

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Serving Hood, Montague, Parker and Wise Counties
 1250 East 199/ P.O. Box 1749, Springtown, Texas 76082
 Phone (817) 523-5200 - Fax (817) 523-7687
www.uppertrinitygcd.com

<u>District Use Only:</u>	
Received	_____
By	_____
Well Reg. No.	_____
Scanned	_____
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Emergency Use Water Report

For groundwater produced within the district used solely for use by a fire department or an emergency services district for emergency purposes.

Rule 2.3 Exemption from Production Fees for Groundwater Used in Certain Emergency Purposes

- (a) Groundwater Produced within the boundaries of the District is exempt from the assessment of applicable Water Use Fees and Groundwater Transport Fees otherwise required by Section 7 if the groundwater is used by a fire department or an emergency services district solely for emergency purposes and the use is qualified under Subsection (b)
- (b) To Qualify for the exemption provided for in the Subsection (a), a fire department or emergency services district that uses groundwater produced from within the District, or a person that supplies groundwater produced from within the District to a fire department or emergency services district, shall submit to the District a Water Production Report that complies with Rule 3.10

1. Please notate in the following table the amount (in gallons) of water produced for emergency purposes.

January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

2. Please notate in the table below the amount (in gallons) of total water produced for that month.

January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

3. If you have included any Water Use Fee payment or Groundwater Transport Fee payments with the submission of this report please indicate the amount of the Fee Payment withheld:

\$_____withheld for emergency purposes.

4. I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION INCLUDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date_____

Signature_____

Tel_____

Print Name_____