

Brazos Valley Groundwater Conservation District

P.O. Box 528 Hearne, TX 77859

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District Use Only				
Permit No.				
BVGCD Well No.				

APPLICATION FOR EXEMPT WELL REGISTRATION

Application Date:		-This form may be mailed, or emailed-			
Part I – Well Owner and Dr	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	if date has been estimate
Drilling Company:				Phone:	
Driller Name:		License #:		Fax: _	
Address:		City:		State:	Zip:
Part II – Well Location:					
Well Site Physical Address:					
City:				State: TX	ZZip:
County:					
*Asterisk indicates "if known"					
1 Isterisk indicates in known					
Latitude*:	Longitude*:				

Part III – Reason for Exempt Status:

Reviewed by:

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. A water well for temporary use to supply water for a rig that is actively engaged in drilling a groundwater production well (c) permitted by the district. Mark (X) in box that applies: Other (Explain) Domestic Livestock/Poultry Part IV – Well Information (if known) Total Depth: ft. Depth to First Screen: ft. Inside Diameter of Casing: in. Pump Size: ___**_g**pm. Maximum pumping capacity of pump: Please attach State of Texas Well Report or Well Driller's Log if available. Pursuant to District Rule 15.1 and Section 36.123, Texas Water Code, staff may enter and inspect the property for District purposes. I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief. Print Name Signature Date **District Use Only** Well Registration No. Permit required: □ No □ Yes, Type: _____

Date: