

DO NOT
STAPLE

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: 1859 W. Hwy. 199, Springtown, TX

2018 ENTITY PRODUCTION REPORT

Instructions: Complete one form for each well. Sign form and return to Upper Trinity GCD with fees due.

1. Name of Registrant: _____ 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 meter dial has a constant "0" or "00" located next to the rolling numbers, these zeros should be read as part of your total reading.

3. 2018 Groundwater Withdrawal: Report the amount of groundwater withdrawn for each month in gallons, not barrels or the meter readings (although monthly meter readings shall be available for inspection by the District during reasonable business hours). Example: Meter displays 200,110 on January 1. On February 1, meter displays 201,200. January's monthly use in gallons would be 1,090.

GROUNDWATER PRODUCTION

JAN:	APR:	JUL:	OCT:
FEB:	MAY:	AUG:	NOV:
MAR:	JUN:	SEPT:	DEC:
Total For Reporting Period (In Gallons)=			

4. Water was used for (circle one):

(1)Public Water Supply (2)Drilling or Oil & Gas Production (3)Commercial/Small Business

5. Is it in a Well System? Yes _____ No _____ Other wells in system: _____

6. Please provide an estimate of the total quantity of water lost that is attributable to system loss: Gallons or percentage of total annual production lost (for each well): _____

Sources of system losses: _____

Method(s) employed to address the system losses: _____

Gallons of groundwater used by fire department or emergency services district (attach UTGCD's Emergency Use Water Report) _____

7. Location of the use of the water (circle one): (1) Onsite (2) Offsite w/in District (3) Out of District

8. Was the water sold on a retail or wholesale basis? Yes _____ No _____ If yes, name of person to whom it was sold _____; Quantity sold to each person _____ (attach additional sheets as necessary)

9. How did you measure the water used in the Groundwater Production chart in No. 3?

(1) Water Meter (2) Multiple Water Meters (3) Estimate

10. Was any of this water transported for use outside of Montague, Parker, Wise, and Hood counties?

Yes _____ No _____ (If no, go to No. 11)

If yes, explain and complete chart below (include amount transported): _____

GROUNDWATER TRANSPORTED

JAN:	APR:	JUL:	OCT:
FEB:	MAY:	AUG:	NOV:
MAR:	JUN:	SEPT:	DEC:
Total For Reporting Period (In Gallons)=			

Did you use any surface water? Yes _____ No _____ If yes, please write the amount and the purpose for which it was used _____.

FEE CALCULATIONS

11. To calculate water use fees, groundwater transport fees, and/or emergency use fees, please use the formulas below:

WATER USE FEES: _____ total gallons of groundwater (from Question 3) at a rate of \$0.22 per 1,000 gallons = \$ _____.

TRANSPORT FEES: _____ total gallons of groundwater transported from District (from Question 10) at a rate of \$0.11 per 1,000 gallons = \$ _____. (Add this \$ amount to payment.)

EMERGENCY USE EXEMPTION: _____ total gallons of groundwater used for Emergency Services (from Question 6) at a rate of \$0.22 per 1,000 gallons = \$ _____. (Subtract this \$ amount from payment.)

TOTAL DUE FOR REPORT: \$ _____

AFFIRMATION

12. I hereby swear or affirm that the information included in this report is true and correct to the best of my knowledge.

Date: _____

Signature: _____

Phone: _____

Print Name: _____

E-mail: _____