

Plum Creek Conservation District

P.O. Box 328 Lockhart, Texas 78644 (512) 398-2383 FAX (512) 398-7776
info@pccd.org

New/Existing Well Registration

Instructions: This form is used for registration only and shall be filled out as completely as possible. In accordance with the Texas Water Code, Chapter 36 and District rules, all wells in Plum Creek Groundwater Conservation District must be registered with the District.

Check one: () This will be a new well
() This well existed prior to _____

Well Inspection: District staff may inspect each well registered with the District. Property access for inspections is authorized by Texas Water Code, Chapter 36.123 and shall be scheduled with the well owner and conducted in accordance with District Rules. Inspections may include confirming well location, measuring water level, confirming pumping capability, water sampling, geological survey, or any other well-related inspection activity deemed necessary by the District.

Well Owner

Well Owner: _____

Mailing Address: _____
(Street or P.O. Box) (City) (ZIP)

Daytime Phone: _____ Alternate Phone: _____

Contact Person (if other than owner): _____ Phone: _____

Location, Description, and Uses of Existing or Proposed Well

This well is located on the property of: _____

Number of contiguous acres of land owned at well site: _____

This well is _____ miles _____ of _____, Texas on road # _____
(NSEW, etc.) (Lockhart or Luling)

Survey Name: _____ Survey #: _____ Abstract #: _____

Use of Well: _____ Domestic _____ Irrigation _____ Public Supply _____ Livestock
_____ Industrial _____ Injection _____ Other (Please Specify Below)

Name of Driller: _____ Date Drilled: _____

Total Depth: _____ ft. Pump Depth: _____ ft. Water Bearing Formation: _____

Casing Diameter: _____ in. Horsepower of Pump: _____ GPM: _____

Owner's or Registrant's Sworn Statement

I hereby swear and affirm that the information given herein is true and accurate to the best of my knowledge and belief, and that I am aware of, knowledgeable of, and will comply with all District Rules.

Owner's or Applicant's Signature

Date

Signature of Person Submitting Registration if Other than Owner

Title (Driller, Contractor, or Other Agent)

District Use Only

PCCD Well Registration #: _____ Well Casing Height: _____

Latitude: _____ North Longitude: _____ West

Field Inspection: _____ Mapped: _____

Static Water Level: _____ Date: _____

Total Dissolved Solids: _____ Date Tested: _____

Signature of Person Inspecting This Well: _____ Date: _____