

HEADWATERS GROUNDWATER CONSERVATION DISTRICT
(HGCD)

***DRILLER'S
CERTIFIED STATEMENT OF WELL COMPLETION***

HGCD Well #: _____

Owner: _____

LICENSED DRILLER: _____

LICENSE No. & DESIGNATIONS: _____

- Was this well sealed or capped to meet TDLR requirements? Yes No
- Was a New Manufactured Screen installed per TDLR requirements? Yes No
- (If "No", a Manufactured Screen Waiver Form MUST BE attached and submitted to TDLR.)

Depth of TDS reading: _____ TDS reading: _____

Well Depth: _____ Ft. Aquifer: _____

Lat: _____ Long: _____

I hereby certify that this well was drilled by me (or under my supervision) and that this well was drilled and completed in accordance with District and State requirements and each and all of the statements herein are true.

Date

Well Driller's Signature