal
Stormwater
Tourism
Wastewater

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Water



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: **BULLOCH**

Service: **Water**

1. Check one box that best describes the agreed upon delivery arrangement for this service:

a.) ☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

b.) ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

c.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

e.) ☒ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **City of Statesboro, Town of Brooklet, Town of Portal, Town of Register**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ **Yes** (if "Yes," you must attach additional documentation as described, below)

☒ **No**

If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

SDS FORM 2, continued

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
City of Statesboro	SPLOST, Water-Sewer Fund, User Fees, Grants, CDBG
Town of Brooklet	SPLOST, User Fees, Grants, CDBG
Town of Portal	SPLOST, User Fees, Grants, CDBG
Town of Register	SPLOST, User Fees, Grants, CDBG

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Grants and CDBG funding has been added as additional funding methods. New service area map for Town of Brooklet has been attached. Other water service area maps for other municipalities are attached but remained unchanged.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

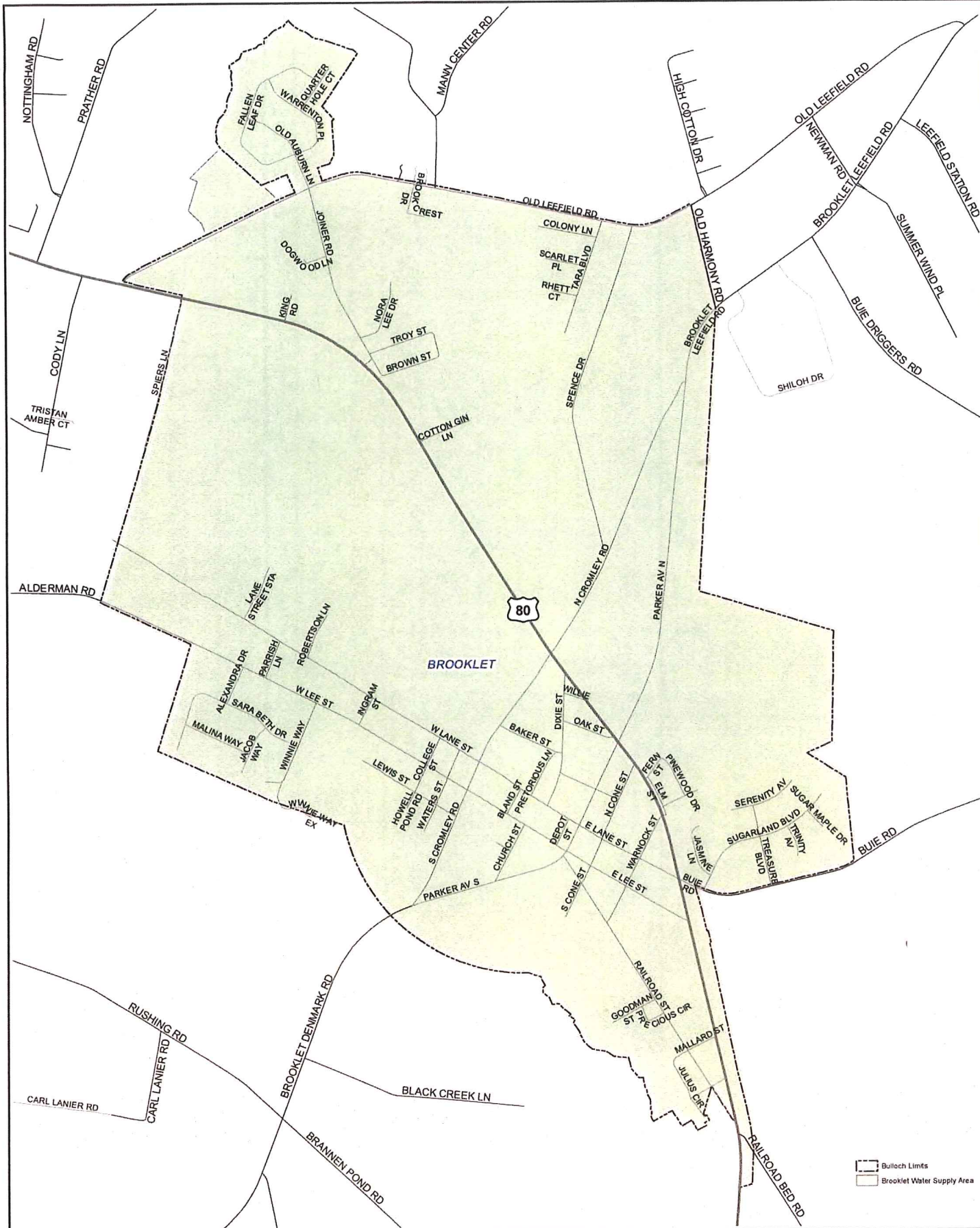
None

7. Person completing form: **Robert Ellis, Parker Engineering**
Phone number: **912-764-7722** Date completed: 09/22/22

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐ Yes ☒ No

If not, provide designated contact person(s) and phone number(s) below:

