

EXISTING WELL REGISTRATION -This form may be faxed or mailed-

Coastal Plains Groundwater Conservation District
2200 7th Street, #301
Bay City, TX 77404
(979) 323-9170 Fax: (979) 245-5661 www.coastalplainsgcd.com

District Use Only

Registration No. _____

State Well No. _____

Date: _____

Part I – Well Owner 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..

Part II – Well Location:

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

City: _____ State: TX Zip: _____

*Latitude: _____ (deg) _____ (min) _____ (sec) *Longitude: _____ (deg) _____ (min) _____ (sec) *(if unknown/please attach map showing location.)*

*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)

Single-family dwelling. (includes lawn irrigation)

Industrial

Multi-family

Irrigation (All Agricultural Use)

Livestock

Other (explain) _____

Part IV – Well Information:

Estimated Maximum pumping capacity of well: _____ gpm. Estimated depth of well: _____

*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.)

Inside Diameter of the pump discharge pipe: _____ Inside Diameter of Casing: _____

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

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

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

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

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

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

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Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times.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

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Will a permit be required for this registration? Yes or No A permit application was provided to registrant on: _____

*** Required Fields**