NECHES & TRINITY VALLEYS
GROUNDWATER CONSERVATION DISTRICT

P.O. Box 1387 • 501 Devereaux St., Suite 201, Jacksonville, TX 75766
Phone: (903) 541-4845 • Fax: (903) 541-4869 • office@ntvgcd.org

NOTICE OF INTENT TO COMMENCE WELL CONSTRUCTION ACTIVITIES

FOR DISTRICT USE ONLY	
State/District Well No.: _____	Date Application Received: _____
Fee Received: $ _____ Paid By: _____	Date Received: _____
Date Approved: _____	Approved By: _____

Instructions: No later than three business days before beginning to drill, equip, or complete any well, substantially alter the size of a well or well pump, or convert an oil and gas well to a water well, the well owner or the well owner's driller must notify the District so a District representative may attend (§ 6.212). This notice is also required for wells exempt from a well construction permit (§ 6.202). The driller must confirm with the District that any required permit or registration is in effect and post a copy at the well site during construction (§ 6.216).

Part I. Owner / Permittee

Name: _____

Mailing Address (Street/PO Box, City, State, Zip): _____

Telephone: _____ Email: _____

Authorization (check one):

☐ Well Construction Permit No.: _____

☐ Exempt from well construction permit (§ 6.202) — Registration No.: _____

Part II. Well Location

Well Number / Name: _____

Well site physical (911) address: _____

County: _____ GPS Latitude: _____ Longitude: _____

Part III. Driller and Pump Installer

Driller: _____ License No.: _____ Phone: _____

Pump installer: _____ License No.: _____ Phone: _____

Part IV. Activity and Schedule

☐ Drill new well ☐ Drill test well(s) ☐ Equip / complete well

☐ Alter well or increase pump size ☐ Convert oil/gas well ☐ Replace well (§ 6.213)

Scheduled start date: _____ Time: _____ Estimated completion: _____

On-site contact and phone: _____

Part V. Test Well Final Location (§ 6.208) — complete after testing, if applicable

A permit holder may drill multiple test wells within 50 yards of the permitted location; the coordinates of the chosen location must be provided to the District.

Chosen well location — GPS Latitude: _____ Longitude: _____

Test wells to be plugged within 60 days (location of each): _____

_____

☐ Test well to be capped pending an operating permit or approved registration under § 5.501 (§ 6.208(b)) ☐ Test well proposed for conversion to monitoring well

Certification

I certify that the information in this notice is true and accurate to the best of my knowledge and belief.

Printed name: _____ Signature: _____ Date: _____