TOM COUCH, BULLOCH COUNTY MANAGER, 912-764-6245; CHARLES PENNY, CITY OF STATESBORO CITY MANAGER, 912-764-5468



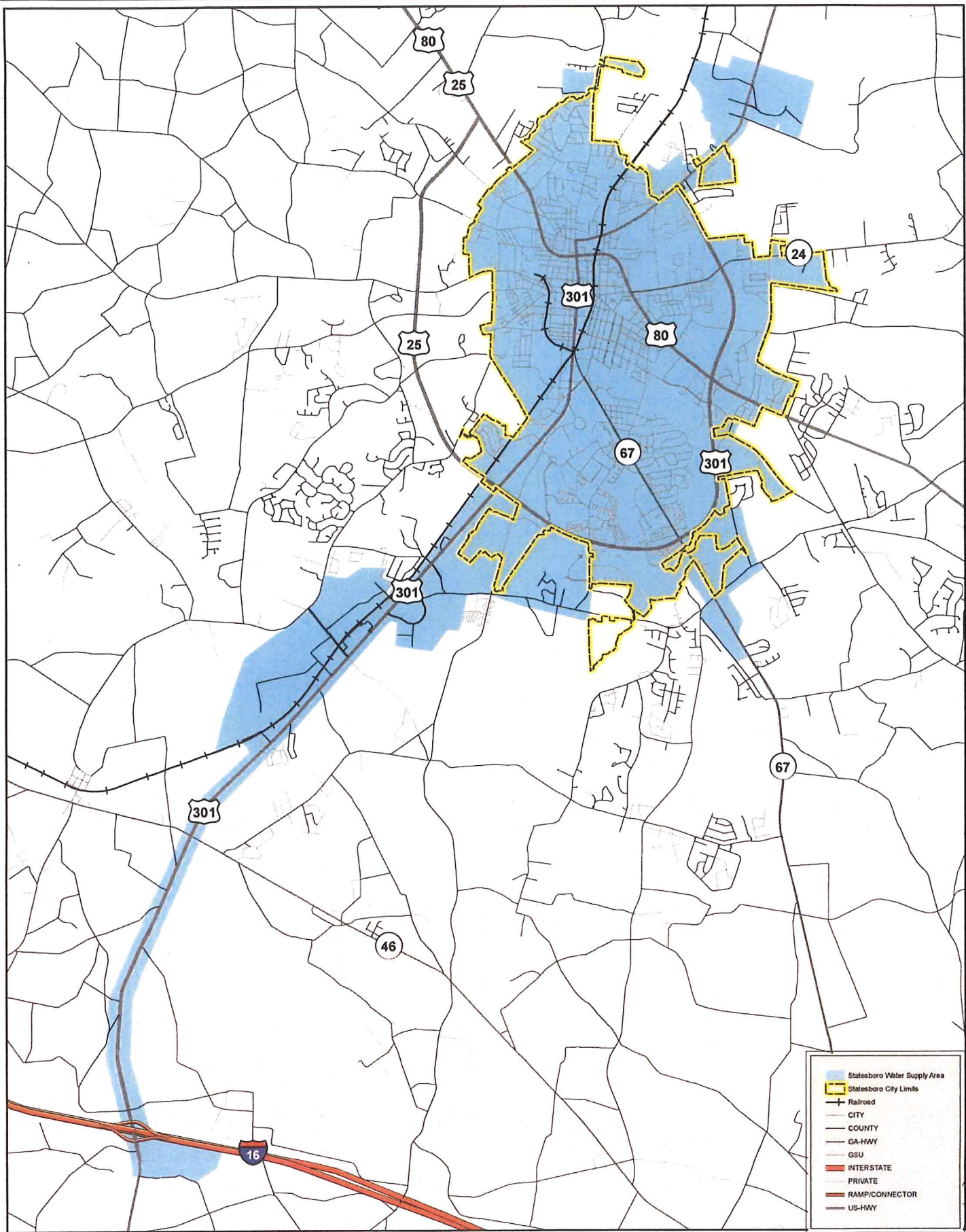
 Bulloch Limits
 Brooklet Water Supply Area



