

WELL INFORMATION CONTINUED	
Is the proposed well location at least 50 feet from the property lines?	() Yes () No
Is the proposed well location at least 100 feet away from a septic system?	() Yes () No
If no, have you obtained a variance from TDLR?	() Yes () No
If you have not obtained a variance, will the well be drilled according to TDLR specifications?	() Yes () No
** If a variance has been obtained from TDLR, please provide CCGCD with a copy prior to drilling. **	
PROPOSED ANNUAL USAGE (provide best estimate)	
Used for:	Amount (gallons or ac-ft/yr):
Used for:	Amount (gallons or ac-ft/yr):
Used for:	Amount (gallons or ac-ft/yr):
Used for:	Amount (gallons or ac-ft/yr):
Total amount used on an annual basis (gallons or ac-ft/yr):	
WATER QUALITY	
Has the water quality been tested previously?	Yes () No ()
If yes, please supply a copy of the analysis information if available.	

*** IMPORTANT ***

Please complete this form as thoroughly as possible. Forms deemed incomplete will be returned. The State of Texas Well Report (with tracking number) must be provided to the District within sixty (60) calendar days of completion. You may mail, fax or scan forms.

CCGCD, P.O. Box 667, Columbus, TX, 78934

Fax: 979-732-9301

Email: kim@ccgcd.net

I AFFIRM THAT ALL STATEMENTS AND INFORMATION IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Printed Name: _____

Signature: _____

Date: _____