District Use Only:

Well Reg. ID: _____

Driller: _____

Approved: _____

By: _____

Invoice No.: _____

☐ Exempt

☐ Non-exempt

Meets minimum tract size?

☐ Yes ☐ No

Meets property line spacing?

☐ Yes ☐ No

Meets spacing from other wells?

☐ Yes ☐ No

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
www.uppertrinitygcd.com

APPLICATION FOR WELL REGISTRATION
--NEW WELL--

A well for which drilling commenced on or after January 1, 2009, or an existing well which is undergoing substantial changes in production capability.

Please answer the following questions

Does the proposed well location require an exception to District rules?

☐Yes ☐No

Is water from a public water system available to the property?

☐Yes ☐No

Is a local permit required for a water well?

☐ Yes ☐ No

By answering "no" to the above questions, the applicant understands that the District will process the application, at which time the registration application fee becomes non-refundable.

Is this application for either a Test Well or Observation Well to be used specifically for a Hydrogeologic Report associated with a High-Volume Permit Application. *This does not include wells used for Groundwater Availability Certifications (GACs).*

☐ Test Well ☐ Observation Well

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

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

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: _____

Request contact information be kept confidential?

☐ Yes ☐ No

If the Applicant is someone other than the owner of the property of the proposed well-site, please attach all necessary documentation that demonstrates your authorization to submit this application on behalf of the proposed well owner (property owner).

Part II – Well Information
(District staff encourages applicants to submit all GPS coordinates in decimal degree format. Please contact District staff if there are questions regarding the format.)

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

(If amended) Latitude: _____ Longitude: _____

*Well Site Address: _____

Legal Description of property (If applicable): _____

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

GPS manufacturer and model used to measure latitude and longitude: _____

*Size of Well casing: _____ *(inside diameter of the pump [discharge] column pipe _____)*

*Estimated depth of well: _____ feet *Maximum designed production capacity: _____ gpm

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

*Pump motor size: _____ * Estimated depth to first screen: _____ feet

*Number of service connections: _____ *Well will service approximately _____ *individuals for ____ days out of the year.

Part III – Purpose for Water Use
*Check all appropriate spaces describing the use of water from this well:

☐ Domestic ☐ Livestock ☐ Agriculture

☐ Public Water System ☐ Commercial ☐ Oil/Gas Exploration and/or Production

*Will the groundwater produced be exported 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

*Drilling Company: _____ *Phone: _____

*Driller: _____ *License #: _____ *Expiration Date: _____

Fax: _____ *E-mail: _____

*Office Mailing Address: _____*State: ___ *Zip: _____

Driller agrees to abide by all requirements set forth in District Rules and to submit to the District a state well report prescribed by TDLR or State of Texas Well Report Tracking Number within 60 days of completing the well.

_____ _____
*Driller's Signature *Date

*Is this a replacement well? ☐ No ☐Yes

If yes, please provide GPS coordinates of well being replaced:

Latitude: _____ Longitude: _____

Driller will sign below as a declaration that they will comply with state and District well plugging rules and report closure to District within 90 days (16 Tex. Admin. Code Ch. 76). After production of the new well commences, failure to plug the original well constitutes a violation of District Rules:

_____ *(Driller signature if applicable)*

Part V – Certification

Applicant agrees to abide by the rules of the District and that water produced/withdrawn from this well will be put to a beneficial use at all times:

☐ 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.

_____ _____
Owner Name (printed) Date

_____
Owner Signature