



Comal Trinity Groundwater Conservation District

PO Box 664, Spring Branch, TX 78070

Well Registration Form

Owner's Name (per Deed): _____ Email: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Contact Name: _____

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 Well Location: _____ Gate Code: _____

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

Well Location Latitude: _____ Well Location Longitude: _____

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? _____
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: _____
5. Was an Edwards Aquifer Authority (EAA) permit required? _____ Yes _____ No
6. Is the well metered? Include photo of meter face. _____ Yes _____ No

Well Characteristics

Depth of Well: _____ Casing Type: _____ Casing Diameter (inner) _____

Depth of Casing: _____ Depth of Water: _____

Cementing Method: _____ Cement to surface: Yes _____ No _____

Geologic formation: _____ Depth to Water: _____ on _____ (date)

Well completion date: _____ How much water is withdrawn daily (average gpd) _____

Pump Brand _____ Pump Model # _____ Horsepower: _____

Pump Depth: _____ Pump Diameter: _____ Pump # Stages: _____

Pump Discharge: _____ " Open Flow (Yes/No) _____ Pressure: On _____ Off _____

Motor Horsepower: _____ Voltage: _____ Phase: _____

Date Pump Installed: _____ Water Meter installed? No _____ Yes _____ (include current photo of meter face)

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: _____

Print Name of Owner or Representative: _____

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

Form may be submitted via email to Admin@ComalTrinityGCD.com or USPS to:
CTGCD
P.O. Box 664
Spring Branch, TX 78070