

APPLICATION FOR TEMPORARY AUTHORIZATION TO WITHDRAW WATER

Environmental and Public Protection Cabinet

Applicant Information

(Name of Person or Organization Requesting Authorization)

(Street Address) (City) (State) (Zip Code)

Authorization Request

Explain why this Temporary Authorization is necessary:

Withdrawal and Metering Information

Estimate additional water needs MGD Expected daily amount withdrawn from temporary source MGD

Date temporary withdrawals will begin:

Estimated length of time the temporary source will be used

Will a pump be used? Yes No If yes, what is the rated pump capacity (gpm)?

Estimated rate of water withdrawal in gallons per minute: Estimated number of hours pumped per day

Method for measuring withdrawal amounts: Meter Type of meter

If not metered, describe measurement method

Source of Water

Name of proposed temporary source County

Geographic coordinates of withdrawal site: Latitude Longitude

River/Stream Information:

Stream mile (if known)

Location description if stream mile is unknown

Impoundment/Lake Information:

Name of Lake or Impoundment: County:

Name of impounded stream:

Stream mile of impoundment (if known):

Describe location of impoundment if stream mile is unknown:

Impoundment Volume: Impoundment Drainage Area: (indicate square miles or acres)

Spring-fed Sources:

Spring name: County

Describe physical location of spring:

Name of Owner:

(Street Address) (City) (State) (Zip Code)

Estimated discharge (in cubic feet per second or gallons per day)

Are there other users of this spring? Yes No If yes, give names, amounts, and type of use



**Wells:**

\_\_\_\_\_  
(Name of Owner) (Street Address) (City) (State) (Zip Code)  
AGWA Number (if known) \_\_\_\_\_ Date of well construction: \_\_\_\_\_

If more than one well is used, describe the location and provide names of the owners of each well: (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information Required**

**Siting:**

Attach a U.S. Geological Survey 71/2-minute quadrangle map, or a legible photocopy of the portion of the map containing this site. Clearly identify the (1) location of the proposed intake site, and (2) the proposed discharge site, and any of the following that apply, if known:

- a. Other surface intakes or wells
- b. Water treatment plants
- c. Other pumping sites
- d. Wastewater discharge sites

Give name of map quadrangle: \_\_\_\_\_

**Access to Temporary Source:**

If easement rights to the temporary source or along the delivery route are owned by someone other than the applicant, provide written documentation confirming that the landowner(s) have given consent.

**Discharge Information:**

Provide a description of how the water will be discharged, including the amount of water returned, name and location of stream or spring receiving the discharge, and discharge permit number (if applicable). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Construction in a Floodplain:**

If the use of the temporary source involves construction in a floodplain, indicate whether a construction authorization has been obtained from appropriate agencies. \_\_\_\_\_

**Temporary Transfer to Another Waterbody:**

If water is to be transferred to an existing waterbody, provide the name of the water body and explain why this transfer is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Verification**

I hereby request authorization to withdraw from waters of the Commonwealth as described in this application and any accompanying documents. To the best of my knowledge, all of the information that I have provided is true and correct. I understand that the issuance of this authorization does not relieve me from the responsibility of obtaining any other permits or licenses required by this Cabinet, or other state, federal or local agencies.

\_\_\_\_\_  
Name of Person or Organizational Representative Requesting Authorization

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If application is prepared by a consultant or other person independent of the facility requesting this authorization, provide contact information below:

\_\_\_\_\_  
Name of consulting company or other organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

If approved, who do you wish the authorization be mailed to?

\_\_\_\_\_  
Consultant

\_\_\_\_\_  
Applicant

**Submitting the Application**

Mail completed application to:

Watershed Management Branch  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, KY 40601  
(502)-564-3410

Phone Number: