

**GONZALES COUNTY UNDERGROUND WATER CONSERVATION DISTRICT
NOTICE OF INTENT TO DRILL TEST WELL FORM**

Owner/Operator Information

Facility Owner: _____ Phone: _____
Owner Address: _____
Facility Operator: _____ Phone: _____
Operator Address: _____

Well Location Information

Survey Name: _____ Abstract Number: _____
Latitude: _____ North Longitude: _____ West
Well Address/Location: _____
This well is located: _____ ft from the nearest property line

Well Construction/Completion Information

Name of Driller: _____ Texas Water Well Drillers License No.: _____
Proposed Depth of Well: _____ Aquifer: _____ Drilling Start Date: _____
Proposed Casing Size: _____ in dia.
Proposed Screen/Perforation Depths: _____ ft _____ ft _____ ft _____ ft

Testing Information

Proposed Geophysical Logs: _____
Proposed Formation Analyses: _____
Proposed Length of Aquifer Pumping Test: _____ hrs
Proposed rate of Pumping: _____ gpm
Proposed Water Sample Analyses: _____

Acknowledgments

I agree that this well will be drilled within 50 feet of the location specified, and that I will furnish the District a complete well registration form, if the well is not plugged and abandoned, a water well driller's log and any geophysical logs and analytical data that might be made within 60 days of completion of this well. I agree to abide by the District Rules, Management Plan, and orders of the Board of Directors.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

District Use Only

Date Application Received: _____ Date Fee Received: _____ Check No.: _____
Field Inspection Date: _____ Field Inspector: _____