



ENVIRONMENTAL PROTECTION DIVISION

Agricultural Well Pump Information Form

(Print or type ALL information - *Information required)

Owner Information			
Well Owner*:		Phone*:	Email:
Company/Farm Name*:			
Address			
(Street or PO Box)		(City)	(State) (Zip)
Well Information:			
Well Application or Permit Number*:		County where well is located*:	
Latitude*:		Longitude*:	
Test Pump Data		Permanent Pump Data*	
Date Tested:		Pump Type:	
Test Pump Rated: GPM	HP	Pump Diameter: in.	Outlet size: in.
Total Continuous Hours Tested: hrs.		Motor Size: HP	Motor Speed: RPM
Water Level Stabilized: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pump Capacity*: GPM	
Hours Before Stabilization: hrs.		Total Dynamic Head ft.	
Sustained Yield: GPM		Pump Set at*: ft.	
Total Drawdown: ft.		Pump Disinfected: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Capacity: GPM/ft.		Air Line Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pumping Water Level: ft.		If Air Line Installed, Air Line Depth: ft.	
Number of Minutes to Recover: min.		If Air Line Installed, Air Line Diameter: in.	
Developed Well: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemigation check valve installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disinfected Well: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disinfected Well: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the information on this form is correct and true to the best of my knowledge.

Sign Name Date

Pump Contractor or Water Well Contractor's Name Cert. or Lic. #

Contractor's Address

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