

DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

Tony Linegar
Agricultural Commissioner
Sealer of Weights and Measures



133 Aviation Boulevard, Suite 110
Santa Rosa, CA 95403-1077
(707) 565-2371 Fax (707) 565-3850
<http://sonomacounty.ca.gov/Ag-comm/>

VINEYARD & ORCHARD FROST PROTECTION REGISTRATION

Registration only required if located within the Russian River Watershed and using water for frost protection. Incomplete or faxed registrations will not be accepted. Registration must include aerial map of the site. Please do not leave blank spaces – enter N/A if needed. One form per site to be registered or amended. For amendments, provide the existing registration number, aerial map, and updated information. **Registration fee of \$64 is required at time of initial registration and amendment due to change in the frost system or owner/operator. No fee required if water source is exclusively from treated waste water.** For additional information and detailed instructions, please visit: http://www.sonoma-county.org/agcomm/frost_protection.htm.

OFFICE USE ONLY		<small>(04/17/2015)</small>
Date Received:	_____ / _____ / _____	
Reg/Amend Date:	_____ / _____ / _____	
Registered By:	_____	
Registration #:	AFM _____ - _____	
REGISTRATION FEE: \$64 <input type="checkbox"/> Paid <input type="checkbox"/> Outstanding		

Check one: New Registration Amended Registration

PROPERTY OWNER: _____

DBA: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____

AUTHORIZED REPRESENTATIVE (if different than owner above): _____

COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____

SITE ADDRESS: _____

ASSESSOR'S PARCEL NUMBER(S): _____

CORRESPONDING PESTICIDE PERMIT SITE ID #(S): _____

TOTAL FROST PROTECTED ACREAGE: _____

ARE YOU PART OF A STATE APPROVED WATER DEMAND MANAGEMENT PROGRAM? YES NO

IF YES, PLEASE INDICATE GROUP AND/OR TRIBUTARY NAME: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND VALID TO THE BEST OF MY KNOWLEDGE.

Print Name: _____ Date: _____

Signature: _____ Check one: Owner Authorized Representative

FROST PROTECTION SYSTEM INVENTORY

Label your attached aerial map with the map ID numbers you assign below (1, 2, 3, etc.). Use an additional sheet if additional wells, point of diversion (POD) or frost pumping systems are used per site. **DISCLAIMER: this registration is solely for the purpose of producing an inventory of frost protection systems. Additional permits and/or authorizations from other regulatory agencies may be required to divert or use water for frost protection.**

Check applicable: Vineyard Orchard **Registration #:** AFM _____ - _____ **APN(s):** _____

SYSTEM TYPE (fill in all that apply):

Type	# of Acres Protected	Gallons per Acre per Minute
Sprinkler		
Micro Sprinkler		

Map ID #		Number of Acres Protected
	Frost Pumping System(s)	
	Frost Pumping System(s)	

STORAGE TYPE (fill in all that apply):

Map ID #	Storage Type	Acre Feet	Recharge Rate	Source (river, stream, well, etc.)
	Reservoir/Pond			
	Offsite			
	Tank			

SOURCE OF WATER (fill in all that apply):

Map ID #	Type	Gallons per Minute (GPM)		
	Recycled Water			
	Direct Diversion from River or Stream			
	Shared System (NOTE TYPE)			
	Sub Surface (Sump/French Drain)			
	Surface Drainage			
	Other Water Source (NOTE TYPE)			
Map ID #	Type	GPM - from pump (pump rating)	Depth (pump setting)	Distance from stream (in feet)
	Well			
	Well			

AERIAL MAP REQUIRED. Attach map with frost protected area noting the following: highlighted vineyard, Assessor Parcel Number(s), frost pumps, water storage, and water sources marked using Map ID numbers from above.