Real-Edwards Conservation & Reclamation District

Registration for an Existing Exempt Well in Edwards and/or Real County

REAL-EDWARDS CRD OFFICE: PO Box 1208 / 234 Evergreen Rd., Leakey, Texas 78873

PHONE (830) 232-5733   EMAIL tina@recrd.org   WEBSITE www.recrd.org

INFORMATION and INSTRUCTIONS FOR REGISTERING EXISTING WELLS

Complete the information requested to the best of your knowledge for wells located within your legally owned property. THERE IS NO REQUIRED REGISTRATION FEE ASSOCIATED WITH EXISTING WELLS. ALL WELLS MUST MEET THE EXCLUSIONS OR EXEMPTIONS PROVIDED IN DISTRICT RULE 7.3.

APPLICANT NAME: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

Email:_____ Contact Phone#: _____

EXISTING WELL USE: ____ Domestic   ____ Agriculture/Livestock   ____ Other (may require additional information)

COUNTY and LOCATION OF WELL: ____ Edwards county   ____ Real county

If driving N S W E from _____ (town) approximately _____ miles

on _____

Subdivision Name: _____ Tract/Lot #: _____

Attach driving directions to well location from nearest town or major highway intersection.

Latitude: _____ Longitude: _____

WELL INFORMATION:

Size of tract (in acres) on which the well will be drilled: _____

Distance (in feet) from well site to nearest property line: _____

Distance (in feet) from well site to nearest septic tank,

absorption field; or other potential contamination source: _____

Casing Size _____   Pump HP _____   Pump Type _____

Yield _____[gpm]   Depth _____   Static _____

DRILLING COMPANY:

Name: _____ Date Drilled: _____

Address: _____

City:_____ State: _____ Zip: _____ Phone: _____

ACKNOWLEDGEMENT from OWNER/AGENT

I certify that I have read, understand and agree to the above information and instructions. I have provided the herein information to the best of my knowledge. Further, I understand that failure to abide by the conditions listed herein or providing false information on the application is a violation of District Rules and will lead to the District taking action against me.

Owner/Agent
Signature:_____ Date: _____

Owner/Agent
Printed Name: _____ ___Owner ___Agent

DISTRICT USE ONLY:

Date Rec'd:_____

Well ID: _____

GRID: _____ Row: _____ Column: _____

_____ Application Reviewed by staff

Signature: _____ Title: _____