



208 Kimberly Drive | Cleburne, TX 76031 | Ph: 817-556-2299 | Fax: 817-556-2305 | [www.prairielandsgcd.org](http://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. An administrative fee must accompany this application; refer to <https://www.prairielandsgcd.org/well-registration/district-fees/>

**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
- ( ) Livestock Watering ( ) Industrial / Manufacturing
- ( ) Commercial / Small Business ( ) Leachate
- ( ) Agriculture ( ) Non-Agricultural Irrigation
- ( ) Monitoring ( ) Observation
- ( ) Piezometer ( ) Poultry
- ( ) Filling a pond or other surface impoundment ( ) Supplying water for oil or gas production\*  
(Check all uses for water from the pond or surface impoundment)
- ( ) Solely to supply water for rig activities\*\*\* ( ) 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. 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-\_\_\_\_\_