

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Phone: 817-523-5200 | Toll Free: 877-38UTGCD (877-388-8423) | Fax: 817-523-7687 Mailing Address: UTGCD, P.O. Box 1749, Springtown, TX 76082 Office Address: 1250 E. Hwy. 199, Springtown, TX

2017 ENTITY PRODUCTION REPORT

Instructions: Complete	e one form for each well	I. Sign form and return to Up	pper Trinity GCD with fees due.
1. Name of Registran	::	Well ID Number:	
2. Reporting period beginning meter reading (as displayed on meter):			Date:
Reporting period ending meter reading (as displayed on meter):			Date:
Note: If your mete read as part of you		or "00" located next to th	e rolling numbers, these zeros should be
barrels or the meter during reasonable	readings (although mo business hours). Examp	nthly meter readings shall b	withdrawn for each month in gallons, not be available for inspection by the District 0 on January 1. On February 1, meter
	GROU	UNDWATER PRODUCTION	<u> </u>
JAN:	APR:	JUL:	OCT:
FEB:	MAY:	AUG:	NOV:
MAR:	JUN:	SEPT:	DEC:
	oly Drilling or Oil &	& Gas Production Comn	
-	-	ntity of water lost that is attr	ibutable to system loss: Gallons or
Sources of system 1	osses:		
Method(s) employe	ed to address the system	losses:	
Gallons of groundy	vater used by fire depart	ment or emergency services	s district (attach UTGCD's Emergency
7. Location of the use	of the water (check one	e): Onsite Offsite w	/in District Out of District
8. Was the water sold	on a retail or wholesale	e basis? Yes No I	f yes, name of person to whom it was
sold	; Quantity	sold to each person	(attach
additional sheets as			

9. How did you measur	e the water used in the Grou	ndwater Production	chart in No. 3?		
Water Meter	Multiple Water Meters	Estimate			
10. Was any of this wat	er transported for use outsid	e of Montague, Parl	ker, Wise, and Hood coun	ıties?	
Yes	No (If no, go	to No. 11)			
	omplete chart below (includ		ed):		
		•			
	GROUNDWA	TER TRANSPORT	TED	1	
JAN:	APR:	JUL:			
FEB:	MAY:	AUG:			
MAR:	JUN:	SEPT:	DEC:		
Total For Reporting Period (In Gallons)=					
Did you use any surface	water? YesNo	If yes, please	write the amount and the	purpose for	
which it was used					
	FEE C	<u>ALCULATIONS</u>			
11. To calculate water ubelow:	ise fees, groundwater transpo	ort fees, and/or eme	ergency use fees, please us	se the formulas	
WATER USE FEES: _		total gallons of	groundwater (from Quest	tion 3) at a rate	
of \$0.22 per 1,000 g	allons = \$	·			
TRANSPORT FEES:		total gallons o	f groundwater transported	l from District	
(from Question 10)	at a rate of \$0.11 per 1,000 g	gallons = \$	(Add this \$ amo	unt to payment.)	
EMERGENCY USE E	XEMPTION:	total g	gallons of groundwater use	ed for	
Emergency Services	(from Question 6) at a rate	of \$0.22 per 1,000	gallons = \$	(Subtract	
this \$ amount from J					
TOTAL DUE FOR RE	CPORT: \$				
	A IF	FIRMATION			
12. I hereby swear or affi	rm that the information include	ded in this report is tr	rue and correct to the best o	f my knowledge.	
Date:		Signature:	Signature:		
Phone:		Print Name:			
i none.		1 mit Name.			

Well ID _____

E-mail: