

Trinity-Glen Rose Groundwater Conservation District

Application to Register a Well

TGR Form #1 rev1.3

Updated 3/12/2004 (MTR)

Provide the following information:

Contact Information:

Owner Name: _____ Telephone: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Email Address: _____

Physical (911) Well Location (if different): _____

City: _____ State: _____ Zip: _____

Well Information

Well Identifier: _____

Purpose of Well (check all that apply)

Domestic (private homeowner well) Livestock Irrigation

Industrial Agricultural Commercial

Municipal For sale to Others Monitor Well

Public Safety (specify) _____

Other (specify) _____

Please select "yes" or "no":

1. Will the well supply water to more than five households? Yes No

2. Will the well be on or serving a tract of land of less than five acres? Yes No

3. Will water produced from the well be transported outside of the District's boundaries? Yes No

4. Do you have the State Well Drillers Report for the well? Yes No

5. Is the well connected to an irrigation system? Yes No

If yes, how large is the area that is irrigated? _____

6. Is water produced from the well discharged into a pond or impoundment, other than a swimming pool? Yes No

If yes, describe the pond or impoundment: _____

Please answer the following to the best of your ability

State Well Number: _____ SAWS Permit Number: _____

Edwards Aquifer Authority Well ID: _____

PWD ID: _____

Well Location Longitude: _____ Well Location Latitude: _____

Coordinate Method Used (ie: USGS Map, GPS, ...): _____

Approximate Well Head Elevation: _____

Lot, Block, Subdivision: _____

Survey, Abstract, County Block: _____ Acreage: _____

Total Depth of Well: _____ (ft)
Depth of Casing: _____ (ft)
Casing Type _____
Casing Diameter _____ (in)
Cementing method: _____ Cemented to surface? Yes No
Well Completion Date: _____ Target formation: _____
Depth to Water: _____ Date Measured: _____

Is the well drilled, completed, or equipped to produce more than 10,000 gallons per day (6.944 gpm)? Yes No

What is the Maximum Pumping rate? _____ (GPM)

Is the well metered? Yes No

If yes, what is a current meter reading and the date that it was taken?

Reading: _____ **Gallons**

Date Read: _____

Well Driller Company _____

Well Driller State License Number _____ Tele _____

Pump Installer Company _____

Pump Installer State License Number _____ Tele _____

Additional Comments:

Attach:

- A copy of the property survey, a tax map of the property, or a drawing of the property showing the location of the well.
- A copy of the State Well Report, if available.

I certify that the information provided above is true and correct.

Signature

Printed Name

Date