0 0.075 0.15 0.3 Miles

Town of Brooklet, Georgia Water Supply & Distribution

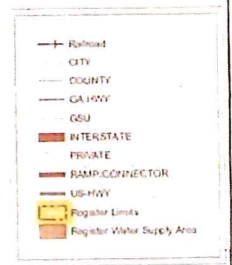
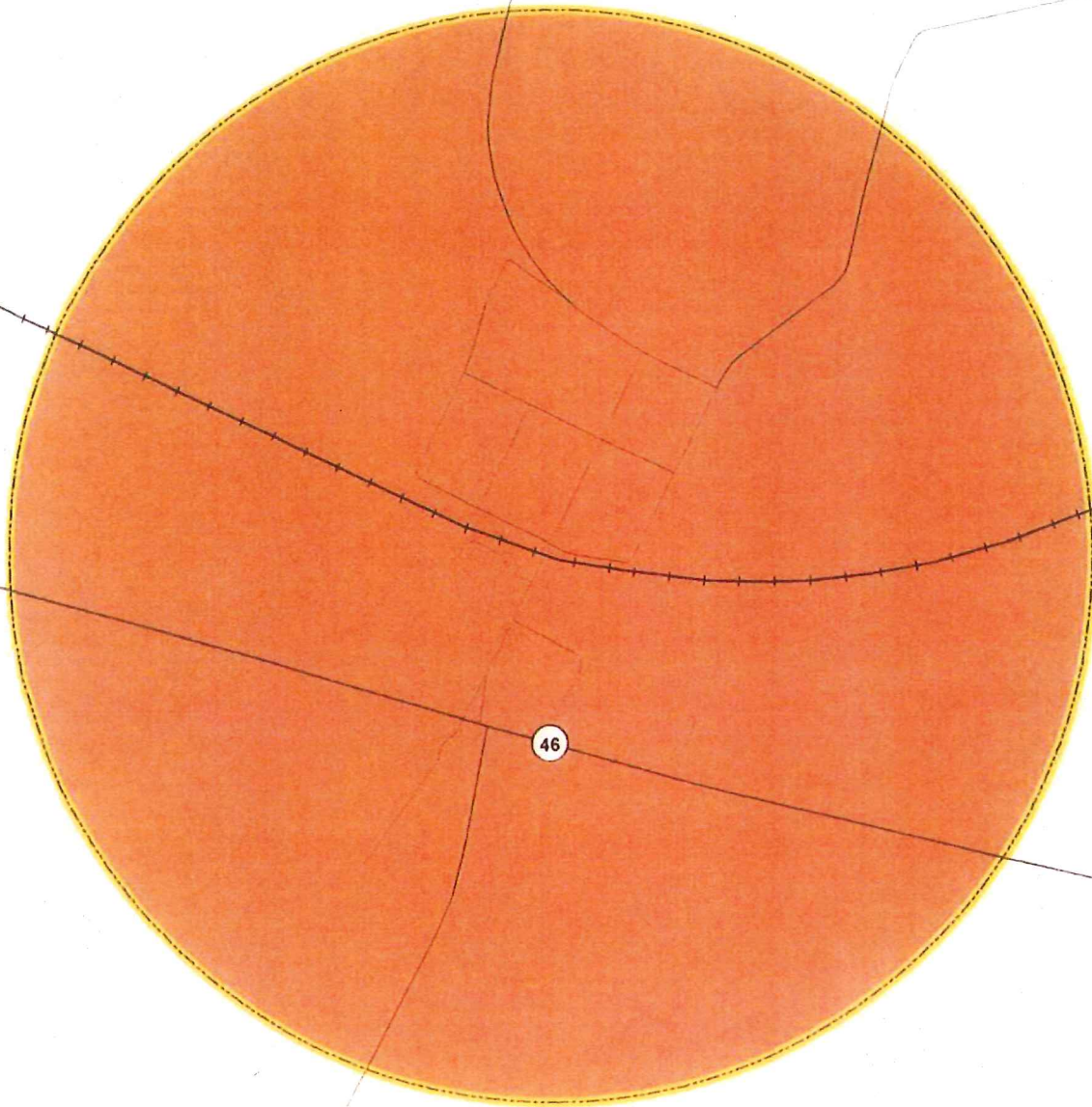




