Comal Trinity Groundwater Conservation District Application for Plugging a Well

Legal Owner of Property	(per Deed)		
Type (choose)	Address:		
Owner Email:		Owner Phone:	
Agent or Principal (must on Name:	complete if Corporate or Trust ow	ned. See Notes at the end of this form):	
Email:		Phone:	
Well Location (physical Ad	dress):	Gate Code:	
Lattitude:	Longi	Longitude:	
County Property ID) :	TWDB Well ID#:	
Reason for pluggin	g:		
Who will do the plugging	g?:	Phone:	
TDLR License #:	Plug	gging Date (Est.)	
Describe Plugging p	lan or provide separate doc	umentation (see CTGCD Rule 6.9(2):	
and agree to allow Distr Texas Water Code Chapt you certify that the info	u declare that you agree to ict personnel to enter propeter §36.123 and District Rul	abide by the District's rules, standards erty to inspect well as authorized in es 6.9 and 6.10. By signing this form, d correct. You agree to notify District	
the TDLR within 30 days (individual) or Principal required). If a Represen	s of plugging. This application as designated in recorded in tative for Owner or Principal Authorization for Represent	t the State of Texas Plugging Report to on must be signed by the Owner Frust or Incorporation document (copy al is designated, Owner or Principal tative" form	
x			
Owner or Representative S	Signature (wet signature requi	red) Date	

NOTE:

Complete Rules may be reviewed at www.ComalTrinityGCD.com/district-rules. Please call our office (830-885-2130) if you have any questions on rules or completing this form. Forms may be submitted via USPS to CTGCD, P.O. Box 664, Spring Branch TX 78070 or via email to Admin@ComalTrinityGCD.com. Please provide copy of Driver's License (individual property owners).