

DO NOT
STAPLE

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

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Mailing Address: UTGCD, P.O. Box 1749, Springtown, TX 76082

Office Address: 1859 W. Hwy. 199, Springtown, TX

2019 AGGREGATED GROUNDWATER PRODUCTION REPORT

Instructions: **Complete one form for an aggregated report for multiple wells.** Sign form and return to Upper Trinity GCD.

***Required Fields.** Any report submitted without all required fields completed correctly will be returned.

***Reporting Period**

Semi-Annual Reporting Period 1 (Jan. – June) **Semi-Annual Reporting Period 2 (July – Dec.)**

*Name of Registrant: _____

*List of Well IDs associated with aggregated report: _____

(Attach additional sheets as necessary)

*The aggregated report shall, at a minimum, include the following for **each well** included in the report:

- Well ID
- Beginning meter reading for each month of the reporting period
- Ending meter reading for each month of the reporting period
- Total gallons produced for each month within the reporting period

*Total gallons reported in the aggregated report: _____

*Water was used for (select one):

Public Water Supply Oil & Gas Production of Drilling Commercial/Small Business Other

***For Non-Public Water Supply wells, please answer the following:**

Location of the use of the water: Onsite Offsite w/in District Outside of District

If the groundwater was sold on a retail or wholesale basis:

Name of person to whom it was sold _____;

Quantity sold to each person _____

(Attach additional sheets as necessary)

***For Public Water Supply wells, please answer the following:**

An estimate of the total quantity of water lost that is attributable to system loss:

Gallons or percentage of total production lost: _____

Sources of system losses: _____

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

GROUNDWATER TRANSPORTED

If any groundwater was transported for use outside of the District (Hood, Montague, Parker or Montague counties), please provide an explanation and complete the chart below:

(Attach additional sheets as necessary)

Additionally, if groundwater was transported out of the District, please provide a separate report which includes the following for each well from which groundwater was transported out of the District:

- Well ID
- Total gallons transported for each month within the reporting period

If any surface water was used/transported, please identify:

Source: _____

Amount: _____

EMERGENCY USE EXEMPTION

Total gallons of groundwater used for Emergency Services: _____

AFFIRMATION

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: _____