



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711 • (512) 334-5540

*water.well@tdlr.texas.gov • www.tdlr.texas.gov*

## REPORT OF INJURIOUS WATER OR CONSTITUENTS

*Note: All Information must be completed by the Well Driller: (Type or Print)*

1. Well Driller: \_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr, Sr, III)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street number, Street name, Suite #, City, State, Zip Code

2. Landowner or Well Owner: \_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr, Sr, III)

Mailing Address: \_\_\_\_\_  
Street number, Street name, Suite #, City, State, Zip Code

3. Location of Well: County \_\_\_\_\_ Lat.: \_\_\_\_\_ Long.: \_\_\_\_\_  
(ddmmss, dd.ddddd or ddmms) (ddmmss, dd.ddddd or ddmms)

Well Address: \_\_\_\_\_  
Street number, Street name, City, State, Zip Code

4. Date Well Drilled: \_\_\_\_\_ Type Well: \_\_\_\_\_

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

6. Has a State Well Report form relating to this well been forwarded to the Texas Department of Licensing and Regulation?  
Yes No Date: \_\_\_\_\_ Well Report Tracking #: \_\_\_\_\_

7. I certify that while drilling, deepening or altering the above described well, injurious water or constituents were encountered and the landowner or well owner was notified within 24 hours that this well must be completed or plugged, in accordance with 16 TAC Chapter 76.

Licensed Well Driller: \_\_\_\_\_  
Type or Print Name License Number  
\_\_\_\_\_  
Driller's Signature Date