

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 for Well Status Change

***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 location: Latitude: _____ Longitude: _____

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 –Request (select from the options below)

I am seeking to change the classification of my existing Non-Exempt Operational well to an **Exempt Operational** status. (You must select one of the options below describing the proposed use of the well):

- Domestic Livestock Agriculture Poultry

I am seeking to change the classification of my existing Non-Exempt Operational Well to **Non-Exempt Non-Operational**.

**Please provide a short, plain statement explaining the reason for your request.*

Part IV – Certification

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. Furthermore, I understand that if the condition of the well changes so that it no longer meets the conditions of an Exempt Well, I must notify the District immediately.

Owner/Driller Name

Date

Owner/Driller Signature