



Well Registration

Application Fee \$0

P.O. Box 340595, Austin, Texas 78734 · Tel. 512-276-2875 · www.swtcgcd.org

To register your well, provide all requested information and submit the completed, signed form to the District. Fill out an additional registration form if you are registering more than two wells. You may mail the completed form to the address above, or scan and email it to generalmanager@swtcgcd.org.

Section I. Owner Contact Information

Property/Well Owner: _____

Primary Phone: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Secondary Contact Person: _____

Phone: _____

Email: _____

Previous owner's name (if known): _____

Section II. Property Information

1. Physical Property Address (Well Location): _____

City: _____, Texas Zip: _____ County: Travis Property tract/lot size: _____ acres

2. Is there now or will there be a septic system on site? No Yes

If yes, how far away from well is drain-field? _____

3. Is the property within a CCN or is the area serviced by a public water provider? No Yes

If yes, please provide the name of the local water supplier: _____

4. Indicate the total number of existing wells on the entire property: in use _____, not in use _____. Note: If total is more than two, please fill out and attach additional Registration form(s)

Section III. Primary Well Information

Select ALL the use types that are currently or planned to be supplied by the primary well.

Livestock - Quantity and type of livestock: _____

Domestic (Residential Indoor & Outdoor use) - Number of homes served: _____

If Domestic, but Residential Landscape Irrigation Only (specify irrigated area, in square feet): _____

Unused - Capped, Plugged, Open (specify): _____

Public Water Supply (specify number of households served): _____

Other Use (specify): _____

If known, please provide the following information about the primary well:

1. Common Name Identifier (i.e., House Well, Well # 7, Barn Well): _____

2. Aquifer: Upper Trinity Middle Trinity Lower Trinity Other (specify): _____

3. Date well was drilled: _____ Well Driller: _____ Well Depth: _____ Pump Depth: _____

Pump Size (horsepower): _____ Well Capacity (GPM): _____ Average Daily Withdrawals: _____ gpd

4. Well Coordinates (<https://www.maps.ie/coordinates.html>) Latitude: _____ Longitude: _____

5. Is well metered? No Yes

6. Do you have a State Well Report or other records for this well? No Yes If yes, please include with this form.

State Well Number and/or Well Report Tracking Number: _____

Section IV. Secondary Well Information (if any)

Select ALL the use types that are currently or planned to be supplied by the **secondary well**.

- Livestock - Quantity and type of livestock: _____
- Domestic (Residential Indoor & Outdoor use) - Number of homes served: _____
- Landscape Irrigation Only (specify irrigated area, in square feet): _____
- Unused - Capped, Plugged, Open (specify): _____
- Public Water Supply (specify number of households served): _____
- Other (specify use): _____

If known, please provide the following information about the **secondary well**:

1. Common Name Identifier (*i.e., House Well, Well # 7, Barn Well*): _____
2. Aquifer: Upper Trinity Middle Trinity Lower Trinity Other (specify): _____
3. Date well was drilled: _____ Well Driller: _____ Well Depth: _____ Pump Depth: _____
Pump Size (horsepower): _____ Well Capacity (GPM): _____ Average Daily Withdrawals: _____ gpd
4. Well Coordinates (<https://www.maps.ie/coordinates.html>) Latitude: _____ Longitude: _____
5. Is well metered? No Yes
6. Do you have a State Well Report or other records for this well? No Yes If yes, please include with this form.
State Well Number and/or Well Report Tracking Number: _____

Section V. Registrant or Authorized Agent Sworn Statement

I hereby make application to the Southwestern Travis County Groundwater Conservation District for the purpose indicated above for the water well described herein, and I certify that I am the property owner/grantor or lessee/grantee or its Authorized Agent, and that each and all the statements herein are true and correct, and that I will comply with District Rules, Well Construction Standards, and groundwater use permit and plan requirements. I hereby authorize the District access to this property following reasonable advance notice or, in an emergency, immediately, with such emergency access reported to the owner if advance notice was not possible. The District may access the well for the purposes of inspecting, collecting water quality samples, and investigating conditions relating to the withdrawal, waste, water quality, pollution, or contamination of groundwater.

Signature of Applicant or Authorized Agent

Print Name

Date

For District Personnel Use Only

Registration Submitted on : _____ Signature of Completion(District Staff): _____
 Temp Well Number or SWN# _____
 Temp Well Number or SWN# _____