



# Groundwater Rule Notification of Inactive Well(s) for Triggered and Assessment Source Monitoring

Water System Name	PWS ID (if applicable)
Prepared By	Title
Work Phone Number	Cell Phone Number

I certify, under penalty of law, that all the information provided herein is true and accurate to the best of my knowledge.

Signature	Date
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TCEQ State Assigned Well ID Code (G1234567A)	Well Number (Well #1, Well #2)	Offline Due to the following issue	Effective Date	Date Returned to Service
		<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Other:		
		<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Other:		
		<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Other:		
		<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Other:		

***Include supporting documentation such as well production logs, daily meter readings, etc.***

Submit the completed form to the Drinking Water Standards Section and the Inventory and Protection Team by email at [GWRData@tceq.texas.gov](mailto:GWRData@tceq.texas.gov) and [PWSINVEN@tceq.texas.gov](mailto:PWSINVEN@tceq.texas.gov).