

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT  
DRILLER AND/OR PUMP INSTALLER  
CERTIFICATION FORM**

Driller/Pump Installer Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Pager Number: \_\_\_\_\_

State License Number: \_\_\_\_\_ (Please attach copy of current  
Driller/Pump Installer License.)

Company Affiliated With:

\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby certify and acknowledge that the information contained herein is true and correct to the best of my knowledge and belief. I further acknowledge that I have received, read, understand and agree to abide by the current Rules and Regulations established by Headwaters Groundwater Conservation District.

\_\_\_\_\_  
Driller/Pump Installer Signature

\_\_\_\_\_  
Driller/Pump Installer Printed Name

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***(For District Use Only)***

Copy of Headwaters Groundwater Conservation District's current Rules and Regulations were:

\_\_\_\_\_ Provided Driller/Pump Installer at time of Certification.

\_\_\_\_\_ Mailed to Driller/Pump Installer with request for *Certification Form* on \_\_\_\_\_.  
(Date Mailed)

***NOT VALID WITHOUT DISTRICT OFFICIAL SIGNATURE AND HGCD SEAL AFFIXED.***

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

District Certification Issued by: \_\_\_\_\_ (District Official)