

# RED RIVER

## GROUNDWATER CONSERVATION DISTRICT

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P.O. Box 1214, Sherman, TX 75091  
5100 Airport Drive, Denison, TX 75020  
Office: (800) 256-0935 | Fax: (903) 786-8211  
[rrgcd@redrivergcd.org](mailto:rrgcd@redrivergcd.org) | [www.redrivergcd.org](http://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: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City 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: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Designated Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip code

#### ***Well Location***

County \_\_\_\_\_ Well Name: \_\_\_\_\_

Well Address: \_\_\_\_\_  
Address City State Zip code

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Distance to nearest registered well: \_\_\_\_\_ Expected Capacity (GPM): \_\_\_\_\_

Driller Name: \_\_\_\_\_ License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

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 plugged upon completion?*    Yes No

Will the groundwater withdrawn be used in a different location from the well site?

Yes No    *If yes, Location and Use:* \_\_\_\_\_

Will the groundwater produced from the well be transported for use at any point outside District's boundaries?

Yes No    *If yes, explain:* \_\_\_\_\_

Primary use of the well:

- |   |   |
|---|---|
| <input type="checkbox"/> Municipal/Public Water System        | <input type="checkbox"/> Domestic (household/lawn at residence) |
| <input type="checkbox"/> Industrial/Manufacturing             | <input type="checkbox"/> Livestock/Poultry                      |
| <input type="checkbox"/> Commercial/Small Business            | <input type="checkbox"/> Agriculture                            |
| <input type="checkbox"/> Oil/Gas                              | <input type="checkbox"/> Golf Course Irrigation                 |
| <input type="checkbox"/> Filling Pond(s)/Other Impoundment(s) | <input type="checkbox"/> Irrigation/Landscape                   |

*If other, explain:* \_\_\_\_\_

## Certification – please read carefully

*I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. I further certify that all water produced from the well that is the subject of this registration will at all times be put to beneficial use and in accordance with District Rules. My signature below represents my acknowledgement that other political subdivisions (such as the county or municipality, for example) may impose additional requirements related to the drilling and completion of water wells under certain conditions, and that I am solely responsible for obtaining any other necessary governmental approval.*

*By signing below, I hereby represent and warrant that I have the full right, power, and binding authority to execute this document on behalf of the owner/responsible party listed herein. My signature below represents my declaration that I am responsible for reporting any closure of the well to the District and will strictly comply with the well plugging regulations of the District and the Texas Department of Licensing and Regulation.*

*I further acknowledge that I am not authorized to drill the well that is the subject of this application until receipt of Notice to Proceed (exempt well) or a Production Permit (non-exempt well) from the District, and that a District registration is not complete until District receipt of a fully complete and accurate Well Report and Well Completion Form.*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

*Red River Groundwater Conservation District*

*P.O. Box 1214, Sherman, TX 75091*

*Fax: (903) 786-8211 | [rrgcd@redrivergcd.org](mailto:rrgcd@redrivergcd.org)*

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