



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

TCEQ Source ID	Owner's Designation	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 and PWSINVEN@tceq.texas.gov.