

District Use Only:

Well Reg. ID: _____

Approved: _____

By: _____

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Serving Hood, Montague, Parker and Wise Counties
1859 W. Hwy. 199/P.O. Box 1749, Springtown, Texas 76082
Phone: (817) 523-5200 | Fax: (817) 523-7687
www.uppertrinitygcd.com

Request to Rescind a New Well Application

***Required fields. An application will not be deemed complete unless all required fields are completed.**

Part I – Well Owner and Driller Information

*Well Owner: _____

*Well Driller: _____

*Request Made by: Well Owner Well Driller

Part II – Property Information

*Physical address of property where well is proposed to be located: _____

*City: _____, *County: _____

If the specific parcel that the well is proposed to be located on cannot be readily identified by the physical address provided above, please provide additional information such as the lot, block, & subdivision name or the legal description:

Part III – Reason for Request

**Please provide a short, plain statement explaining why you are seeking to rescind the new well application.*

Part IV – Certification

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Owner/Driller Name

Date

Owner/Driller Signature

District Use Only:

District staff notes:

District Staff Signature: _____