

POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT
District Completion Report to Drill, Operate, and/or Alter a Well

Well Reference Number (as assigned by POSGCD) _____

Date _____

Date Received by POSGCD _____

Return this Form to: POSGCD, PO Box 92 (310 E. Ave. C), Milano, TX 76556
Phone: 512-455-9900 FAX: 512-455-9909 Email: admin@posgcd.org Website: www.posgcd.org
*****PLEASE PRINT OR TYPE*****

SECTION I – DRILLER / PUMP INSTALLER

Name _____ Phone Number _____ Driller's License No: _____
Address (Street or PO Box) _____
City _____ State _____ Zip _____

SECTION II – WELL OWNER

NAME (First, Middle Initial, Last) _____ Phone Number _____
Street (or PO Box) _____
City _____ State _____ Zip _____

SECTION III – WELL INFORMATION

Please select one: Exempt Well _____ Non-Exempt Well _____

Date Well Drilled: _____ Well is Located in: Milam County: _____ Burleson County: _____

Please attach copies of the following Schedules or Logs:

Driller's Log/Report: _____ Tracking #: _____ Electric Log (if available): _____

Well Depth: _____ feet Depth to Water: _____ feet Well Capacity: _____ gal. per min.

Pump Set (Depth of Lift): _____ feet Pump Size: _____ horsepower

Pump Capacity _____ gal. per min. under _____ psi Type of Pump: _____
(Please note: Pump Capacity must be less than 17.36 gpm to be completed as an exempt well)

Aquifer & Formation Water is drawn from: _____

Latitude Location of Well: _____ Longitude Location of Well: _____

Surface Elevation: _____ feet above sea level

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SECTION IV – QUALIFICATION FOR WELL ASSISTANCE

I acknowledge, by initialing, that I have been made aware of the Drillers and Pump Installers Guidance Document and the qualifications for participation in the District's Groundwater Well Assistance Program (GWAP) and fully understand my responsibility as the Driller or Pump Installer for this water well. I understand that the Drillers and Pump Installers Guidance Document and its by-products are a recommendation and not a requirement. I further understand, that by not following the recommendations, this water well may not meet qualifications of the GWAP.

Under the direction of the Well Owner, this well:

Was completed to the Drillers and Pump Installers Guidance recommendations

Was not completed to the Drillers and Pump Installers Guidance recommendations

SECTION V – EXEMPTION STATEMENT, AFFIRMATION, AND EXECUTION

I certify that all statements and information in this form are true and correct. I also declare and certify that if the above referenced well is an exempt well, it has been drilled, equipped, and/or completed so as to be incapable of producing more than 25,000 gallons of groundwater per day, or that this well is exempt under a permit issued by the Railroad Commission under *Chapter 134, Texas Natural Resources Code*, or production from this well is necessary for mining purposes. If a well which is exempt under a permit issued by the Railroad Commission of Texas is to be used for any purpose other than the permitted use that new use must be permitted by the District.

Signature of Driller or Pump Installer

THE STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me on _____
(date)

By _____
(applicant)

(NOTARY SEAL)

Notary Signature

Can be notarized in the presence of any Notary of your choice. We have a Notary at the POSGCD Office.