

NEW WELL REGISTRATION (Form may be faxed or mailed)

COASTAL PLAINS GROUNDWATER CONSERVATION DISTRICT

2200 7TH STREET, # 303
Bay City, TX 77414
979-323-9170 fax: 979-245-5661
SHorris@co.matagorda.tx.us

District Use Only

Registration No. _____

State Well No. _____

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: _____ (deg) _____ (min) _____ (sec) Longitude: _____ (deg) _____ (min) _____ (sec)

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Is the groundwater withdrawn from the well used in a location different from well site?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)
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)

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	Date:
	Or	
	Authorized Registrant	

<p>District Use Only</p> <p>Will a permit be required for this registration? Yes or No</p> <p>A permit application was provided to registrant on: _____</p>
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