**MESQUITE GROUNDWATER CONSERVATION DISTRICT**
802 9TH Street
Wellington, Texas 79095
Phone (806) 447-2800
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Website: www.mesquitegcd.org

# WELL REGISTRATION FORM

**For District Use Only**

Permit No. _____ Date Received: _____ Time Received: _____

**Instructions:** Please type or print legibly. Incomplete applications will be returned to the applicant.

**1. Well Owner:**

Individual ____ Partnership ____ Corp/Gov Entity ____ Estate/Trust/Guardianship___

A. Name _____ Title _____

B. Mailing Address _____

C. Cell Number _____ Home or Office Number _____

**2. Well Location:**

Latitude _____ North Longitude _____ West

This well is located in the (circle one) NW ¼, NE ¼, SW ¼, SE ¼ of Section _____, Block _____, _____ Survey, _____ County, Texas.

This well is located _____ yards from the (N) (S) property line, and _____ yards from the (E) (W) property line.

**3. Well Information:**

Casing Size: _____

Column Pipe Size: _____

Proposed Purpose of Use for Water Produced by the Well:

Livestock: _____ Domestic: _____ Other (specify): _____

Licensed Water Well Driller to be used for well drilling: _____

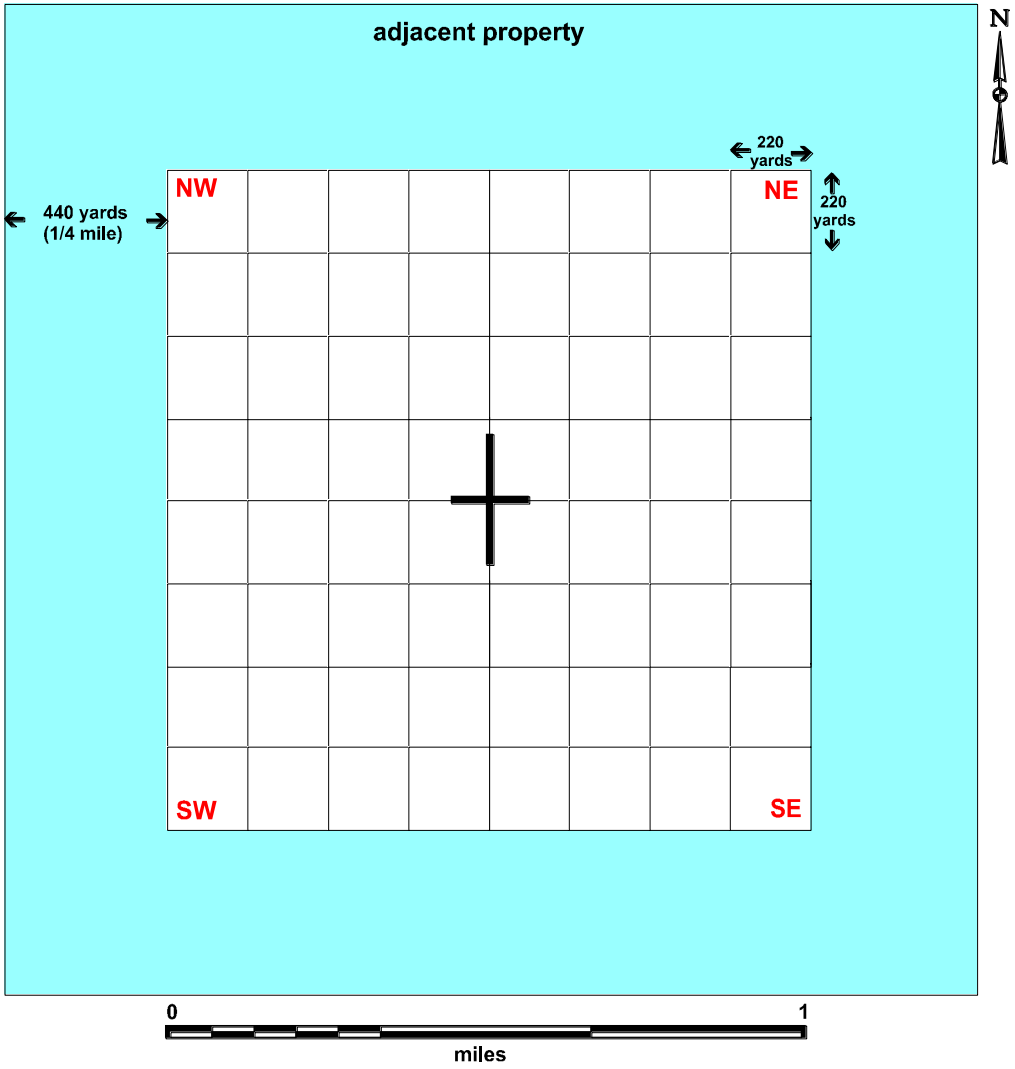
Texas State Water Well Driller's License No: _____

Licensed Pump Installer to be used for pump installation: _____

Texas State Well Pump Installer's License No: _____

Date Drilling Anticipated to Begin: _____

**Mark a DOT INSIDE A CIRCLE (⊙) within the grid to mark the PROPOSED WELL LOCATION. (Grid square indicates <u>1 section, or one square mile</u>.)**




I agree that this well will be drilled within ten (10) yards of the location specified and not elsewhere, and that I will furnish the District the completed well log immediately upon completion of this well and prior to the production of water. I hereby certify that I have read the foregoing statements and that all data therein contained are true and correct to the best of my knowledge and belief.

Signed: _____ Date: _____ Title: _____

I hereby certify that this application has been verified and is in compliance with the rules of the District:

District Manager: _____ Date: _____