## 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

<u>District Use Only:</u>			
Well ID:			
Invoice #:	•		
Approved:			
<u>By:</u>			

## **Application for Geophysical Well Logging**

\*Required fields. An application will not be deemed complete unless all required fields are completed.

The District requires a minimum of 3 business days' notice for geophysical logging. Please be aware that geophysical logging will be performed at the convenience and availability of District staff. The minimum notice requirement does not guarantee a specific time or date for this service to be performed.

Part I – Well Owner and Well Informa	tion	
*Well Owner:		
*Well ID:		
*GPS Coordinates: Latitude:		Longitude:
*Physical address of property where well	is located:	
*City:		, *County:
Part II – Geophysical Logging Informa	tion	
*Method of geophysical logging:	Open-Hole Log**	Cased-Hole Log
includes a requirement to provide a detail	led description of drilling met	the General Manager, for any open-hole geophysical log – this thods, including methods to maintain borehole integrity prior to District's insurance deductible, associated with all open-hole
Part III – Certification		
Furthermore, I understand that the info format (LAS or PDF). I further unders applying the data provided by the Distric- that may result from such interpretation	ormation and data collected tand that I and/or my const ct, and for any outcomes, los or application of the data. I	true and accurate to the best of my knowledge and belief. by District equipment will be provided in a raw, unprocessed ultants assume all risk and responsibility for interpreting and sses, or damages (direct, indirect, incidental, or consequential) The District will provide no post-processing or interpretation of or my consultants does not constitute professional, scientific,
*Owner Name (Print)		*Date
*Owner Signature		

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