Texas Department of Licensing and Regulation
Water Well Driller/Pump Installer Program
P.O. Box 12157, Austin, Texas 78711  (512) 334-5540 FAX (512) 463-8616
Toll Free (800) 803-9202
Email: water.well@license.state.tx.us

Report of Injurious Water or Constituents

To be completed by the Well Driller: (Type or Print)

1. Well Driller: __________________________________________
   
   Company Name: ________________________________________
   
   Address: ______________________________________________
           (street or RFD) (city) (state) (zip)

2. Landowner or Well Owner: ________________________________
   
   Address: ______________________________________________
           (street or RFD) (city) (state) (zip)

3. Location of Well: County ____________________ [] See Attached Map
   
   Lat.: ________________ Long.: ________________ Grid No.: ________________
   
   Miles on ________________ Miles on ________________ Miles on ________________
           (Hwy or Rd) from (Hwy or Rd) from (Hwy or Rd)
           (NE, SW, etc.) (town)

4. Reason for Report:
   [] Naturally-occurring, poor-quality groundwater encountered;
   [] Hydrocarbon contamination encountered (includes gasoline, diesel, etc.);
   [] Hazardous material/hazardous waste contamination encountered;
   [] Other; describe __________________________________________

5. Date Well Drilled: ________________ Type Well: ________________

6. Has a State Well Report form relating to this well been forwarded to the Texas Department of Licensing and Regulation?  [] Yes  [] No  Date: __________________________

7. I certify that while drilling, deepening or altering the above described well, injurious water or constituents was encountered and the landowner or well owner was informed by certified mail (recommended) that such well must be completed or plugged in accordance with 16 TAC Chapter 76.

   Date: __________________________ Cert. Mail No.: __________________________
   
   Licensed Well Driller: __________________________ Lic. No.: __________________________
   
   Driller's Signature: __________________________

Send Original Copy by certified mail to TDLR, PO Box 12157, Austin, TX 78711
Send a Copy by certified mail (recommended) to the Landowner or Well Owner
Keep a Copy for the Well Driller's records

TDLR FORM 003WWD (04/17)