

## RED RIVER GROUNDWATER CONSERVATION DISTRICT

P.O. Box 1214, Sherman, TX 75091 5100 Airport Drive, Denison, TX 75020 Office: (800) 256-0935 | Fax: (903) 786-8211 rrgcd@redrivergcd.org | www.redrivergcd.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: Mailing Address: Address State Zip code Relationship to Well Owner (if Applicant is not the well owner): Well Owner Information (If different from applicant information) Is the well owner also the property owner? Yes No If No, attach documentation from the property owner granting applicable authority to drill and operate the well. Name: E-mail: Phone: Designated Contact: E-mail: Phone: Alt. Phone: Mailing Address: Address State Zip code Well Location County Well Name: Well Address: State Address Latitude: Longitude: Distance to nearest registered well: Expected Capacity (GPM): Driller Name: License #: Phone: Alt. Phone: E-mail:

Test Hole:

□Yes □No

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 pl	lugged upon comp	letion? □Yes □N	No
Will the groundwater withdrawn be use	d in a different loc	cation from the well site?	
□Yes □No If yes, Location and U.	se:		
Will the groundwater produced from the boundaries?	e well be transport	ed for use at any point out	side District's
□Yes □No If yes, explain:			
Primary use of the well:			
<ul> <li>☐ Municipal/Public Water System</li> <li>☐ Industrial/Manufacturing</li> <li>☐ Commercial/Small Business</li> <li>☐ Oil/Gas</li> <li>☐ Filling Pond(s)/Other Impoundment</li> </ul>	nent	Domestic (household/lav Livestock/Poultry Agriculture/Irrigation Other Irrigation Other	wn at residence)
If other, explain:			
	C 11		
Certification – please read care	fully		
I hereby certify that the information knowledge and belief. I further certification will at all times Rules. My signature below represent (such as the county or municipality, to the drilling and completion of we responsible for obtaining any other to	fy that all water be put to benef nts my acknowle for example) ma ater wells under	produced from the well icial use and in accordance and in accordance that other policy impose additional requestions, and	that is the subject ance with District itical subdivisions quirements related
By signing below, I hereby represent authority to execute this document of signature below represents my declar the well to the District and will strict and the Texas Department of License	on behalf of the caration that I and the thick the second of the second	owner/responsible party n responsible for report ne well plugging regulati	listed herein. My ing any closure of
I further acknowledge that I am not application until receipt of Notice to well) from the District, and that a Diffully complete and accurate Well Re	Proceed (exempt istrict registratio	well) or a Production P n is not complete until D	ermit (non-exempt

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

Signature

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If you have any questions, please call (800) 256-0935

Print Name

Date