

Duval County Groundwater Conservation District
PO Box 506
Benavides, TX 78341
361-256-3589 Website: www.duvalgcd.com
Email: duvalgcd.gm@gmail.com

DCGCD Well ID# _____
Owner Well ID (if used by owner): _____
Grid # _____
Tex L&R tracking # _____

WATER WELL REGISTRATION AND DRILLING APPLICATION

This application is to be used for authorization to drill, construct, register and abandon, or plug any water well. A separate application must be submitted for each well to be drilled, constructed, registered, abandoned or plugged. Please complete all questions. Please print or type information, or place an "x" in the appropriate space. Mark all appropriate spaces.

Drill/Construct New Well: _____ Register an Existing Well: _____ Abandon/Plug Existing Well: _____

Well Owner: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Fax: _____ Email: _____

Registrant: (if other than owner) _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Fax: _____ Email: _____

If Registrant is other than the owner of the property, the registrant should provide documentation establishing the applicable authority to register the well.

Drilling Company: _____ Phone: _____
Address: _____
Fax: _____ Email _____

Driller: _____ License#: _____
Date Placed in Service: _____ Are well logs available? _____ If yes, attach a copy of well logs.

Well Location:
County _____ Well Site Address or Location _____
Latitude: _____ Longitude: _____

Water Use:
Public Water Supply: _____ Industrial: _____ Irrigation: _____
Transport Outside of District: _____ Commercial _____ Domestic _____ Livestock _____
Wildlife _____ Oil and Gas Rig Supply _____ Other _____

Well Characteristics:
Existing/Proposed depth: _____ ft. Aquifer: _____
For new well, date drilling is scheduled to begin: _____ Existing/Proposed inside casing size: _____ in.
Proposed casing depth: _____ ft. Pump depth: _____ ft. Pump size _____ HP. Casing type: _____

Type Pump:
Turbine: _____ Submersible: _____ Windmill: _____ Other (specify): _____

Duval County Groundwater Conservation District
PO Box 506
Benavides, TX 78341
361-256-3589 Website: www.duvalgcd.com
Email: duvalgcd.gm@gmail.com

DCGCD Well ID# _____
Owner Well ID (if used by owner): _____
Grid # _____
Tex L&R tracking # _____

WATER WELL REGISTRATION, DRILLING AND PLUGGING APPLICATION (Continued)

Pump fuel or power source:

Electricity: _____ Natural Gas: _____ Wind: _____ Other (specify): _____

Pump Bowls:

Size _____ # of Stages: _____ **Pump Column:** Inside Diameter: _____ in.
Length: ft. _____ Pump discharge pipe: Size in. _____ Rated pump horsepower: _____
Pump Discharge: _____ gpm

Production:

Water bearing formation: _____ Maximum Pumping Capacity: _____
Estimated Annual Water Production: _____ Acre-Feet or _____ Gallons
Equipped with meter: _____ Number of contiguous acres associated with well: _____
If the water produced from this well will be used in whole or in part on property other than the property where the well is located, **describe the location where the water will be used.** Transportation of water produced and moved to another location may require a District Transportation Permit. See District Rule #16 or contact the District office for information.

Note: Applications for new non-exempt wells must be accompanied by an Operating Permit Application and, if appropriate, a Transport Permit Application.

I, the undersigned applicant, hereby agree and certify that:

- a. for a new well, this well will be drilled within 30 feet of the location specified and not elsewhere;
- b. I will furnish the District with a copy of the completed driller's log, any electric log, the well completion report and any water quality test report within 60 days of completion of this well and prior to production of water there from (other than such production as may be necessary to the drilling and testing of such well);
- c. in using this well, I will avoid waste, achieve water conservation, protect groundwater quality and the water produced from this well will be for a beneficial use;
- d. I will comply with all District and State well plugging and capping guidelines in effect at the time of well closure;
- e. I agree to abide by the terms of the District Rules, the District Management Plan and orders of the District Board of Directors currently in effect and as they may be modified, changed and amended from time to time;
- f. I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

(For office use only)

This water-well application has been approved and registered as
Duval County Groundwater Conservation District well ID # _____.
Signed this _____ day of _____, 2020 by _____.

George Gonzalez
General Manager