CITY OF DEL RIO
WATER WELL DRILLING APPLICATION

OWNER _____ Permit # _____

NAME: _____ADDRESS : _____

TELEPHONE NO.: (___)_____

DRILLER

NAME: _____TWDB NO.: _____

ADDRESS: _____TELEPHONE NO. : (___)_____

WATER WELLS

PURPOSE (CHECK ONE BELOW)

NEW CONSTRUCTION _____ REPAIR _____

CORRECTION _____ PLUG _____

INTENDED USE OF WELL: _____

PLEASE LEAVE HOUSE AND YARDLINE UNCOVERED UNTIL INSPECTION IS COMPLETE.

ADDRESS LOCATION: _____LOT: _____

SUBDIVISION: _____BLOCK: _____

ATTACH DRAWING SHOWING THE PROPOSED WELL LOCATION IN THE LOT AND/OR COORDINATES (IF ANY).

DRILLING METHOD: _____

CASING: _____ PUMP SIZE: _____**ESTIMATED VALUATION: _____**

DRILLING RESULTS

ESTIMATED DEPTH (FEET): _____

TYPE IF WATER FOUND: _____

ESTIMATED YIELD (YEAR/MONTH): _____

ESTIMATED AMOUNT OF WATER TO BE DRAWN (YEAR/MONTH): _____

ATTACH COPY OF WELL DRILLING LOG THAT WILL BE SUBMITTED TO THE STATE.

THIS PERMIT APPLICATION SHALL BE COMPLETE AND SIGNED BY THE CONTRACTOR PRIOR TO OBTAINING PERMIT.

CONTRACTOR SIGNATURE_____ DATE :_____

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter the property to complete the work. After close review of this application, I further certify that all the information provided is true and correct to my knowledge.