

BANDERA CO. RIVER AUTHORITY &
GROUNDWATER DISTRICT

WELL DRILLER COMPLETION
ALL FIELDS REQUIRED

Registration No. R- _____
State Grid: _____ - _____ - _____

Owner(s): _____ Address: _____

Owner Phone No. _____

Latitude: _____ Longitude: _____

Property Access: Open _____ Gate Combo _____ Contact Owner @ _____

Contact Driller @ _____ Other _____

Drill Start Date: _____ Drill End Date: _____

List ALL Depths where water was encountered:

DEPTH

TDS

Aquifer Formation: _____

Casing Info: Perforated: _____ Slotted: _____ Screened: _____ From: _____ ft. To: _____ ft.

Does Well Driller Intend to Install Pump? Yes _____ No _____

(If Yes, Complete Pump Installer Completion Report)
(If No, Complete * below)

*Pump Installer Name & License #: _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that this well was drilled by me or under my supervision. I also understand this form is due within 60 days of the Drill End Date or possible enforcement actions may take effect.

Driller Printed Name: _____

Driller Signature: _____ Date: _____

State License No.: _____

-----District Use Only-----

Date Completion Returned: _____