

**WELL REGISTRATION FORM
 COLORADO COUNTY GROUNDWATER CONSERVATION DISTRICT**

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:		Address	
Address:		City, State, Zip:	
Apt or Suite:		Latitude:	
City/State/Zip:		Longitude:	
Telephone:		Elevation:	

PURPOSE OF REGISTRATION

() Register a well drilled BEFORE September 15, 2010

() Register a well that was drilled or will be drilled AFTER September 15, 2010

() 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)

() Private Well (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 this well be capable of pumping more than 35 gpm? () Yes () No

Maximum pumping capacity of well (in gpm):

Depth of well: ft.

Inside diameter of the pump discharge pipe: inches

Inside diameter of casing: inches

Drilling Company:

Address:

Telephone:

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

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: _____