

**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

**APPLICATION FOR WELL REGISTRATION
--EXISTING WELL--**

A well that was in existence or for which drilling commenced prior to January 1, 2009.

*Applicants are urged to read all of the Rules for Water Wells in Hood, Montague, Parker, and Wise Counties, Texas.
Rules can be found at: www.uppertrinitygcd.com.*

<p><u>District Use Only:</u></p> <p>Received _____</p> <p>Well Reg. ID. _____</p> <p><input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Non-exempt</p>
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***Required fields.**

Part I – Well Owner Information

*Well Owner: _____

*Phone: _____ *E-Mail: _____ Fax: _____

*Mailing address: _____ *City: _____ *State: ____ *Zip: _____

Contact (If different than owner) _____ Phone: _____

Contact Email: _____ Fax: _____

Part II – Well Information (Please provide all information that may be obtained by reasonable diligence)

*Well Site Address: _____

*City: _____ *County: _____ State: TX *Zip: _____

*Latitude _____ *Longitude _____

Please contact District staff if assistance is needed

Please provide all information that may be obtained by reasonable diligence.

Size of Well casing: _____ Inside diameter of the pump [discharge] column pipe _____

Depth of well: _____ feet Maximum designed production capacity: _____ gpm

Method of withdrawal (submersible pump, windmill, etc.): _____

Pump motor size: _____ Depth to first screen: _____ feet

Part III – Purpose for Water Use

*Check all that apply: Domestic Livestock Agriculture Poultry

Retail Public Utility Public Water System Commercial Oil/Gas Exploration

*Will the groundwater produced be transported out of Hood, Montague, Parker, or Wise counties or anywhere other than the property where the groundwater was produced?

No Yes. Location of water use:

*Will the groundwater withdrawn from the well be used by anyone other than well owner?

No Yes. Name of person/entity using water:

Part IV – Driller Information (If Known)

Drilling Company: _____ Phone: _____

Driller: _____ License #: _____ Expiration Date: _____

Fax: _____ E-mail: _____

Office Mailing Address: _____ State: ___ Zip: _____

Part V – Certification

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

Print Name

Date

Signature