

ENVIRONMENTAL PROTECTION DIVISION

Jeffrey W. Cown, Director

Agricultural Permitting Unit

531 Main Street, Suite D Tifton, Georgia 31794 229-391-2400

Agricultural Well Completion Data Form For New or Replacement Wells(Please check one)

		(Print or type	ALL IIIIOII	nation - *Information required)		
Owner Info	ormation					
Well Owner*:			Phone	e*: Email:		
Company/Farr	n Name					
Address*:						
	(No. and Stree	t)	(Ci	ity) (State) (Zip)		
Well Inform	nation:					
Well Applicat	ion or Permit Nu	mber*:				
County where	well is located*:			Latitude: Longitude:		
Well Constru	ction Descriptio	n				
Well Drilling	Information			☐ Rotary ☐ Percussion ☐ Bored		
Total depth of	well*:	ft.		Date drilled*:		
Static water le		ft.		Driller*:		
Date static war	ter level measure	d:				
Drill Hole Dia				Grouting*		
Size	in., from	0 ft. to	ft.	Yes 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 LC	OG on reverse side (page 2).		

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Driller's Well Log Well Application or Permit Number*:	
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Feet		Type Metarial Engagety d	Domowles	Indicate Water
from	to	Type Material Encountered	Remarks	Bearing Zones
0				
		(If more space is required, use on a		

(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	This information is required for permitting.
		RETURN THIS FORM TO:
Well Contractor's Name	License No.	GA EPD Ag Permitting Unit 531 Main Street, Suite D
Well Contractor's Address		Tifton, GA 31794-4898
		Office phone (229) 391-2400
Well Contractor's Phone Number		