

**GONZALES COUNTY UNDERGROUND WATER CONSERVATION DISTRICT
EXISTING WELL REGISTRATION**

INSTRUCTIONS: Input all well information available to the best of your knowledge

Owner: _____ **Phone:** _____

Owner Address: _____

This well is located on the property of: _____

This well is _____ **miles** _____ **of the City of** _____ **on road number** _____

Number of contiguous acres at this well site: _____

Survey Name: _____ **Survey Number:** _____

Use of Well: _____ **Domestic/Livestock** _____ **Irrigation** _____ **Public Supply** _____ **Ind.**
_____ **Injection** _____ **Other (specify)** _____

Name of Driller: _____ **Date Drilled:** _____

Total Depth: _____ (ft) **Water Bearing Formation:** _____

Casing Size: _____ (in) **Pump Size:** _____ (HP) **Max. Pumping Rate:** _____ (gpm)

If available, please provide a copy of the water well drillers report.

District Use Only

GCUWCD Well Registration Number: _____

Filed Inspection Date: _____

Latitude: _____ **Longitude:** _____

Static Water Level: _____ (ft BTOC)

Conductivity: _____ (uS/cm) **Temp.:** _____ (°C) **pH:** _____

TDS: _____ (ppm) **Iron:** _____ (mg/L) **Manganese:** _____ (mg/L)

Signature of person inspecting this well: _____

**Form may be faxed to 830.672.1387 or mailed to: GCUWCD
P.O. Box 1919
Gonzales, TX 78629**