

OFFICE OF THE AGRICULTURAL COMMISSIONER

Tony Linegar
Agricultural Commissioner
Sealer of Weights and Measures



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www.sonoma-county.org/agcomm

Vineyard & Orchard Frost Protection Registration

NOTE: Incomplete or faxed registrations will not be accepted. Registration must include map of the site. Use N/A for all blank spaces.

For Office Use Only			
Date Received			
Registration Date:			
Expiration Date:	12/31/2012		
Fee Paid:	\$	Ck No.	
Registered By (Initials):			
Registration No.	AFM11-		

*******Fill out one form for each site to be registered*******

Owner's Name:				
Mailing Address				
City		State		Zip
Phone		Fax		Cell
Email Address				

Authorized Representative's Name: (Leave blank if the same as above)				
Mailing Address				
City		State		Zip
Phone		Fax		Cell
Email Address				

Billing Address:				
City		State		Zip
Phone		Fax		Cell
Email Address				

Site Address:				
Assessor's Parcel Number(s)				
Corresponding Pesticide Permit Site Id #(s)				
Total Frost Protected Acreage				
Are you part of State Water Demand Management Program? Or do you have your own program Y/N? Please indicate group or tributary name.				
				Registration Fee \$64.00

I certify that the information provided is correct and valid to the best of my knowledge:

*Signature _____ Owner Or Authorized Representative (Circle One)

Print Name _____ Date _____

***Registration may be signed only by the owner of the property or the authorized representative.**

Frost Protection System Inventory

Check all that apply:	
<input type="checkbox"/> Vineyard	<input type="checkbox"/> Orchard

Registration No.	AFM11-
APN #(s):	

Please use an additional sheet if additional wells, Point of Diversion (POD's), or Frost Pumping Systems are used per site. Label your map with the Map Id #s that you assign below (1, 2, 3, 4, etc.).

System Type (Check all that apply)

	Type	No. Of Acres Protected	Gallons Per Acre Per Minute
<input type="checkbox"/>	Sprinklers		
<input type="checkbox"/>	Microsprinklers		

Map Id #		No. Of Acres Protected
	Frost Pumping System(s)	
	Frost Pumping System(s)	

Storage Type (Check all that apply)

Map Id #	Storage	Type	Acre Feet	Recharge Rate	Source (River, Stream, Well, Etc.)
	<input type="checkbox"/>	Reservoir/Pond			
	<input type="checkbox"/>	Offsite			
	<input type="checkbox"/>	Tank			

Source Of Water (Check all that apply)

Map Id #	Type	Gallons Per Minute (GPM)		
	<input type="checkbox"/> Recycled Water			
	<input type="checkbox"/> Direct Diversion from River or Stream			
	<input type="checkbox"/> Shared System (Note Type)			
	<input type="checkbox"/> Sub Surface (Sump/French Drain)			
	<input type="checkbox"/> Surface Drainage			
	<input type="checkbox"/> Other Water Source			
		GPM – from pump (pump rating)	Depth – (pump setting)	Distance (in feet) from stream
	<input type="checkbox"/>	Well		
	<input type="checkbox"/>	Well		

<input type="checkbox"/>	Aerial map is attached with frost protected area highlighted, Assessor Parcel Number(s) indicated, and water sources marked by using map numbers from above (registration requirement)
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DISCLAIMER: This Registration is solely for the purpose of producing an inventory of frost protection systems. You may need permits or authorizations from other regulatory agencies to divert or use water for frost protection.