

# 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.**

### 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I declare that all groundwater withdrawn will be put to beneficial use at all times, and that I will abide by the Management Plan and the Rules of the Kimble County Groundwater Conservation District.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

#### Any Questions:

Phone: 325-446-4826

#### To be Completed by KCGCD Staff:

Registration Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Received Fee From: \_\_\_\_\_

Cash  Check # \_\_\_\_\_ Tracking #: \_\_\_\_\_