

**RED RIVER**  
**GROUNDWATER CONSERVATION DISTRICT**

**RED RIVER GROUNDWATER CONSERVATION DISTRICT**

P.O. Box 1214, Sherman, TX 75091  
5100 Airport Drive, Denison, TX 75020  
Office: (800) 256-0935 | Fax: (903) 786-8211  
[rrgcd@redrivergcd.org](mailto:rrgcd@redrivergcd.org) | [www.redrivergcd.org](http://www.redrivergcd.org)

**WELL COMPLETION REPORT**

***Well Information***

Owner Name: \_\_\_\_\_ Well Name: \_\_\_\_\_  
Registration #: \_\_\_\_\_ Capacity (GPM): \_\_\_\_\_  
Driller: \_\_\_\_\_ Latitude: \_\_\_\_\_  
Date Completed: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Depth to Water: \_\_\_\_\_ Pump Depth: \_\_\_\_\_  
Pump and Motor Size: \_\_\_\_\_

***Licensed Pump Installer (if Different from Driller)***

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Ext. Ext.  
Mailing Address: \_\_\_\_\_  
Address City State Zip code  
E-mail: \_\_\_\_\_

***Instructions***

**GPM:** The GPM on this form must be established after the permanent pump and motor are installed in the well. Test pumps and motors are prohibited. **Pump and Motor Size:** Must be the permanent pump and motor. Well Report and Completion Report must be submitted to the District within 60 days of the completion of construction.

*I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.*

\_\_\_\_\_  
*Print Name* *Signature* *Date*

*Please submit this Report to the District by mail, fax or email:*

*Red River Groundwater Conservation District  
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*If you have any questions, please call (800) 256-0935*