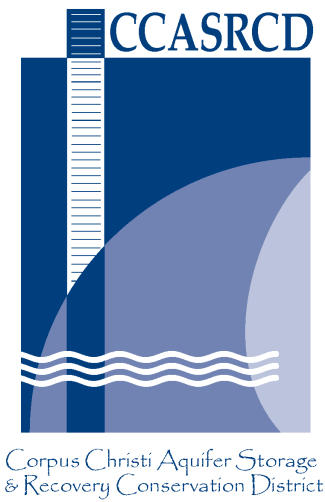


**Corpus Christi Aquifer
Storage Recovery
Conservation District**

2726 Holly Rd
Corpus Christi, TX 78415
361-826-1600



District Use Only

Permit # -

CCASRCD Well # -

APPLICATION FOR WELL REGISTRATION

Application Date: _____

Complete one application for each well.

Part I – Well Owner and Driller Information:

Well Owner: _____ Phone: _____

Contact: _____ E-mail: _____ Fax: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Registrant: *(if other than owner or driller; include documentation of authority to construct/operate well on owner's property)*

Name : _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Date/Year Drilled: _____ *(Please note if date has been estimated.)*

Drilling Company: _____ Phone: _____

Driller Name: _____ License #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Part II – Well Location: **Asterisk indicates "if known"*

Well Site Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Latitude _____ Longitude _____ Survey Name * _____ Survey No. * _____

Abstract No. * _____ Section * _____ Block * _____

Attach a map or drawing adequate to locate well, or provide directions to well site from nearest State Highway.

Part III – Purpose of Use / Exempt Status:

RULE 8.6 EXCLUSIONS & EXEMPTIONS

Registration requirements apply to any well used solely for domestic use or for providing water for livestock or poultry on a tract of land larger than ten (10) acres that is either drilled, completed, or equipped so that it is incapable of producing more than 25,000 gallons of groundwater per day.

New and existing exempt wells may be registered with the district.

A groundwater well drilled or operated within the District under a permit issued by the Railroad Commission of Texas is under the exclusive jurisdiction of the Railroad Commission and is exempt from regulation by the District.

Mark (X) in each box that applies and give an estimate of the amount of water to be used for each purpose:

<input type="checkbox"/>	Domestic Use _____ gallons per day _____
<input type="checkbox"/>	Livestock/Poultry _____ gallons per day _____
<input type="checkbox"/>	Industrial/Commercial _____ gallons per day _____
<input type="checkbox"/>	Other (Explain) _____ gallons per day _____

Part IV – Well Information (if known)

Total Depth: _____ Feet	Depth to First Screen: _____ Feet
Inside Diameter of Casing: _____ Inches	Pump Size: _____ hp
Maximum pumping capacity of pump: _____ Gpm.	Casing Material: _____

Please attach State of Texas Well Report or Well Driller's Log if available.

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. In the event I decide to close this well, I agree to comply with plugging guidelines and report closure to the applicable authorities.

Print Name

Signature

Date

Changes to this application must be applied for in a written, sworn amendment submitted to the District.



District Use Only

Application Approved? Yes ____ No (explain) _____

Exempt? Yes ____ No ____

Permit Required? Yes ____ No ____ If Yes, what Type: _____

Reviewed by: _____ Date: _____