RED RIVER GROUNDWATER CONSERVATION DISTRICT

Groundwater Production Report

Well Owner		Date
Well Address/Name		
ven Address, Name		
Well Registration No.		
Date Read	Meter Reading	Meter Read By
I hereby certify that the informa	ation given herewith is true and accur	ate 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 or mail at:		

PO Box 1214 Sherman, TX 75091

RRGCD - 111