

Brazos Valley Groundwater Conservation District

P.O. Box 528 Hearne, TX 77859

E-mail: info@brazosvalleygcd.org Website: https://brazosvalleygcd.org

District Use Only
Permit No.
BVGCD Well No.

APPLICATION FOR EXEMPT WELL REGISTRATION

Ph: 979-279-9350

Application Date:	-This form may be mailed, or emailed-				
Part I – Well Owner and Dri	iller Information:				
Well Owner:				Phone:	
Contact:	E-mail : _				Fax:
Current Mailing address:		City:		State:	Zip:
Registrant: (if other than owner or driller)				Phone:	
Address:	City:	State:	Zip:	Fax:	
Date/Year Drilled:				(Please note it	f date has been estim
Drilling Company:				Phone:	
Driller Name:		License #:		Fax:	
Address:		City:		State:	Zip:
Part II – Well Location:					
Wall Site Dhysical Address					
City:				State: TX	Zip:
_					
County:					
Asterisk indicates "if known"	Longitude:				
County: *Asterisk indicates "if known" Latitude*: Survey Name*:					

Part III - Reason for Exempt Status:

RULE 8.1. EXCLUSIONS AND EXEMPTIONS

(a) All groundwater wells in Brazos and Robertson counties used solely for domestic use or for providing water for livestock or poultry that are either drilled, completed, or equipped so that they are incapable of producing more than 50,000 gallons of groundwater per day;
 (b) A groundwater well drilled or operated within the District under a permit issued by the Railroad Commission of Texas is under the exclusive jurisdiction of the Railroad Commission and is exempt from regulation by the District.
 Mark (X) in box that applies:

Mark (X) in box that applies:			
Domestic Livest	ock/Poultry	Other (Explain)	
Part IV – Well Information (if	`known)		
Total Depth:	ft.	Depth to First Screen:	ft.
Inside Diameter of Casing:	in.	Pump Size:	hp
Maximum pumping capacity of pump	:	gpm.	
Please attach State of Texas Well R	Report or Well Driller	's Log if available.	
	nd Section 36.123, To	exas Water Code, staff may enter and ins	pect the property for
District purposes.			
I hereby certify that the information	ı given herewith is tru	e and accurate to the best of my knowledge a	nd belief.
Print Name	Signatur	e Date	
District Use Only			
Well Registration No.			
Permit required: ☐ No ☐ Yes, Ty	/pe:		
Reviewed by:		Date	