



1607 Avenue K
Hondo, Texas 78861
Telephone: 830.741.3162
Fax: 830.741.3540

Non-Exempt Wells: Registration/Construction Application (also requires an Operating Permit after)

Owner

Name: _____

Phone: (____) _____ - _____ Messaging is OK?: ☐ E-mail: _____

Current Mailing Address: _____

Purpose: New Well: ☐ Existing Well: ☐ Re-work: ☐ Replace: ☐ Re-equip: ☐ Plug: ☐

Use: Irrigation: ☐ Commercial: ☐ Municipal: ☐ Other: ☐ Other: _____

Well Site

Location/Street: _____ City/State Zip: _____

Will this be the new mailing address? Yes: ☐ No: ☐

Name of Subdivision (if any): _____ Lot#: _____ Blk #: _____

Latitude/Longitude (decimal degrees) _____ °N _____ °W

Are estimated coordinates: ☐ Are actual coordinates: ☐

Well Spacing

Distance of well from nearest intersecting property line (Min. 50 ft.): _____

Distance of well from septic system (Min. 100 ft.): _____ # Connections (if Municipal): _____

Acres Owned: _____ # Acres Irrigated (if): _____ System Type: _____

Description of other wells on property (if any): _____

Well Information (known or estimated)

Depth: _____ Aquifer: _____ Diameter of Casing: _____ Pump Size: _____

Agent Name and Address (if applicable): _____

Driller (required): _____

License Number (required): _____ Phone Number: (____) _____ - _____

Mailing Address: _____

To verify a Water Well Drillers, Pump Installers License (may be licensed in any Texas county), go to:
<https://www.tdlr.texas.gov/LicenseSearch/>

Is the well located in the Edwards Aquifer Recharge Zone? Yes: ☐ No: ☐

If yes, contact the Edwards Aquifer Authority for appropriate permit.

****Permit not valid for wells completed in the Edwards Aquifer****

Signature of Landowner or Agent _____ Dated _____ MCGWD General Manager _____ Dated _____

Two Hundred Fifty Dollar (\$250) Registration/Construction

OR Twenty Five Dollar (\$25) Plug _____ Check: _____ Cash: _____

Paid: _____ Payment received by: _____