

NEW WELL REGISTRATION -This form may be faxed or mailed-
Coastal Plains Groundwater Conservation District
1801 7th Street, Bay City, TX 77414
(979) 323-9170 www.coastalplainsgcd.com
cpgcd@att.net

District Use Only

Registration No. _____

State Well No. _____

Date: _____

Part I – Well Owner and Driller Information:

Well Owner: (if multiple Owners, attach list) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

_____ Email: _____

Registrant: (if other than owner)* _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ 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: _____

Contact: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Part II – Proposed Well Location:

Well Site Physical Address or Description (ex. Corner of CR 215 & 218): _____

City: _____ State: TX Zip: _____

Latitude _____ Longitude _____

If proposed casing diameter is 8inches or larger, attach a list of all known wells within 1500 ft. of proposed well location.

Is the groundwater withdrawn from the well used in a location different from well site?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

If yes, explain: _____

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

If yes, explain: _____

Part III – Purpose for Water Use:

Mark (x) all appropriate boxes:

☐ Public Supply (includes commercial)

☐ Industrial

☐ Irrigation (All Agricultural Use)

☐ Other (explain) _____

☐ Single-family dwelling. (includes lawn irrigation)

☐ Multi-family

☐ Livestock

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) _____

(continued on back)...

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 & acreage):

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Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

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Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

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 Rules.)*

Part V – Certification:

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times. **Yes** or **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:** _____