## HEADWATERS GROUNDWATER CONSERVATION DISTRICT <u>Exempt</u> Well Registration Form

OFFICE LOCATION: 125 LEHMANN DR. STE. 202 KERRVILLE, TEXAS 78028. PHONE (830) 896-4110 FAX (830) 257-3201 E-MAIL <a href="https://documents.org/nd/4/10/phase2016/background-colorg/lemants.org/lemants-org/nd/4/10/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/phase2016/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/background-colorg/lemants-org/nd/4/backgroun

## RETURN THIS REGISTRATON FORM TO HEADWATERS GCD WITH THE FOLLOWING:

- Copy of a Plat and proof of ownership, by Kerr Central Appraisal District Records or Deed.
- Kerr Central Appraisal District Property ID Number
- Name of the Driller and the Pump Installer.
- \$500 Registration Fee

OWNER:						
GATE CODE:		ENTRY INFO:				
MAILING ADDRESS:						
CITY:			STATE:		ZIP:	
911 (WELL SITE) ADI	DRESS:					
PHONE:		CELL	PHONE:			
E-MAIL:	TRACT SIZE (ACRES):					
KERR CAD PROPER	TY ID NUMBER(	(S):				
BRIEF DIRECTIONS	TO FIND THE W	VELL SITE ON THI	E PROPERTY:			
-						
REGISTRATION FOR:	□ NEW WELL	☐ ALTER AN EXIS	STING WELL	REPLACEMEN <sup>-</sup>	 Г	
AQUIFER SOURCE:	 ☐ TRINITY	 ☐ EDWARDS				
PROPOSED WELL USE:	☐ HOUSEHOLD -	# OF CONNECTIONS =	LIVE	STOCK OR POUL	TRY 🗌 O	THER
ARE THERE ANY OTH	IER WELLS ON	THE PROPERTY [	YES NO			
*IF YES GIVE DISTAN	ICE TO NEARES	T WELLFt.	WELL ID#, IF	AVAILABLE:		·
*IF REQUIRED, CONF	FIRM THAT EXIST	TING WELL WILL B	E PLUGGED.	☐ YES ☐ NO	INITIALS:	
PLUGGING & PLUG	REPORT TO BE	COMPLETED BY: _				
PROPERTY IS INSIDE	THE CITY LIMIT	BOUNDARY OF	KERRVILLE [	YES NO		
PROPERTY HAS ACC	ESS TO OR IS S	ERVICED BY A PU	JBLIC WATER	SYSTEM   Y	ES NO	 )
IF YES, NAME OF TH	E WATER PROVI	IDER				
WELL DRILLER:						
PUMP INSTALLER: Pump Installer must submit producing.	t a Certified Stateme	ent of Completion of ho		CENSE #_ er minute the well	pump is capa	able of
		To be completed	by HGCD			
<b>GPS Location – Lat:</b> _	deg	minsec.	Long:	deg 1	min	sec.
Elevation	<u>Ft.</u> <b>Grid</b>		Date:			

The acknowledgement Affidavit on back must be signed by the owner of the property listed on this registration the owner may designate on the back of this form, an agent to act on his behalf

## ENVIRONMENTAL, SETBACK and COMPLETION INFORMATION

DISTANCE TO NEAREST PROPERTY LINEft. (Must be 75 Feet)  DISTANCE TO SEPTIC TANK AND DISPOSAL AREAft. (Edwards Well 100 ft., Trinity Well 50 ft)  Wells shall be completed in accordance with HGCD construction standards and TDLR 76.100 Locations and Standards of Completion for wells The landowner shall have the continuing responsibility of ensuring that a well does not allow the commingling of undesirable water or constituents with fresh water through the wellbore to other porous strata. All wells required to be capped or plugged, shall be capped or plugged in accordance with TDLR 76.104 Standards for Capping and Plugging of Wells.					
ACKNOWLEDGEMENT AFFIDAVIT: Please Print and Sign					
I,, owner of the well to be drilled on this property, having completed					
this application, acknowledge that all the statements contained herein are true and correct to the bes					
my knowledge. I agree to abide by all Headwaters GCD District Rules now or hereafter adopted by the					
District. I agree to provide all required documents. I authorize employees of Headwaters					
GCD access to the well site for the purpose of inspecting the completion process of					
the new well and to register any existing wells. I also authorize employees of					
Headwaters GCD to collect a water sample from this new well for the lab-certified					
water analysis that is required by Headwaters GCD Rules. As the owner of this property listed on this registration my signing this affidavit releases and indemnifies Headwaters GCD of any liability or responsibility regarding Deed Restrictions, Conveyances, Reservations, etc.; or other unseen or unknown factors affecting the title or sale of the property. The Headwaters GCD assumes no responsibility to any Title Company, Home Owners Association, Grantee or Grantor with respect to the sale or title to this property. It is my sole and full responsibility as the property owner on which the groundwater well is to be drilled to notify HGCD of any restrictions regarding groundwater rights and the drilling of groundwater wells on my property.  I ATTEST THAT I AM THE SOLE OWNER OF ALL GROUNDWATER RIGHTS BENEATH THE LAND SURFACE WHERE THE WELL IS TO BE DRILLED.					
Owner Signature  Designation of Agent					
I,, the owner of the property stated on this application, designate					
, as my agent for the purpose of completing this application and all matters concerning the drilling and equipping of my water well. I understand and acknowledge that I am legally bound my agent's actions on my behalf and that said agent must abide by the acknowledgement statement above signed by me.					
Owner Signature Agent's Contact Info (phone & email)					
Sworn and subscribed before me thisday of,					
State of Texas, County of Kerr					
Notary Public					
Registration and Receipt					
Assigned HGCD well # Date					
Received from Not Valid Without District					
Cash Check Check # Amount \$ Receipt # Seal Affixed					
Registration Issued by					