

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 _____
(Hwy or Rd) from (Hwy or Rd) from (Hwy or Rd)

_____ of _____
(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