

Wintergarden Groundwater Conservation District

P. O. Box 1433 Carrizo Springs, TX 78834
(830) 876-3801 Fax (830) 876-3782 Email: wgcd@wgcd.net

EXEMPT WELL REGISTRATION

Instructions: Please complete all applicable questions: Please type or print.
A \$10.00 REGISTRATION FEE MUST ACCOMPANY THIS FORM.

Well Owner: _____ **Phone:** _____

Address: _____

Owners well no. _____ **Date Drilled:** _____

Tenant/Operator: _____ **Driller:** _____

Well Location: _____ County _____ Latitude: _____ N.
(Dimmit, Zavala, or LaSalle)

Longitude: _____ W. **Elevation:** _____ Ft. above mean sea level.

Legal Description: Survey Name: _____ Survey No. _____ Abstract No.: _____
Attach a map adequate to locate the well, and provide _____ feet from the _____ property line, and
(N. E. S. W., etc.)
_____ feet from the _____ property line.
(N. E. S. W., etc.)

Well Use: Domestic Livestock Irrigation Industrial Public Supply Injection Other: _____

I, _____, _____, the authorized agent of the Well Owner or Well Operator,
(Signature) (Print Name)

hereby certify that the above indicated "well use" is true and accurate.

I, _____, _____, driller of this well hereby certify that the above indicated
(Signature) (Print Name)

"well use" is true and accurate and "well use" has been verified with the well owner.

WELL COMPLETION:

Surface Completion: Concrete slab _____
_____ Width _____ Length _____ Height
Steel Sleeve _____
Other _____

Cementing: Methods _____
Cemented by: _____

Casing and Screen			
Dia (in.)	New or Used	From (ft.)	To (ft.)

No. of sacks	From ft.	To ft.

WELL EQUIPMENT:

Type of pump: Turbine: Submersible: Windmill:
Other: _____
Depth of pump, bowls, etc. _____ ft. Column Diameter _____ in.
Fuel or Power: Electric Natural Gas Other _____
Horsepower _____
Yield: _____ Flow _____ Pump _____ gpm.
_____ Measured _____ Estimated Date: _____
No. of acres of contiguous property _____
Estimated usage (gallons) _____

I hereby certify that every statement set forth herein is true to the best of my knowledge and belief, and I acknowledge my obligations under District Rule 9.6 regarding any Change in Use of this well and the penalties associated with failure to comply therewith.

Signature of Agent of Well Owner or Operator Date

Attach driller's log and other available information, such as any mechanical log made or chemical analysis performed.

WELL TESTS: Has a chemical analysis been performed?
_____ Yes _____ No Date: _____
Performance Test: Date _____
Type of Test: Pump Bailer Jetted Other
Yield: _____ gpm Static Level _____ ft.
Pumping Level _____ ft.

For official use only:
Date Received:
W.G.C.D. Well No.
State Well No. _____

