

NEW WELL REGISTRATION (Form may be faxed or mailed)

COASTAL PLAINS GROUNDWATER CONSERVATION DISTRICT

2200 7TH STREET, # 401
Bay City, TX 77414
979-323-9170 fax: 979-267-7898
SHorris@co.matagorda.tx.us

District Use Only

Registration No. \_\_\_\_\_

State Well No. \_\_\_\_\_

If this well is located within the city limits or within a town with water services provide; it is your responsibility to verify any Ordanances prohibiting a private well.

Part I- Well Owner and Driller Information:

Date: \_\_\_\_\_

Well Owner: (if multiple Owners, attach List) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Registrant:(if other than owner)\* \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*If Registrant is other than the owner of the property, the registrant should provide documentation establishing the applicable authority to register the well.

Drilling Company: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Part II-Proposed Well Location:

Well Site Physical Address or Description: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ Grid Number: \_\_\_\_\_

Lat/long is Decimal format

If latitude and longitude is unknown please attach a map showing location.

If proposed casing diameter 7 inches or larger, attach a list of all known wells within 2500 ft of proposed well location:

Is the groundwater withdrawn from the well used in a location different from well site? Yes No

If yes, please explain: \_\_\_\_\_

Will the groundwater produced be transported out of the County? Yes No

If yes, please explain: \_\_\_\_\_

Part III-Purpose for Water Use:

Mark (x) all appropriate spaces:

\_\_\_ Public Supply (includes commercial)

\_\_\_ Single Family Dwelling (includes lawn irrigation)

\_\_\_ Industrial

\_\_\_ Multi-Family

\_\_\_ Irrigation (All Agricultural Use)

\_\_\_ Livestock

\_\_\_ Other (explain) \_\_\_\_\_

When will construction begin? \_\_\_\_\_ When will groundwater production begin? \_\_\_\_\_

If this well is a replacement well, what will be the status of the old well? \_\_\_ Capped \_\_\_ Plugged \_\_\_ In use(explain): \_\_\_\_\_

**Part IV-Well Information:**

Proposed Maximum pumping capacity of well: \_\_\_\_\_ gpm. Proposed depth of well \_\_\_\_\_.

Inside Diameter of the pump discharge pipe: \_\_\_\_\_ Inside Diameter of Casing \_\_\_\_\_.

**List Proposed Annual Usage.** (if agricultural crop irrigation, specify crop and acreage):

Use: \_\_\_\_\_ Amount Used \_\_\_\_\_ gallons or acre ft/year (circle one)

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Total amount of groundwater to be used on an annual basis: \_\_\_\_\_ gallons or acre ft/year (circle one)

If the amount stated is less than 5,000,000 gallons per year and the district determines the well exempt under Rule 3.5 as domestic or livestock use, exceeding or pumping water for non-exempt purposes is a violation under the District Rule.

**Part V-Certification:**

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times: Yes No

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

I hereby declare the well owner or authorized registrant will comply with well plugging guidelines & report closure to the District.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Property Owner  
Or  
Authorized Registrant

\_\_\_\_\_  
Date:

**District Use Only**

Will a permit be required for this registration? Yes or No

A permit application was provided to registrant on: \_\_\_\_\_