District Use Only:

Well Reg. ID: _____

Driller: _____

Approved: _____

By: _____

UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Serving Hood, Montague, Parker and Wise Counties
1859 West Hwy. 199/P.O. Box 1749, Springtown, Texas 76082
Phone: (817) 523-5200 | Fax: (817) 523-7687
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APPLICATION FOR WELL REGISTRATION ADDENDUM --VERTICAL OFFSET--

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

Part I – Well Owner Information

*Well Owner: _____

Part II –Information related to the well for which the new well will be vertically offset

*Well ID: _____

*Latitude: _____ *Longitude: _____ *Elevation: _____

*Well Site Address: _____

Legal Description of property (If applicable): _____

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

*Total depth of well: _____ feet

*Depth to top of first screen or top of annular seal, whichever is shallower: _____ feet

* Depth to bottom of deepest screen or filter pack, whichever is deeper: _____ feet

Part III – Information related to the proposed new well

*Total depth of well: _____ feet

*Depth to top of first screen: _____ feet * Depth to bottom of deepest screen: _____ feet

*Depth to top of annular seal: _____ feet * Depth to bottom of annular seal: _____ feet

Detailed description of methods to be used to install annular seal.

_____

_____

_____

_____

Part V – Driller Certification

Driller agrees that the completion methods and intervals identified herein are true and correct, to the best of their knowledge, and will make all efforts to complete the well in accordance with those methods. Furthermore, the driller agrees to notify the District immediately upon completion, so that District staff can inspect the well for compliance. If, upon the previously referenced notification, the District requests the well be left unequipped in order to perform a cement bond log (or some other method to verify completion), the Driller agrees to leave the well unequipped until such time the District has successfully completed their inspection.

☐ Yes

☐ No

_____ _____

Driller Name (printed) Date

_____

Driller Signature

Part VI – Applicant Certification

Applicant agrees to make the well, after completion, available for District inspection. This includes, but is not limited to, responsibility for removing the pump and all other equipment that may impair the District's ability to verify the well was completed in compliance with the approved methods and standards:

☐ Yes

☐ No

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. Furthermore, I understand that there is no guarantee that adequate water exists at the proposed well-site to meet the required demands.

_____ _____

Applicant Name (printed) Date

_____

Applicant Signature