

**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT**  
**District Completion Report to Drill, Operate, and/or Alter a Well**

Well Reference Number \_\_\_\_\_ (as assigned by POSGCD)

Date \_\_\_\_\_

Date Received by POSGCD \_\_\_\_\_

**Return this Form to: POSGCD, PO Box 92 (310 E. Ave. C), Milano, TX 76556**  
**Phone: 512-455-9900 Email: [gerry@posgcd.org](mailto:gerry@posgcd.org) Website: [www.posgcd.org](http://www.posgcd.org)**  
**\*\*\*PLEASE PRINT OR TYPE\*\*\***

**SECTION I – DRILLER / PUMP INSTALLER**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Driller's License No: \_\_\_\_\_  
Address (Street or PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION II – WELL OWNER**

NAME (First, Middle Initial, Last) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street (or PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION III – WELL INFORMATION**

**Please select one: Exempt Well \_\_\_\_\_ Non-Exempt Well \_\_\_\_\_**

**Date Well Drilled: \_\_\_\_\_ Well is Located in: Milam County: \_\_\_\_\_ Burleson County: \_\_\_\_\_**

**Please attach copies of the following Schedules or Logs:**

**Driller's Log/Report: \_\_\_\_\_ Tracking #: \_\_\_\_\_ Electric Log (if available): \_\_\_\_\_**

**Well Depth: \_\_\_\_\_ feet Depth to Water: \_\_\_\_\_ feet Well Capacity: \_\_\_\_\_ gal. per min.**

**Pump Set (Depth of Lift): \_\_\_\_\_ feet Pump Size: \_\_\_\_\_ horsepower**

**Pump Capacity \_\_\_\_\_ gal. per min. under \_\_\_\_\_ psi Type of Pump: \_\_\_\_\_**  
(Please note: Pump Capacity must be less than 17.36 gpm to be completed as an exempt well)

**Aquifer & Formation Water is drawn from: \_\_\_\_\_**

**Latitude Location of Well: \_\_\_\_\_ Longitude Location of Well: \_\_\_\_\_**

**Surface Elevation: \_\_\_\_\_ feet above sea level**

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**SECTION IV – QUALIFICATION FOR WELL ASSISTANCE**

I acknowledge, by initialing, that I have been made aware of the Drillers and Pump Installers Guidance Document and the qualifications for participation in the District's Groundwater Well Assistance Program (GWAP) and fully understand my responsibility as the Driller or Pump Installer for this water well. I understand that the Drillers and Pump Installers Guidance Document and its by-products are a recommendation and not a requirement. I further understand, that by not following the recommendations, this water well may not meet qualifications of the GWAP.

Under the direction of the Well Owner, this well:

Was completed to the Drillers and Pump Installers Guidance recommendations

Was not completed to the Drillers and Pump Installers Guidance recommendations

**SECTION V – EXEMPTION STATEMENT, AFFIRMATION, AND EXECUTION**

I certify that all statements and information in this form are true and correct. I also declare and certify that if the above referenced well is an exempt well, it has been drilled, equipped, and/or completed so as to be incapable of producing more than 25,000 gallons of groundwater per day, or that this well is exempt under a permit issued by the Railroad Commission under *Chapter 134, Texas Natural Resources Code*, or production from this well is necessary for mining purposes. If a well which is exempt under a permit issued by the Railroad Commission of Texas is to be used for any purpose other than the permitted use that new use must be permitted by the District.

\_\_\_\_\_  
Signature of Driller or Pump Installer

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
(date)

By \_\_\_\_\_  
(applicant)

(NOTARY SEAL)

\_\_\_\_\_  
Notary Signature

Can be notarized in the presence of any Notary of your choice. We have a Notary at the POSGCD Office.