

FOR DISTRICT USE ONLY	
Date Received	_____
Application No.	_____
Date	_____
Completed	_____ Date Issued
Denied	_____

Panhandle Groundwater Conservation District
 PO Box 637, 201 W. 3rd St.
 White Deer, TX 79097
 Ph: 806-883-2501
 Fax: 806-883-2162

Monitor Water Well Registration

(NO Pumping capacity or production allocation)

1. Owner/Applicant _____ Mobile Phone No(s) _____ or Office

Mailing Address; C/S/Z _____

Physical Location of property if different than mailing address (1/2 mi east of Intersection of CR 12 & CR T)

2. Well Location and Property Description (Survey Map OR Subdivision Plat May be attached)

County / Counties _____ Quarter(s) _____

Section Number(s) _____ Block(s) _____ Survey(s) Name _____

-OR- Subdivision Name; Block & Lot No: _____

Have water rights been sold? _____ Water Rights Owner _____

3. **Intended Use** Depth to Aquifer___ **(I agree to provide the District with at least one depth to water measurement annually)**
 Water Quality___ **(I agree to provide the District with at least one water analysis report annually.)**

4. Term Requested and Completion Information

A. Proposed casing size _____ inches

B. Actual or anticipated date of project commencement or completion _____

Drillers Name: _____ Phone No. _____

C. Attach a copy of the well log if available

5. Proposed Well Location

Well is located within Section _____ BLK _____ and is

_____ measured yards from **(N or S)** property or section line.

_____ measured yards from **(E or W)** property or section line

Latitude _____ Longitude _____

Land Surface Elevation : _____ (from TOPO Sheet or GPS Unit)

I agree that this well will be drilled within ten (10) yards of the location specified by this application and not elsewhere, and that I will furnish the Board of Directors the completed driller's log immediately upon completion of this well. I agree that reasonable diligence will be used to protect groundwater quality, avoid waste, achieve water conservation, and that I will follow well plugging guidelines at the time of well closure and report closure. I agree to abide by the District's rules and management plans as may be amended. I hereby certify that I have read the foregoing statements and all data therein contained are true and correct and complies with District Rules.

Signature _____ Date _____
Owner

Printed Name _____ Title _____

Agent Contact Info: (Address, C/S/Z; Office Ph. #; or Mobile Ph. #: _____

I hereby certify that this application has been verified and is administratively complete in accordance with the rules of the District.

Signature _____ Approval Date: _____
District Manager

Office Use Only: \$ 100.00 deposit filed by: _____ Ck no: _____ Date Rec'd: _____ Refund Deposit Sent:
_____ Rollover _____