

# WELL REGISTRATION FORM

## COLORADO COUNTY GROUNDWATER CONSERVATION DISTRICT

**Complete this form as thoroughly as possible. Forms deemed incomplete will be returned.**

WELL OWNER MAILING ADDRESS		NAME OF PERSON COMPLETING THIS FORM	
Name:		Name:	
Address:		Address:	
Apt or Suite:		Apt or Suite:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Email:		Email:	
PROPERTY OWNER(S) (if different than well owner)		WELL LOCATION (if same as mailing address, enter "same")	
Name:		911 Address or Description:	
Address:		City, State, Zip:	
Apt or Suite:		Latitude:	
City/State/Zip:		Longitude:	
Telephone:		Elevation:	
PURPOSE OF REGISTRATION			
(    ) Register an EXISTING well     (    ) Register a NEW well			
(    ) 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)			
(    ) Household (includes lawn/garden irrigation)     (    ) Livestock     (    ) Municipal/Public Supply			
(    ) Commercial/Industrial     (    ) Irrigation     (    ) Mining     (    ) Supply Well     (    ) Other			
If other, please explain:			
Will the well produce more than 50 ac-ft. in a 3-year period?     (    ) Yes     (    ) No			
Will well be used for hydrologic fracture stimulation?     (    ) Yes     (    ) No			
WELL INFORMATION			
Will the driller actively attempt to drill the well so that it will be capable of pumping more than 35 gpm?     (    ) Yes     (    ) 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	

								OFFICE USE ONLY
Permit/Grid No.	State Well No.	Registration No.						

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