

NORTHERN TRINITY GROUNDWATER CONSERVATION DISTRICT

1100 Circle Drive, Suite 300
Fort Worth, TX 76119
Fax: 817.249.2918
Voice: 817.249.2062

District to Complete:
Invoice # _____
Well Registration No.

Date Received: _____
By: _____

APPLICATION FOR WELL REGISTRATION

***** **GEOTHERMAL** *****

Registration of new wells required by District Rule 3.3 prior to drilling:

A well owner or water well driller, or any other person acting on their behalf, must submit and obtain approval of a registration application and submit a well registration fee and well report deposit with the District before any new well, except leachate wells or monitoring wells, may be drilled, equipped, and completed as set forth under District Rule 3.3. District Rules can be found at www.ntgcd.com.

Rule 2.1 (a) 4 The owners of closed loop geothermal wells must provide written notice of the existence of such a well to all owners of registered wells located within 200 feet of the closed loop geothermal well.

Part I – Well Owner and Driller Information:

Well Owner: _____ **Phone:** _____

Contact: _____ **Email:** _____ **Fax:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Registrant: (if other than Well Owner) _____ **Phone:** _____

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

Property Owner: (if other than Well Owner) _____ **Phone:** _____

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

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.

Drilling company: _____ **Phone:** _____

Driller: _____ **License #** _____ **Expiration Date:** _____

Fax: _____ **E-mail:** _____

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

Part II – Well Location:

Well site address: _____

City: _____ **State:** TX **Zip:** _____

Please list the GPS coordinates for the outermost corners of the well field

Latitude: _____ Longitude: _____

Latitude: _____ Longitude: _____

Latitude: _____ Longitude: _____

Latitude: _____ Longitude: _____

Part III — Well Information:

Proposed total depth: _____ ft Estimated number of wells: _____

Type of fluid used in system: _____ Well spacing: _____

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 and Regulation.

Well Owner's Signature

Is the \$200 Well Report Deposit Attached? Yes No (registration will not be approved until receipt of deposit; deposit is refundable upon timely submission of well report after completion of well)

Is the \$500 New Well Registration Fee Attached? Yes No (registration will not be approved until receipt of fee)

Part IV — Certification:

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Print Name Well Owner's Signature Date

Print Name Driller's Signature Date

DISTRICT TO COMPLETE THIS SECTION:

Well Report Deposit Received Date: _____ Method/Check No.: _____

Well Registration Fee Received Date: _____ Method/Check No.: _____

Reviewed by: _____ Date of approval: _____

The registrant has 120 days from the date of approval above to drill and complete the new well and must file the well report with the District within 60 days of completion. Failure to timely file the well report will result in forfeiture of the well report deposit and subject the registrant to enforcement action.