



Manage. Enhance. Protect.

# Well Registration and Information Form

(Please complete a separate form for each well registered)

Additional well registration forms are available online at [www.edwardsaquifer.org](http://www.edwardsaquifer.org).

Is the well being registered due to a change in ownership?  Yes  No  
If yes, who was the previous owner? \_\_\_\_\_

<b>For EAA Use Only</b> Form: 121624 Entity #: E _____ Well #: W _____
---

### Part I – Well Owner Information

1.) Current Well Owner: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2.) Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

3.) Email Address: \_\_\_\_\_ Contact Preference:  Phone  Email

If the point of contact for the well is different from above, please provide:

1.) Contact's Full Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2.) Contact's Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

3.) Contact's Email Address: \_\_\_\_\_ Contact Preference:  Phone  Email

4.) Relationship to Owner \_\_\_\_\_

### Part II – Well Location

1.) Well Site Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

2.) Size of property where well is located: \_\_\_\_\_ (acres).

3.) If well location does not have a specific address, please provide a short description of the well location from the nearest intersection of two named public roads, streets, or highways: \_\_\_\_\_ (feet/miles) N S E W \_\_\_\_\_ from the corner of \_\_\_\_\_ and \_\_\_\_\_.

### Part III – Well Information: (Please answer to the best of your knowledge. For unknown information, mark blank(s) with N.A.)

1.) Please indicate source of groundwater:  Edwards Aquifer;  Other (specify) \_\_\_\_\_

2.) Is property serviced by a public water supply?  no  yes – name \_\_\_\_\_

3.) Well capacity (gallons per minute)? \_\_\_\_\_ 4.) Pump Size (hp)? \_\_\_\_\_ 5.) Year well drilled? \_\_\_\_\_

6.) Total depth of well? \_\_\_\_\_ ft. 7.) To what depth is the well cased? \_\_\_\_\_ ft.

8.) What is the well status?  In use;  Temporarily out of service;  Capped;  Abandoned

9.) Please indicate the purpose(s) of use (check all that apply):  Single Family Household;  
 Multiple Households;  Irrigation-Landscape/Garden/Orchard;  Irrigation-Crops;  Livestock;  Industrial;  
 Municipal;  Business/Commercial;  Other (specify) \_\_\_\_\_

10.) Is a copy of the State Well Report available?  no  yes (please provide a copy)

The information provided is accurate to the best of my knowledge. **E-signature or manual signature needed below.**

\_\_\_\_\_  
Manual or E-Signature of Well Owner or Authorized Agent

\_\_\_\_\_  
Date