

MIDDLE PECOS GROUNDWATER CONSERVATION DISTRICT

PO Drawer 1644 Fort Stockton, TX 79735 – Phone (432) 336-0698 Fax – (432) 336-3407 Email mpgcd@wirelessfrontier.net Web site www.mpgcd.org

REGISTRATION FORM FOR AN EXISTING WELL

Pursuant to the District’s rules, it is a violation of these rules for any person to operate a well without registering the well with the District, receiving a certificate of registration from the District, and receiving a permit from the District, if applicable.

INSTRUCTIONS: Complete all questions. Please print or type. An incomplete application is grounds for refusal. **This form can be faxed or mailed.** If applying for a permit, this registration form must be attached to your application.

EXEMPT WELL STATUS: _____ Please check here if you believe your existing well meets the exemption criteria in the District’s rules, and state the basis for your exemption: _____

Registrant: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

If Registrant is not the Land Owner, provide the following:

Land Owner: _____ Phone: _____

Mailing Address: _____

Physical Address: _____

Attach a copy of documentation establishing authority of Registrant to operate a well located on Land Owner’s property (Deed, Lease, Contract, etc.).

WELL LOCATION: Latitude: _____ Longitude: _____ Elevation: _____ Feet Above Mean Sea Level

Landowner Well Name: _____

Middle Pecos GCD Well Name: _____

WELL USE

State the nature and purpose of well when drilled:

Domestic _____ Livestock _____ Irrigation _____ Public Supply _____ Industrial _____ Other (specify) _____

State any subsequent additional purpose of use for the well and approximate period of time for that use:

Domestic _____ Livestock _____ Irrigation _____ Public Supply _____

Industrial _____ Other (specify) _____

State the amount of water used for each purpose:

Domestic _____ Livestock _____ Irrigation _____ Public Supply _____

Industrial _____ Other (specify) _____

Aquifer(s): _____

Estimated rate of withdrawal: _____

Maximum amount of withdrawal in a 24-hour period as equipped: _____

Method of withdrawal: _____

Location of proposed use: _____

WELL COMPLETION:

State Well Number: _____

Date Drilled: _____ Driller: _____

Casing and Screen Surface Completion: _____ Concrete Slab, width _____ length _____ height _____
Dia. (in) From (ft.) To (ft.) _____ Steel Sleeve
Other _____
Cementing Method used _____
Cemented by _____

WELL EQUIPMENT

Type of Pump _____ Turbine _____ Submersible _____ Windmill _____
_____ Other _____

No. Of Sacks From (ft.) To (ft)

Pump size: _____

Fuel/Power: _____ Electric _____ Diesel _____ Other _____ Horsepower _____

Yield: _____ gpm. _____ Measured _____ Estimated _____ Date: _____

WELL TESTS: Has a chemical analysis been performed? _____ Yes _____ No Date: _____

By: _____

Performance Test: Date _____ Type of Test: _____ Pump _____ Bailer _____ Jetted _____ Other _____

Yield: _____ gpm. Static level: _____ ft. Pumping level: _____ ft.

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

I agree to abide by they rules of the District, the District Management Plan, and orders of the District's Board of Directors. I hereby certify that the water withdrawn from this well will be put to a beneficial, non-wasteful use at all times, that I have either attached a well closure plan or I will comply with well plugging guidelines and report closure of this well to the District, and that each and all of the statements herein are true to the best of my knowledge and belief.

Signature of Registrant

FOR OFFICE USE ONLY:

Date Received:

District Well No.

State Well No.
