

DO NOT
STAPLE

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

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Springtown, TX 76082

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

2020 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.

*2020 Groundwater Withdrawal: Report the amount of groundwater withdrawn for each month in gallons.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: _____