TERRELL COUNTY GROUNDWATER CONSERVATION DISTRICT
P.O. Box 927
Sanderson, Texas 79848

Water Well Registration Form

*If you have questions regarding this form or the TCGCD, please call the Terrell County Clerk’s Office at (432) 345-2391, leave your name/telephone number and a Board Member will call you back. Additionally, TCGCD Board Members are available to answer questions at Board Meetings typically held every 4th Wednesday of the month at 5:00 p.m. at the Terrell County Commissioners Courtroom.

Please Note: Any application that is not completed with reasonable diligence will not be accepted until all required information is provided.

Completion of this form satisfies well registration requirements under District Rule 3.1 and Texas Water Code Chapter 36. The District’s rules require the registration of ALL wells within the District. Please fill out a separate registration form for each well. Additionally, the owner or operator of a registered well must re-register the well on a new registration form if the owner plans to change the type of use of the groundwater, increase the withdrawal rate, or substantially alter the size of the well or well pump. It is a violation of the District’s rules for any person to drill a well or authorize the drilling of a well without the approved registration form filed with the District.

REGISTRATION TYPE (check appropriate box(es) below):

☐ New Well       ☐ Existing Well       ☐ Re-registration - Change/Alteration of Well

WELL OWNER AND DRILLER INFORMATION:

Well Owner: ___________________________________________ Phone: ______________________

E-mail: ___________________________________________ Fax: ______________________

Mailing Address: ______________________________________ City: __________ State: _____ ZIP: _______

Physical Address: ______________________________________ City: __________ State: _____ ZIP: _______

(if different than mailing address)

Registrant (if other than owner): ___________________________________________ Phone: ______________________

E-mail: ___________________________________________ Fax: ______________________

Mailing Address: ______________________________________ City: __________ State: _____ ZIP: _______

Physical Address: ______________________________________ City: __________ State: _____ ZIP: _______

(if different than mailing address)

According to District Rule 3.3(a)(2), if Registrant is other than the owner of the property where the existing or proposed well is or will be located, attach a copy of documentation establishing authority to operate the existing well or to construct and operate a well located on landowner’s property (deed, lease, contract, etc.).

Drilling Company (if known): ___________________________ Phone: ______________________

Contact: ___________________________ Tx Water Well Driller License #: ______________________

E-mail: ___________________________________________ Fax: ______________________

City: ___________________________ State: __________ ZIP: ______________________

City: ___________________________ State: __________ ZIP: ______________________

Well Registration Form – 11/2014

Page 1 of 3
**WELL LOCATION:**

Well Site Address: ________________________________________________________________

City: __________________________ State: ______________ ZIP: ______________________

Latitude: ___________________ Longitude: ________________________________

Alternate Well Location (for new wells):

Latitude: ___________________ Longitude: ________________________________

*According to District Rule 3.4(d), all new wells must be drilled within 30 feet (10 yards) of the location specified in the registration or permit application.*

Please identify the **total number** of acres of land contiguous in ownership with the land where the well is located: ________________________________________________________________

Will the groundwater withdrawn from this well be used on a different property than the property where the well is located?  □ No  □ Yes
If yes, explain: ________________________________________________________________

Will the groundwater withdrawn from this well be transported out of Terrell County?  □ No  □ Yes
If yes, explain: ________________________________________________________________

Will the groundwater withdrawn from this well be discharged into a pond or impoundment or used for hydraulic fracturing?  □ No  □ Yes

Will the groundwater withdrawn from this well be used in conjunction with more than one other water well within a ¼ mile radius?  □ No  □ Yes
If yes, list other wells below: (use additional paper if needed)

- Water well name: ___________________ Latitude: ________ Longitude: ________ GPM: ______
- Water well name: ___________________ Latitude: ________ Longitude: ________ GPM: ______
- Water well name: ___________________ Latitude: ________ Longitude: ________ GPM: ______

**PURPOSE FOR WATER USE:**

Mark (x) all appropriate spaces regarding the purpose of existing use of the well or the proposed use for new wells. Estimate gallons used per year for each marked use.

- [ ] Solely one single-family house (includes lawn irrigation) _______________ gallons per year
- [ ] Multi-family  If yes, how many households? _________ _______________ gallons per year
- [ ] Irrigation (Agricultural) _______________ gallons per year
- [ ] Livestock/Poultry Watering _______________ gallons per year
- [ ] Public Water Supply _______________ gallons per year
- [ ] Commercial/Industrial _______________ gallons per year
- [ ] Hydrocarbon production (explain): ____________________________________________________________
- [ ] Other (explain): __________________________________________________________________________
WELL INFORMATION:

Estimated Total Depth of Well: ________________ feet

Borehole Diameter: ________________ inches

Static Water Level from Surface: ________________ feet

Screen: From ________________ feet to ________________ feet

Casing Material: ________________________________

Casing Inside Diameter: ________________ inches

Distance from the Nearest Property Line: ________________ feet

Size of Well Pump: ________________ HP

Estimated maximum pumping capacity of well: ________________ gpm

Estimated rate at which water will be withdrawn from the well: ________________ gpm

Depth of Pump: ________________ feet

CERTIFICATION:

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

Applicant agrees to abide by the Rules of the District: ○Yes ○No

Applicant agrees to comply with State and Terrell County GCD well plugging guidelines and report well closure to the District: ○Yes ○No

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

Signature of Registrant: ___________________________ Date: ____________________

Please submit this completed form to: Terrell County GCD, PO Box 927, Sanderson, TX 79848.

FOR DISTRICT USE ONLY:

Date Registration Received: ________________

Registration Approved: YES _____ NO _____

District Well No. ________________________________

_____________________________ ____________________
Signature Date

______________________________
Title