



Comal Trinity Groundwater Conservation District (CTGCD)

Well Registration Form

Owner's Name: _____ Owner's Email Address: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Primary Phone #: _____ Alternate Phone #: _____

Well Driller Company: _____ Telephone: _____

Texas License Number: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Pump Installer Company: _____ Telephone: _____

Texas License Number: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Physical (911) Well Location: _____ Access Code: _____

City: _____ State: _____ Zip Code: _____ - _____

Well Location Longitude: _____ Well Location Latitude: _____

Coordinate Method Used (i.e., USGS Map, GPS, ...): _____ Well Head Elevation (ft.): _____

Lot, Block, Subdivision: _____ Acreage: _____

Purpose of Well (check all that apply) _____

Domestic (homeowner well) Livestock Irrigation Industrial Agricultural Water Export
Commercial Public Water System Monitor Well Other (specify): _____

Please answer each of the following questions: _____

1. Will the well be on, or serving, a tract of land of less than five acres? Yes No
2. Do you have the State Well Drillers Report? State Well# _____
3. Is the well connected to an irrigation system? Yes No
If yes, in either sq/ft or acres, how large is the area to be irrigated? _____ sq/ft _____ acres
4. Is water produced from the well discharged into a pond or impoundment, other than a swimming pool? If yes, describe the pond or impoundment: _____ Yes No
5. Type of Sewage Disposal: Septic Sanitary Sewer
6. Is property served by a Public Water Supplier (PWS)? Yes No
7. Was an Edwards Aquifer Authority (EAA) permit required? Yes No
8. Is the well metered? Yes No

Well Characteristics

Total depth of well: _____

Casing type: _____ Casing diameter _____ Depth of casing: _____

Cementing method: _____ Cementing to surface? Yes No

Target formation: _____

Well completion date: _____ Depth to water: _____ Date measured: _____

How many gallons do you expect to withdraw from well on a daily basis? _____ gpd

By signing this form, you declare that you agree to abide by the District's rules and standards, and agree to allow District personnel to enter property to inspect well.

By signing this form, you certify that the information provided is true and correct.

By signing this form, you acknowledge that the District reserves the right, to the extent allowed by law, to adopt, revise, and supersede rules applicable to registered wells and to require the owner of a registered well to obtain a permit if the well is not exempt from the District's permitting requirements.

By signing this form, you understand that the issuance of the well registration by the District shall not limit the District's authority to regulate the well or the production of water from the well, unless the well is otherwise exempt from such authority.

Signature of Owner or Representative: _____ Date: _____

Additional information may be found at the District's website: <http://www.ComalTrinityGCD.com>

FOR OFFICE USE ONLY

Total Fee(s) paid: \$ _____ Check No: _____ Received by: _____

Date: _____ Comal Trinity GCD Approval Signature: _____

Authorization #: _____ Approval Date: _____