

## WATER WELL REGISTRATION FORM COLORADO COUNTY GROUNDWATER CONSERVATION DISTRICT

**All wells must be registered with the District prior to drilling. Complete this form as thoroughly as possible. Your driller may be able to assist you with missing information. Forms deemed incomplete will be returned.**

WELL OWNER MAILING ADDRESS		NAME OF PERSON COMPLETING THIS FORM	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Email:		Email:	
PROPERTY OWNER(S) (if different than well owner)		WELL LOCATION (use 911 address or description)	
Name:		Address:	
Address:		City, State, Zip:	
Apt or Suite:		Latitude:	_____ deg. _____ min. _____ sec.
City/State/Zip:		Longitude:	_____ deg. _____ min. _____ sec.
Telephone:		Elevation:	_____ ft.
PURPOSE OF REGISTRATION			
<input type="checkbox"/> Register an EXISTING well <input type="checkbox"/> Register a NEW well			
<input type="checkbox"/> Substantial alternation of well – any change to the physical or mechanical characteristics of a well, its equipment, production capabilities, its purpose or location. This does not include repair of well with comparable equipment.			
USE OF WELL (check all that apply and answer ALL questions in this section)			
<input type="checkbox"/> Household (includes lawn/garden irrigation) <input type="checkbox"/> Livestock <input type="checkbox"/> Municipal/Public Supply			
<input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Irrigation <input type="checkbox"/> Mining <input type="checkbox"/> Supply Well <input type="checkbox"/> Other			
If other, please explain:			
Will well be used for fracking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WELL INFORMATION			
Will the driller actively attempt to drill the well so that it will be capable of pumping more than 35 gpm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pump size: _____ HP			
Maximum pumping capacity of well (in gpm):			
Depth of well: _____ ft.			
Inside diameter of casing: _____ inches			
Inside diameter of the pump discharge pipe: _____ inches			

Permit/Grid No.	State Well No.	Registration No.	<b>OFFICE USE ONLY</b>
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<b>WELL INFORMATION CONTINUED</b>	
Drilling company:	
Address:	
Phone:	
Is the proposed well location at least 50 feet from the property lines?    (    ) Yes        (    ) No	
Is the proposed well location at least 100 feet from the 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	
<b>**IF A VARIANCE HAS BEEN OBTAINED, PLEASE PROVIDE CCGCD WITH A COPY PRIOR TO DRILLING**</b>	
<b>PROPOSED ANNUAL USAGE</b> (ie: household, office, commercial, irrigation, etc. ) Provide best amount 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):	

**Drillers: 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 to:**

**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:** \_\_\_\_\_