0 0.45 0.9 1.8 Miles

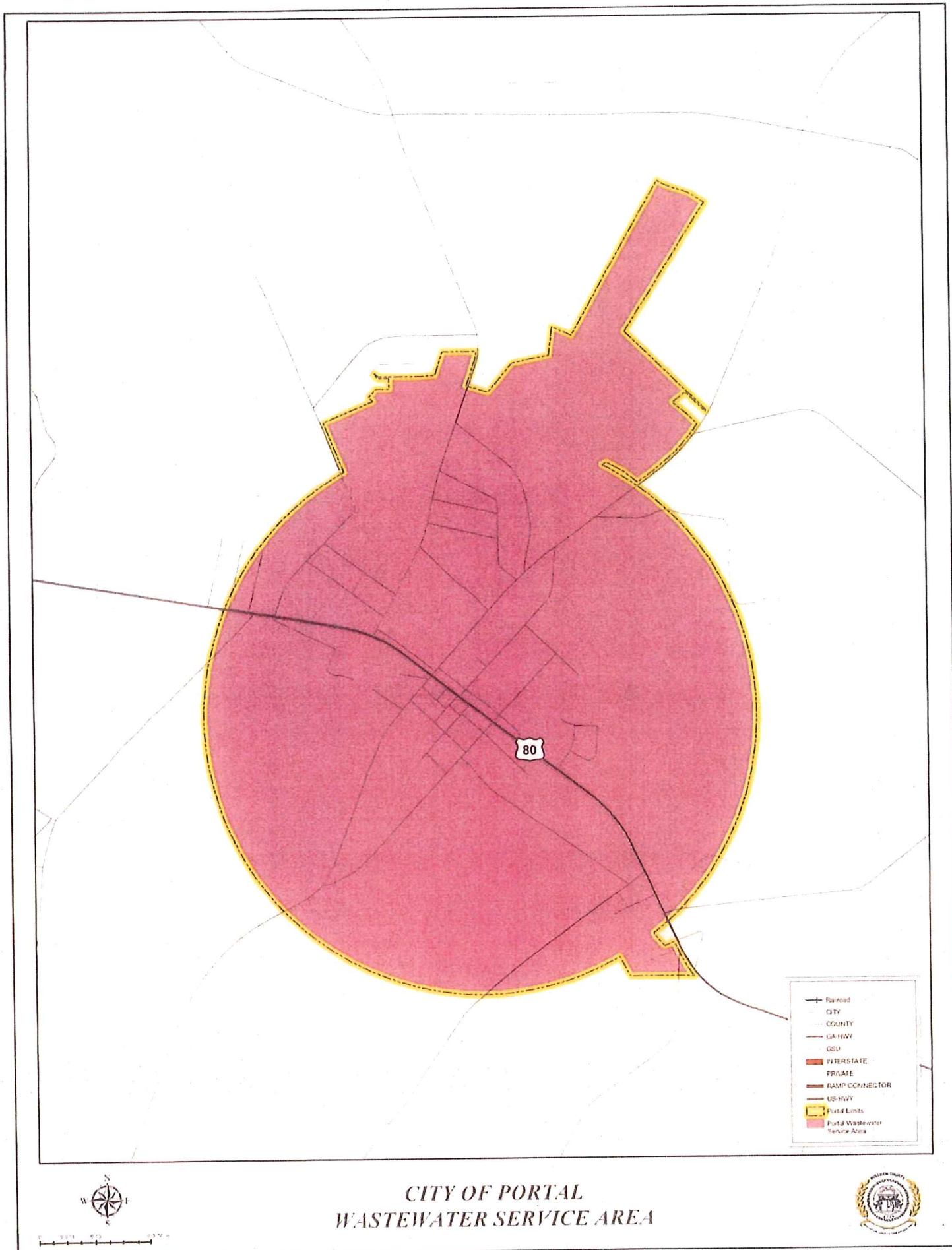
CITY OF STATESBORO WATER SUPPLY & DISTRIBUTION

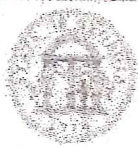




CITY OF REGISTER **WATER SUPPLY & DISTRIBUTION**







Georgia Department of
Community Affairs



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: BULLOCH

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>BULLOCH COUNTY</u>	Chairman	Roy Thompson	<i>Roy Thompson</i>	11/7/22
<u>CITY OF STATESBORO</u>	Mayor	Jonathan McCollar	<i>Jonathan McCollar</i>	12/2/22
<u>TOWN OF BROOKLET</u>	Mayor	Joe Grooms	<i>Joe A. Grooms</i>	10/6/22
<u>TOWN OF PORTAL</u>	Mayor	Billy Boggs	<i>Billy R. Boggs</i>	12/12-22
<u>TOWN OF REGISTER</u>	Mayor	Donnie Roberts	<i>Donnie Roberts</i>	12-19-22