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)

FOR DISTRICT USE ONLY

Date Received_____

People ID_____

Stwl No_____

Date Completed_____

Date Issued/ Denied _____

1. Owner\Applicant_____**Phone No(s)**_____ Mobile or Office

Mailing Address; C/S/Z _____

Physical Location of property if different than mailing address (½ 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 _____

Latitude_____Longitude _____

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

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. Actual or anticipated date of project commencement or completion_____

Drillers Name:_____Phone No. _____

I agree that this well will be drilled within three (3) 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_____
Applicant

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: _____
PGCD