



ENVIRONMENTAL PROTECTION DIVISION

## Agricultural Well Completion Data Form

For New  or Replacement  Wells (Please check one)

(Print or type ALL information - \*Information required)

Owner Information									
Well Owner*:			Phone*:			Email:			
Company/Farm Name									
Address*:									
(No. and Street)			(City)			(State)		(Zip)	
Well Information:									
Well Application or Permit Number*:									
County where well is located*:					Latitude:		Longitude:		
Well Construction Description									
Well Drilling Information					<input type="checkbox"/> Rotary		<input type="checkbox"/> Percussion		<input type="checkbox"/> Bored
Total depth of well*:			ft.		Date drilled*:				
Static water level:			ft.		Driller*:				
Date static water level measured:									
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					Date Tested				
Wall thickness					Test Pump Rated		GPM	HP	
Weight/Foot					Total Continuous Hours Tested				
Size		in., from	0	ft. to	ft.	Water Level Stabilized: Yes		No	
Size		in., from	ft. to	ft.	Hrs before Stabilization		Sustained Yield	GPM	
Size		in., from	ft. to	ft.	Total Drawdown		ft. Specific Capacity	GPM/ft.	
Size		in., from	ft. to	ft.	Pumping Water Level ft.				
Size		in., from	ft. to	ft.	No. of Minutes to Recover				
					Developed Well: Yes No				
					Disinfected Well: Yes No				
Well Screen (if installed)*					Permanent Pump Data*				
Type material					Pump Type				
Size		in., from	ft. to	ft.	Pump Diameter		Outlet size		
Size		in., from	ft. to	ft.	Motor HP		RPM		
Size		in., from	ft. to	ft.	Pump Capacity		GPM	Total Dynamic Head ft.	
Size		in., from	ft. to	ft.	Pump Set at ft.				
Size		in., from	ft. to	ft.	Pump Disinfected: Yes No				
					Air Line Installed: Yes No				
					If Air Line Installed: Depth ft. Diameter in.				
					Chemigation check valve installed: Yes No				
Complete WELL LOG on reverse side (page 2).									

# Driller's Well Log

Well Application or Permit Number\*: \_\_\_\_\_

Feet		Type Material Encountered	Remarks	Indicate Water Bearing Zones
from	to			
0				

(If more space is required, use an additional sheet.  
Also please submit any additional pump test data or geophysical logs if available.)

**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.**

\_\_\_\_\_  
 Sign Name Date

\_\_\_\_\_  
 Well Contractor's Name License No.

\_\_\_\_\_  
 Well Contractor's Address

\_\_\_\_\_  
 Well Contractor's Phone Number

This information is required for permitting.

**RETURN THIS FORM TO:**

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

Office phone (229) 391-2400