



208 Kimberly Drive | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | www.prairielandsgcd.org

APPLICATION FOR REPLACEMENT WELL

Registration of replacement wells prior to drilling is required by District Rule 3.17. If the replacement well is for non-exempt use, Applicant must also complete an amendment to their permit. Complete one application for each well.

Application Date: _____

Check One: () New Well (Drilled after January 1, 2019) () Existing Well (Drilled prior to January 1, 2019)

Check One: () Exempt (Domestic or Agriculture Use) () Non-Exempt

Part I. Registrant, Well Owner, Property Owner and Well Driller Information

Registrant Information

Type: () Entity () Individual

Company Name (if entity): _____

First Name: _____ Last Name: _____

Mailing Address: _____

**Please include street number, street name, city, st and zip)*

Email: _____ Phone: _____ Fax: _____

Well Owner Information, if different than Registrant

Type: () Entity () Individual

Company Name (if entity): _____

First Name: _____ Last Name: _____

Mailing Address: _____

**Please include street number, street name, city, st and zip)*

Email: _____ Phone: _____ Fax: _____

Property Owner Information, if different than Registrant or Well Owner

Type: () Entity () Individual

Company Name (if entity): _____

First Name: _____ Last Name: _____

Mailing Address: _____

**Please include street number, street name, city, st and zip)*

Email: _____ Phone: _____ Fax: _____

**If Registrant is other than the owner of the property where the proposed well is to be located, please attach documentation to this form establishing the applicable authority to file the application for well registration, to serve as the registrant in lieu of the property owner, and to construct and operate a well for the proposed use.*

Driller Information

First Name: _____ Last Name: _____

License Number: _____ License Type: _____ Expiration Date: _____

Drilling Company Information

Company Name: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Part II. Existing Well Information

Existing Well ID: _____

Well location address: _____

**Please include street number, street name, city, st and zip)*

Latitude: _____ Degrees: _____ Minutes: _____ Seconds: _____

Longitude: _____ Degrees: _____ Minutes: _____ Seconds: _____

Maximum Pump Capacity (gpm): _____ Number of Service Connections: _____

Well serviced how many individuals? _____ Well serviced how many days out of the year? _____

Is this a permitted well? () Yes () No

If yes, Permit Number: _____ Final Meter Reading: _____

Permit must be amended according to District Rule 3.12 before the replacement well can produce groundwater.

Is the replacement well within 50 feet of the well being replaced? () Yes () No

If no, how many feet? _____

Status of well being replaced: () Capped () Plugged () In Use

Explain use: _____

*According to District Rule 3.17(b)(3) - the capacity of the replacement well as equipped will not exceed the maximum production capacity authorized in the approved well registration for the well that is being replaced, unless the maximum production capacity is 17.36 gpm or less.**3.17(b)(4) - All wells being replaced must be plugged immediately upon commencing operation of the replacement well.***Part III. Purpose for Water Use (Replacement Well)**

Mark (x) all appropriate boxes that describe what the well will be used for:

() Domestic Use (Household / lawn watering at residence () Municipal / Public Water System

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Livestock Watering | <input type="checkbox"/> Industrial / Manufacturing |
| <input type="checkbox"/> Commercial / Small Business | <input type="checkbox"/> Leachate |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Non-Agricultural Irrigation |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Piezometer | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Filling a pond or other surface impoundment
(Check all uses for water from the pond or surface impoundment) | <input type="checkbox"/> Supplying water for oil or gas production* |
| <input type="checkbox"/> Solely to supply water for rig activities*** | <input type="checkbox"/> Other: _____ |

Describe use: _____

Is the water used at a different location than well? ☐ Yes ☐ No

If yes, please list the different location address: _____

Will the water produced from the well be transported out of the District boundaries? ☐ Yes ☐ No

