



For Authority Use Only	
Reg. No. _____	Fee Rec'd _____
Lat. _____	Long. _____
NHUPP Number _____	
Aquifer _____	Zone _____

Southern Trinity Groundwater Conservation District Non-Exempt Well Registration Form

POB 2205 Waco, Texas 76703

Phone (254) 759.5610 Email stgcd@stgcd.org Web www.southerntrinitygcd.org

Instructions: This registration is to be completed for any existing well for which well registration is required. The registration form must be **completed, signed, and returned to the Southern Trinity GCD (“District”)**. A separate form must be completed for each Trinity Aquifer water well within the District’s boundaries which has not already been registered. Please keep a copy of this registration for your records. Incomplete registrations will be returned to the applicant. **Please print or type legibly.**

Fee required: A registration fee of \$100.00 must accompany this registration. **The registration fee only applies to wells that have not already been registered with the District.** Only personal or cashier’s checks or money orders made out to the Southern Trinity GCD will be accepted. **NO CASH PLEASE.**

Part I - Well Owner Information:

For each person or entity who owns or co-owns the well for which this registration is submitted, please provide the following information (attach additional pages if needed):

Name: _____

Telephone No.: Home (____) _____ Business (____) _____ Fax (____) _____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(Street or PO Box) (City) (State) (Zip)

E-mail Address: _____

Is the well owned jointly by both husband and wife? _____
(If the well is jointly owned by both husband and wife, both husband and wife shall sign this registration.)

If the well owner designates a third party as his/her authorized representative, please provide the following information about the authorized representative. If the well owner is a corporation, partnership or other business entity, state its name and address below.

Name: _____

(If applicant is a partnership, designate the name of the partnership, followed by the words "a partnership." If applicant is acting as a trustee for another, the trustee's name shall be designated, followed by the word "trustee.")

Describe relationship to well owner (agent, officer, attorney, etc.): _____

Telephone No.: Home (____) _____ Business (____) _____ Fax (____) _____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

List any permit numbers and/or permit application numbers and/or registration numbers issued by the District and held by the applicant: _____

Part II - Well Location:

Please provide the following information about the location of the well for which this registration is submitted:

Physical Address upon which well is located: _____

City: _____ Zip Code: _____

Provide the number of feet and direction from the well to the two nearest non-parallel property lines (legal survey lines): _____

Part III - Well Information:

Please provide the following information about the well for which this registration is submitted:

Date or approximate date that the well was constructed: _____

Proposed total amount of groundwater to be withdrawn from well (or proposed well) for beneficial use per year: _____ (in acre-feet)

Proposed total amount of groundwater to be withdrawn from well (or proposed well) for beneficial use per month:

January _____	acre-feet	July _____	acre-feet
February _____	acre-feet	August _____	acre-feet
March _____	acre-feet	September _____	acre-feet
April _____	acre-feet	October _____	acre-feet
May _____	acre-feet	November _____	acre-feet
June _____	acre-feet	December _____	acre-feet

Maximum rate of withdrawal: _____ (identify whether in gallons per minute or cubic feet per second)

Total well depth: _____ feet Total depth of well casing: _____ feet

Pumping Method: Submersible Turbine Jet
 Other (please specify) _____

Pump motor size: _____ horsepower

Current Status of well: In Use Temporarily Out-Of-Service
 Abandoned Proposed well

Purpose of Use (check one): Irrigation Domestic Municipal
 Industrial (non-agricultural) Industrial (agricultural)

Briefly describe the specific use of the water (if the well is used or will be used for more than one purpose, please indicate the approximate amount to be used for each purpose): _____

Please indicate the place of use of the groundwater withdrawn from the well: _____
City: _____

Part IV – Supporting Documentation:

1. Please provide a city or county map with the location of the property on which the well is located highlighted and the location of the well pinpointed.
2. Please provide a map of the property on which the well is to be located, drawn to scale, not greater than 1000 feet to an inch (1" = 1000') that shows:
 - (a) the location of the proposed well;
 - (b) the location of the three nearest wells within a one-quarter mile radius of the proposed location and the names and addresses of the owners of those wells; and
 - (c) any existing or potential sources of contamination within 500 feet of the location of the proposed well that are known or should be known to the applicant such as existing and proposed livestock or poultry yards, septic system absorption fields, underground or aboveground petroleum storage tanks.
3. If an Authorized Representative or agent of the well owner will sign this registration, the Authorized Representative or agent shall provide written evidence of his or her District to represent the well owner, as appropriate.
4. If the well owner is an individual or a partnership doing business under an assumed name, the applicant shall attach an assumed name certificate from the county clerk of the county in which the principal place of business is located.
5. Joint well owners shall select one among them to pursue the registration with the District and shall attach written evidence of such representation.
6. If the well owner is an estate or guardianship, a current copy of the letters testamentary issued by the court shall be attached to the registration.
7. If the well owner is a corporation, public district, county, municipality, or other corporate entity, written evidence in the form of bylaws, charters, or resolutions specifying the District of the official to apply for the transfer shall be submitted. A corporation may file a corporate affidavit as evidence of the official's District to sign.

8. If an applicant is acting as trustee for another, the applicant shall disclose in writing the nature of the trust agreement and provide the name and current address of each trust beneficiary to the District.

Part V – Owner’s Certification:

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

Printed Name of Owner or Agent

Signature of Owner or Agent

Date

Printed Name of Co-owner or Agent
(if jointly owned by husband and wife)

Signature of Co-owner or Agent

Date