



# RED RIVER GROUNDWATER CONSERVATION DISTRICT

## Groundwater Production Report

Well Owner \_\_\_\_\_

Date \_\_\_\_\_

Well Address/Name \_\_\_\_\_

Well Registration No. \_\_\_\_\_

Date Read	Meter Reading	Meter Read By

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

Signature \_\_\_\_\_

Please submit this form to the District by either fax at (903) 786-8211, email at [rrgcd@redrivergcd.org](mailto:rrgcd@redrivergcd.org) or mail at:

PO Box 1214  
Sherman, TX 75091