

NORTH TEXAS GROUNDWATER CONSERVATION DISTRICT

P.O. Box 508, Gainesville, TX 76241 5100 Airport Drive, Denison, TX 75020 Office: 1 (855) 426-4433 | Fax: (903) 786-8211 ntgcd@northtexasgcd.org | www.northtexasgcd.org

APPLICATION FOR NEW WELL REGISTRATION

Complete one application for each well - Refer to District Rules 3.1 - 3.3

Applicant Information

Name:			E-mail:		
Phone:			Alt. Phone:		
		Ext.			Ext.
Mailing Address:	Address	City		State Zip code	
Relationship to Wel	ll Owner (if Applica	ant is not the well	owner):		
_	ormation (If dif				
Is the well owner al		ner? □Yes □No	If No, attach do	cumentation from the	property
Name:			_ E-mail:		
Phone:			_ Alt. Phone:		
Designated Contact:		Ext.	F		Ext.
Phone:			Alt. Phone:		
Mailing Address:		Ext.			Ext.
C	Address	City		State Zip code	
Vell Location					
County	Well Name:				
Well Address:					
_	lress	City		State Zip code	
Latitude:		I	Longitude:		
Distance to nearest	registered well:		Expected Capac	city (GPM):	
Driller Name:			Licer	nse #:	
Phone:			Alt. Phone	:	
E-mail:			Ext. Test Hole:	□Yes □No	

NTGCD-100 (Rev. 12/2018)

Well Information			
Replacement Well? □Yes □No	If yes, is the well	being replaced still in	use? □Yes □No
If yes, will the well being replaced be pla	ugged upon comp	letion? □Yes	□No
Will the groundwater withdrawn be used	d in a different loc	cation from the well site	e?
☐Yes ☐No If yes, Location and Us	se:		
Will the groundwater produced from the boundaries?	e well be transport	ed for use at any point	outside District's
□Yes □No If yes, explain:			
Primary use of the well:			
 ☐ Municipal/Public Water System ☐ Industrial/Manufacturing ☐ Commercial/Small Business ☐ Oil/Gas ☐ Filling Pond(s)/Other Impoundment 	ent	Domestic (household Livestock/Poultry Agriculture/Irrigation Other Irrigation Other	
If other, explain:			
Certification – please read carej	fully		
I hereby certify that the information give belief. I further certify that all water pro- all times be put to beneficial use and in my acknowledgement that other political may impose additional requirements rela- conditions, and that I am solely responsi	duced from the wa accordance with al subdivisions (su ated to the drillin	ell that is the subject of District Rules. My sign ch as the county or mu g and completion of wa	this registration will at nature below represents nicipality, for example) nter wells under certain
By signing below, I hereby represent and to execute this document on behalf of trepresents my declaration that I am resp will strictly comply with the well plugg Licensing and Regulation.	the owner/respon ponsible for repor	sible party listed herei ting any closure of the	in. My signature below well to the District and
I further acknowledge that I am not authoreceipt of Notice to Proceed (exempt we and that a District registration is not cowell Report and Well Completion Form.	ell) or a Productio complete until Dis	on Permit (non-exempt	well) from the District,

Please submit this application to the District by mail, fax or email:

Date

Signature

Print Name

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If you have any questions, please call 1 (855) 426-4433