



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

Attention Owner:
Confidentiality Privilege Notice
on reverse side of owner's copy.

Texas Department of Licensing and Regulation
Water Well Driller/Pump Installer Section
P.O. Box 12157 Austin, Texas 78711 Toll free (800)803-9202 (512)334-5540
Email address: water.well@tdlr.texas.gov Web address: www.tdlr.texas.gov

This form must be completed and filed with the department and owner **within 60 days** upon completion of the well.

WELL REPORT

A. WELL IDENTIFICATION AND LOCATION DATA

1) OWNER

Name:	Address:	City:	State:	Zip:
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2) WELL LOCATION

County:	Physical Address:	City:	State:	Zip:
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3) Type of Work

New Well Reconditioning
 Replacement Deepening
 Other

Lat.	Long.	GPS Datum	Elevation
4) Proposed Use (check) <input type="checkbox"/> Monitor <input type="checkbox"/> Environmental Soil Boring <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Frac <input type="checkbox"/> Irrigation <input type="checkbox"/> Injection <input type="checkbox"/> Extraction <input type="checkbox"/> De-watering <input type="checkbox"/> Testwell <input type="checkbox"/> Rig Supply <input type="checkbox"/> Stock or Livestock <input type="checkbox"/> Other: _____ <input type="checkbox"/> Public Supply --- If Public Supply, were plans approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5) Drilling Date

Started ____ / ____ / ____
 Completed ____ / ____ / ____

6) Diameter of Hole

Dia. (in)	From (ft)	To (ft)

7) Drilling Method (check)

Driven Air Rotary Mud Rotary
 Bored Air Hammer Cable Tool Jetted Hollow stem Auger
 Reverse Circulation Other: _____

Number of identical wells drilled at this location: _____

8) Borehole Completion

Open Hole Straight Wall
 Under-reamed Filter Packed Other _____
 Filter packed interval from: ____ ft. to: ____ ft. Size: _____ Type: _____

From (ft.)	To (ft.)	Description and color of formation material

9) Casing, Blank Pipe, and Well Screen Data

Dia. (in.)	New Or Used	Steel, Plastic, etc. Perf., Slotted, etc Screen Mfg., if commercial	Setting (ft)		Gage Casing Screen
			From	To	

10) Annular Seal Data: i.e. (from 0 ft. to 100 ft. 15 sacks of cement)

from: ____ ft. to: ____ ft. _____ sacks of _____
 from: ____ ft. to: ____ ft. _____ sacks of _____
 Method Used: _____ Sealed By: _____
 Distance to septic field or other concentrated contamination: _____ ft.
 Distance to Septic Tank: ____ ft. Distance to Property Line: ____ ft.
 Method of Measurement: _____ Approved by Variance #: _____

14) Plugged Well plugged within 48 hours

Casing left in well:		Cement/Bentonite placed in well:		
From (ft)	To (ft)	From (ft)	To (ft)	#Sacks or Material used

11) Surface Completion Completed by Driller? Yes

Surface Slab Installed Surface Sleeve Installed
 Pitless Adapter Used Alternative Procedure Used
 Other Steel Cased

15) Type Pump

Turbine Jet Submersible Cylinder
 Other _____
 Depth to pump bowls, cylinder, jet etc., ____ ft.

12) Water Level

Static level _____ ft. Date: ____ / ____ / ____
 Artesian Flow _____ gpm Method of Measurement _____

16) Water Test

Type test: Pump Bailer Jetted Estimated Other
 Yield: _____ gpm with _____ ft. drawdown after _____ hrs.

13) Packers:

Type	Depth	Type	Depth

17) Water Quality

Depth of Strata: _____ Was a chemical analysis made? Yes No. Did you knowingly penetrate a strata which contains injurious constituents? Yes No
 If yes, Type of water _____

Check One: Naturally poor-quality groundwater – type _____ Hydrocarbons (i.e. gas, oil, etc.) Hazardous material/waste contamination encountered
 Other (describe) _____

[I certify that while drilling, deepening, or otherwise altering the above described well, injurious water or constituents was encountered and the landowner was informed that such well must be completed or plugged in such a manner as to avoid injury or pollution.

18) Company & Individual's Name: (type or print)

		Lic. No.:	
Address :	City:	State:	Zip

By signing this well report, you certify that you drilled or supervised the drilling of this well and that each and all of the statements herein are true and correct.

Signature: _____	Date: ____ / ____ / ____	Name: _____
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