

DO NOT  
STAPLE

**UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT**

Phone: 817-523-5200 | Fax: 817-523-7687 | Mailing Address: UTGCD, P.O. Box 1749,  
Springtown, TX 76082

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

**2024 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:

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(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: \_\_\_\_\_