

APPLICATION – WELL REGISTRATION FORM

KIMBLE COUNTY GROUNDWATER CONSERVATION DISTRICT

All proposed well locations must be approved by the District prior to drilling. This notice of intent to drill maybe mailed or emailed to district staff for review. Drilling may begin immediately upon receiving approval by District Staff. The drilling of a new well is at your own risk and subject to the rules of the District.

INSTRUCTIONS: Please complete all applicable questions. Please type or print. Please return this form to Kimble Co. GCD with the \$100 registration fee to Kimble County GCD, P.O. Box 31, Junction Texas 76849

CONTACT INFORMATION

Property Owner: _____ Phone: _____

Property Name According to Kimble CAD: _____

Mailing Address: _____

E-mail: _____

Property Address @ Well Site (if different): _____

Number of Contiguous Acres: _____ acres Other Wells on the Property: _____

CAD Property ID: _____ Survey: _____ Section: _____

Abstract: _____ Block: _____ Lot: _____ Tract: _____

PURPOSE FOR APPLICATION

____ New well

____ Replacement well; briefly explain: _____

If a replacement well, what will be the status of the old well? ____ Capped ____ Plugged ____ In Use

____ Alter/Register an existing well; briefly explain: _____

____ Request Amendment to existing pending registration or permit – _____

DRILLING INFORMATION:

Drilling Company: _____ Driller: _____

E-mail: _____ Phone: _____ License #: _____

Proposed GPM: _____ Total Annual Water Use Requested: _____ ac/ft/year

Well Use: ____ Domestic ____ Livestock ____ Irrigation ____ Public Water Supply ____ Industrial

____ Oil/Gas Exploration ____ Other: _____

Latitude: _____ N Longitude: _____ W

Type of Pump: ____ Submersible ____ Turbine ____ Windmill

Size/Type of Pump: _____ Depth Proposed: _____ Casing Dia: _____

I declare that all groundwater withdrawn will be put to beneficial use at all times, and that I will abide by the Management Plan and the Rules of the Kimble County Groundwater Conservation District. I, owner of the property, having completed this application acknowledge that all the statements contained herein are true and correct to the best of my knowledge.

Applicant Signature

Date

Return this completed form to:

E-mail: kimblecountygcd@gmail.com

PO Box 31

Junction, Texas 76849

Any Questions:

Phone: 325-446-4826

To be Completed by KCGCD Staff:

Registration Approved: _____ Date: _____

Received Fee From: _____

_Cash _Check # _____ Tracking #: _____