



**Comal Trinity Groundwater Conservation District (CTGCD)
Well Registration Form**

Owner Name: _____ Telephone: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Email Address: _____

Well Driller Company: _____ Telephone: _____

Well Driller State License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Pump Installer Company: _____ Telephone: _____

Pump Installer State License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical (911) Well Location: _____

City: _____ State: _____ Zip: _____

Well Location Longitude: _____ Well Location Latitude: _____

Coordinate Method Used (ie: USGS Map, GPS, ...): _____ Well Head Elevation: _____

Lot, Block, Subdivision: _____ Acreage: _____

Purpose of Well (check all that apply)

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- Domestic (private homeowner well) Livestock Irrigation
 Industrial Agricultural Commercial PWS Monitor Well
 Public Safety (specify) _____
 Other (specify) _____

Please answer each of the following questions

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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 for the well? State Well # _____ Yes No
3. Is the well connected to an irrigation system? Yes No
 If yes, how large is the area that is irrigated? _____
4. Is water produced from the well discharged into a pond or impoundment, other than a swimming pool? Yes No
 If yes, describe the pond or impoundment: _____

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
 If yes, provide EAA Permit Number:_____
8. Is well metered? Yes No

Well Characteristics

Total Depth of Well:_____ (ft)

Casing Type _____ Casing Diameter _____ (in) Depth of Casing:_____ (ft)

Cementing method:_____ Cemented to surface? Yes No

Target formation:_____

Well Completion Date:_____ Depth to Water:_____ Date Measured:_____

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

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 supercede 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 and 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 _____

Received by _____ Date _____

Additional information may be found at <http://www.comaltrinitygcd.com>
