

BENBROOK WATER AUTHORITY

1121 Mercedes Street
Benbrook, Texas 76126
(817) 249-1250

WELL REGISTRATION FORM

Pursuant to the Benbrook Water Authority's (the "Authority's") Water Well Rules ("Rules"), it is a violation of these rules for any person to operate a well without registering the well with the Authority, receiving a certificate of registration from the Authority, and, if applicable, receiving the appropriate permit(s) from the Authority. A separate well registration form shall be submitted for each well owned.

INSTRUCTIONS: Complete all questions. Please print or type. If applying for a permit, this registration form must be attached to your application.

REGISTRANT'S NAME: _____

Phone: _____ Fax: _____ E-Mail: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

The Registrant must be the fee simple owner or duly authorized Lessee or demonstrate appropriate ownership rights of the land/well site and well.

WELL STATUS: Please check the current status of this well: New Well Existing Well

WELL LOCATION: Well Site Physical Address or Description: _____

The well is (or will be) located: _____ feet from the _____ property line and
(N, S, E, W, etc.)

_____ feet from the _____ property line (use perpendicular lines).
(N, S, E, W, etc.)

Latitude: _____ Longitude: _____ Elevation: _____ feet above Mean Sea Level

Legal Description: Survey Name: _____ Survey No.: _____ Abstract No.: _____

WELL USE: State the nature and purpose of well when drilled (check all that apply):

- Domestic (including lawn and garden) Public Supply Commercial business
 Livestock watering Irrigation (other than lawn and garden)
 Other (specify): _____

State any other additional purpose of use for which the well has been used and approximate period of time for that use:

Domestic _____ Livestock _____ Irrigation _____ Public Supply _____

Commercial Business _____ Other (Specify) _____

AQUIFER: Please indicate the source of groundwater:

Trinity Aquifer – Paluxy Sand Trinity Aquifer --Twin Mountains Formation

Other (Specify): _____

WELL CAPACITY: (for new well not yet completed, provide estimate)

Maximum capable rate of withdrawal as equipped: _____ Gallons per minute

Average rate of withdrawal as equipped if run continuously for a 24-hour period: _____ Gallons per minute

LOCATION OF USE: Location of groundwater use (if off-site): _____

WELL COMPLETION:

State Well Number: _____

Date Drilled: _____ Driller: _____

Casing and Screen Surface Completion: _____ Concrete Slab, width _____ length _____ height _____

Dia. (in) Depth: From (ft.) To (ft.)

_____ Steel Sleeve

_____ Other _____

Cementing Method used: _____

Cemented by _____

No. of Sacks From (ft.) To (ft)

WELL EQUIPMENT:

Type of Pump: Turbine Submersible Jet Other _____

Pump motor size: _____ horsepower

Fuel/Power: Electric Diesel LP Gas Other _____

Yield: ___ Flow ___ Pump _____ gpm. ___ Measured ___ Estimated

Date installed: _____

WELL TESTS: Has a chemical analysis for water quality been performed? Yes No

Date: _____

By: _____

Performance Test: Date _____ Type of Test: Pump Bailer Jetted Other _____

Yield: _____ GPM Static level: _____ ft. Pumping level: _____ ft.

SUPPORTING DOCUMENTATION CHECKLIST:

- Check to confirm that you have attached a map of the property showing the location of the existing or proposed well.
- If the Registrant is not the fee simple owner of the land where the well is located, check to confirm that you have attached documentation establishing the Registrant's interest in the land/well site and well.
- Check to confirm that you have attached a driller's log and, if available, any mechanical log made or chemical analysis performed.

DECLARATION: I agree to abide by the Benbrook Water Authority's rules, permit conditions, and plans, as any of these documents may be amended from time to time. I hereby certify that the water withdrawn from this well will be put to a beneficial, non-wasteful use at all times, that I have either attached a well closure plan or I will comply with well plugging guidelines and report closure of this well to the Authority, and that each and all of the statements herein are true to the best of my knowledge and belief.

Signature of Registrant

FOR OFFICE USE ONLY:

Date Received: _____

Authority Well No.: _____

Certificate of Registration Issued:
 Yes No

Drilling Permit Required?
 Yes No

Operating Permit Required?
 Yes No

Date Certificate Issued: _____