GEORGIA
DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

Jeffrey W. Cown, Director

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

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: ☐ Yes ☐ No		Pump Capacity*: GPM	
Hours Before Stabilization: hrs.		Total Dynamic Head ft.	
Sustained Yield: GPM		Pump Set at*: ft.	
Total Drawdown: ft.		Pump Disinfected: ☐ Yes ☐ No	
Specific Capacity: GPM/ft.		Air Line Installed: ☐ Yes ☐ 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: ☐ Yes ☐ No		Chemigation check valve installed: ☐ Yes ☐ No	
Disinfected Well: ☐ Yes ☐ No		Disinfected Well: ☐ Yes ☐ 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