



WATER WELL REGISTRATION FORM

All new wells must be registered 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.**

WATER WELL OWNER		PERSON COMPLETING THIS FORM							
Name:		Name:							
Mailing Address:		Address:							
City/State/Zip:		City/State/Zip:							
Telephone:		Telephone:							
Email:		Email:							
PROPERTY OWNER (if different than well owner)		WELL LOCATION (911 address or location description)							
Name:		Address:							
Address:		City, State, Zip:							
Apt or Suite:		Latitude: N	29 deg. _____						
City/State/Zip:		Longitude: W	96 deg. _____						
Telephone:		You MUST provide coordinates or a map indicating the well location.							
PURPOSE OF REGISTRATION									
<input type="checkbox"/> Register a NEW well <input type="checkbox"/> Register an EXISTING well									
USE OF WELL (check all that apply and answer ALL questions in this section)									
<input type="checkbox"/> Domestic (house, lawn, garden, camp house) <input type="checkbox"/> Livestock <input type="checkbox"/> Municipal/Public Supply <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Irrigation of crop(s) and/or Waterfowl <input type="checkbox"/> Mining <input type="checkbox"/> Rig Supply <input type="checkbox"/> Fracking <input type="checkbox"/> Other (pond fill/recreation)									
If other, please explain:		Received: _____							
WELL INFORMATION * THIS SECTION <u>MUST</u> BE COMPLETED. USE YOUR BEST ESTIMATE.*									
Will the driller 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		<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">State Well No.</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Registration No.</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE USE ONLY</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> <td></td> </tr> </table>		State Well No.	Registration No.	OFFICE USE ONLY			
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If you answered "Yes," estimate the maximum pumping capacity of well (in gpm):									
Pump size:	HP								
Estimated Depth of well:	ft.								
Inside diameter of casing:	inches								
Inside diameter of the pump discharge pipe:	inches								

WELL INFORMATION CONTINUED	
Drilling Company:	
Address:	
Phone:	
If a new well, is the proposed well location at least 50 feet from the property lines? () Yes () No	
If a new well, is the proposed well location at least 100 feet from the septic system? () Yes () No	
If you answered "No" to either of the above two questions, will the well be drilled according to TDLR specifications? () Yes () No	
IF A VARIANCE HAS BEEN OBTAINED, PLEASE PROVIDE CCGCD WITH A COPY PRIOR TO DRILLING	
PROPOSED ANNUAL USAGE (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):
Estimate total amount used on an annual basis (gallons or ac-ft/yr):	

PLEASE NOTE: The District will verify the well location coordinates you have provided on this form. If coordinates are not accurate, the registration is considered administratively incomplete. Please double-check the coordinates for accuracy prior to submission.

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 or email forms to:

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