Mailing: PO Box 1648, Dripping Springs, TX 78620
Physical: 14101 Hwy 290 West, Bldg. 100, Suite 212, Austin, TX 78737
Office (512) 858-9253
gm@haysgroundwater.com www.haysgroundwater.com

Central Hays County Groundwater Evaluation

A. WELL OWNER INFORMATION

Last Name	First Name		
Best 10 Digit Phone Number	Best Email Address		
Physical Address		City	Zip Code
Mailing Address		City	Zip Code

B. PURPOSE OF WELL: check appropriate box

☐ COMMERCIAL ☐ DOMESTIC ☐ OTHER (describe):

C. WELL INFORMATION: if known

State of Texas Well Report for Tracking # (also know as the "State Well Report")	Grid Number from State Well Report
Original Well Drill Date	
I can / cannot provide a copy of the original driller's log (if yes, please attach)	
Total Well Depth	
Pump Depth	
Name of the Company that Drilled my Well	

If you do not know the well coordinates, then complete the following questions using either Google Earth or Google Maps. For Google Earth, select "Tools", then select "Options." Select the "3D View" tab, then select "Decimal Degrees," then hit "Apply" and "Ok." Enter in your home address then select "Search." Locate your well site on the map and hover your mouse over your well. The data you need is located at the bottom of the page. For lat/long only using Google Maps, simply hover your mouse over the well site, click on the map, and the coordinates will be shown in an address box at the bottom of the page.

Latitude	Longitude	Elevation

D. PERMISSION

I understand that if my well is selected for the study, that modifications to my well might be necessary. This could include the installation of specialized monitoring equipment and an access pipe within my well.

I further understand that collecting data from my well will require an official agent from a groundwater district to enter my property. I can request that a phone call be made prior to the agent entering of my property. I may be required to provide gate codes or general access if I am not home.

I, and the general public, shall be able to access the data collected within the study.

If I do not wish to be part of the study any longer, I shall provide notice to the appropriate groundwater district including allowing access to my well site for the removal of the monitoring equipment.

☐ I understand and agree that my typed name is considered my official signature.

Signature of Well Owner or Authorized Agent