

HEADWATERS GROUNDWATER CONSERVATION DISTRICT
Exempt Well Registration Form

OFFICE LOCATION: 125 LEHMANN DR. STE. 202 KERRVILLE, TEXAS 78028.
PHONE (830) 896-4110 FAX (830) 257-3201 E-MAIL hgcd@hgcd.org WEBSITE www.hgcd.org

RETURN THIS REGISTRATON FORM TO HEADWATERS GCD WITH THE FOLLOWING:

- Copy of a plat and proof of ownership by Kerr Central Appraisal District or Deed.
- Kerr Central Appraisal District Property ID number
- Name of the driller and pump installer.
- \$300 Registration Fee

OWNER: _____

GATE CODE: _____

ENTRY INFO: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

911 (WELL SITE) ADDRESS: _____

PHONE: _____

CELL PHONE: _____

E-MAIL: _____

TRACT SIZE (ACRES): _____

KERR CAD PROPERTY ID NUMBER(S): _____

BRIEF DIRECTIONS TO THE WELL SITE: _____

REGISTRATION FOR:

NEW WELL

ALTER EXISTING WELL

Replacement Well

AQUIFER SOURCE:

TRINITY WELL

EDWARDS WELL

PROPOSED WELL USE:

DOMESTIC

LIVESTOCK OR POULTRY

ARE THERE ANY OTHER WELLS ON THE PROPERTY YES NO

IF YES GIVE DISTANCE TO NEAREST WELL _____ Ft. WELL #, IF AVAILABLE: _____

IF REQUIRED, CONFIRM THAT EXISTING WELL WILL BE PLUGGED. YES NO INITIALS: _____

PLUGGING & PLUG REPORT TO BE COMPLETED BY: _____

IS PROPERTY SERVED BY A PUBLIC WATER SUPPLY SYSTEM YES NO

IF YES NAME PWS _____

WELL DRILLER: _____ LICENSE # _____

PUMP INSTALLER: _____ LICENSE # _____

Pump Installer must submit a Certified Statement of Completion of how many gallons per minute the well pump is capable of producing.

To be completed by HGCD

GPS Location Lat. _____ deg. _____ min. _____ sec. Long. _____ deg. _____ min. _____ sec

Elevation _____ Grid _____ Date: _____

On Site: _____ Start: _____ Case: _____ Grout: _____ Finish: _____ Pin: _____

*The acknowledgement Affidavit on back must be signed by the owner of the property listed on this registration
the owner may designate on the back of this form, an agent to act on his behalf*

ENVIRONMENTAL, SETBACK and COMPLETION INFORMATION

DISTANCE TO NEAREST PROPERTY LINE _____ ft. (Must be 75 Feet)
DISTANCE TO SEPTIC TANK AND DISPOSAL AREA _____ ft.(Edwards Well 100 ft. Trinity Well 50 ft)
Wells shall be completed in accordance with HGCD construction standards and TDLR 76.100 Locations and Standards of Completion for wells. The landowner shall have the continuing responsibility of ensuring that a well does not allow the commingling of undesirable water or constituents with fresh water through the wellbore to other porous strata. All wells required to be capped or plugged, shall be capped or plugged in accordance with TDLR 76.104 Standards for Capping and Plugging of Wells.

ACKNOWLEDGEMENT AFFIDAVIT: Please Print and Sign

I, _____, owner of the well on this property, having completed this application, acknowledge that all the statements contained herein are true and correct to the best of my knowledge. I agree to abide by all Headwaters GCD District Rules now or hereafter adopted by the District. I agree to provide all required documents. **I agree to be responsible for collecting and paying for a water quality analysis of groundwater from the well within 60 days after it is equipped to pump groundwater and submit a copy of the analysis to the District.**
I authorize employees of Headwaters GCD access to the well site for purposes of inspection before, during and after the drilling of the well and pump installation.
As the owner of this property listed on this registration my signing this affidavit releases and indemnifies Headwaters GCD of any liability or responsibility regarding Deed Restrictions, Conveyances, Reservations, etc.; or other unseen or unknown factors affecting the title or sale of the property. The Headwaters GCD assumes no responsibility to any Title Company, Home Owners Association, Grantee or Grantor with respect to the sale or title to this property. It is my sole and full responsibility as the property owner on which the groundwater well is to be drilled to notify HGCD of any restrictions regarding groundwater rights and the drilling of groundwater wells on my property.

Owner Signature

Designation of Agent

I, _____, the owner of the property stated on this application, designate _____, as my agent for the purpose of completing this application and all matters concerning the drilling and equipping of my water well. I understand and acknowledge that I am legally bound my agent's actions on my behalf and that said agent must abide by the acknowledgement statement above signed by me.

Owner Signature

State of Texas, County of Kerr

Notary Public

Sworn and subscribed before me this _____ day of _____, _____

Registration and Receipt

Assigned HGCD well # _____ Date _____

Received from _____

Cash Check Check # _____ Amount \$ _____ Receipt # _____

Registration Issued by _____

Not Valid
Without
District
Seal
Affixed