



PANHANDLE GROUNDWATER
CONSERVATION DISTRICT

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 ten (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