

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

**2019 GROUNDWATER PRODUCTION REPORT**

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

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

\*Name of Registrant: \_\_\_\_\_ \*Well ID: \_\_\_\_\_

\*Reporting period beginning meter reading (as displayed on meter): \_\_\_\_\_ Date: \_\_\_\_\_

Reporting period ending meter reading (as displayed on meter): \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach to this report a true and correct copy of the meter log associated with this well. The log shall include, at a minimum, the meter reading on the last business day of each month of the reporting period.*

\*2019 Groundwater Withdrawal: Report the amount of groundwater withdrawn for each month in gallons.

**MONTHLY GROUNDWATER PRODUCTION**

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

\*Water was used for (select one):

- Public Water Supply     Oil & Gas Production or 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: \_\_\_\_\_

\*Well ID \_\_\_\_\_

**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:

---

---

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

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: \_\_\_\_\_