If yes, explain: _____

Part IV. Replacement Well Location

Well location address: _____

**Please include street number, street name, city, st and zip)*

Latitude: _____ Degrees: _____ Minutes: _____ Seconds: _____

Longitude: _____ Degrees: _____ Minutes: _____ Seconds: _____

County: _____ Legal Description: _____

GPS manufacturer and model used to record latitude and longitude: _____

Surface elevation of well at land surface (in MSL)*: _____

**Mean Sea Level (MSL) is defined as the mean height of the surface of the sea for all stages of the tide over a 19-year period*

Has the property been platted since May 15, 2017? ☐ Yes ☐ No

Total number of acres of the property (contiguous acreage) on which well site is to be located (ac): _____

For municipal/public water suppliers, please provide the total acreage within your CCN and/or corporate boundaries: _____

Legal description of all contiguous controlled acreage: _____

If the well is part of a system, identify all other wells in that system: _____

Spacing Distance to Nearest Property Line (ft)*: _____

**If your well has a maximum designed production capacity of 17.36 gpm or less, the required spacing distance is a minimum of 50 feet from the property line and at least 100 feet from other wells. If less than 50 feet from nearest property line, applicant must also submit to the District an Application for an Exception to Spacing Requirements under District Rule 4.7.*

Part V. Replacement Well Information

Name of aquifer and layer of the aquifer from which water will be produced by the well: _____

Proposed total depth (ft): _____ Propose depth to first screen (ft): _____

Proposed inside diameter of casing (inches): _____ Pump motor size (hp): _____

Proposed maximum designed production capacity of pump (gpm): _____

Will the well be equipped with a Variable Frequency Drive (VFD)? () Yes () No

**A variable frequency drive includes an adjustable-frequency drive (AFD), variable-voltage/variable-frequency (VVVF) drive, variable speed drive (VSD), AC drive, micro drive, and inverter drive.*

Number of anticipated service connections: _____

Well will service _____ individuals _____ days out of the year

Are there any other wells on the property? () Yes () No

Is a Water Well Closure Plan attached? () Yes () No

If no, sign below as a declaration that the owner will report any closure of the well to the District and will strictly comply with the well plugging regulations of the Texas Department of Licensing & Regulation.

Signature

Part VI. Pump Installer Information

Is the Driller also the Pump installer? () Yes () No

If the Driller is not installing the pump, please provide Pump Installer's information below:

Company Name: _____

First Name: _____ Last Name: _____

License Number: _____ License Type: _____ Expiration Date: _____

Email: _____ Phone: _____ Fax: _____

Part VII. Attachments

() I have included the non-refundable registration fee in the amount of \$250.00.

I understand this registration will not be approved until receipt of all fees.

Part VIII. Certification

I hereby certify that the information provided herein and given herewith is true and accurate to the best of my knowledge and belief. I further certify that all water produced from the well that is the subject of this registration will at all times be put to beneficial use.

Signature

Print Name

Date

3.2(i) The person who drills or completes the well shall file the well completion report with the District within sixty (60) days after the date the well is completed as required by Rule 3.13. Upon receipt of the well completion report required by Rule 3.13, the registration of the well shall be perpetual in nature, subject to enforcement and/or cancellation for violation of the District rules. A well driller, pump installer, well owner, or any other person who equips a well shall file an updated well completion report with the District within sixty (60) days after the date the well is equipped.

3.2(j) Failure to timely file a well completion report shall result in being subject to enforcement action.

3.2(m) A registrant may apply for up to two extensions of an additional 180 days each, which may be granted by the General Manager without need for consideration or action by the Board. Any further extensions may only be authorized by the Board.

4.5(f) All new wells must be completed, screened, and equipped at a depth such that, at the time that well completion and equipping has concluded, there is either: (1) a minimum depth of 50 feet of groundwater in the well bore over the pump; or (2) the well fully penetrates the aquifer in which the well is screened and the pump is placed at the lowest practicable location in the well.

DISTRICT TO COMPLETE THIS SECTION

() Application Fee Received Date: _____ Method/Check #: _____

() Min. Tract Size Exception () Min. Spacing Exception

Well Status Notes:

Reviewed by: _____ Date Reviewed: _____

Approved by: _____ Date Approved: _____

Well ID: PGCD- _____