

KENEDY COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 212
 SARITA, TX 78385
 PHONE: 361-294-5336
 FAX: 361-294-5244
 EMAIL: GENERAL_MANAGER@KENEDYGCD.COM

RECEIVED:

REPORT OF CHANGED WELL CONDITIONS OR OPERATIONS

Changes in well conditions or operations must be reported to the District under Rule 3.8. Changes may be processed administratively, may require an amendment to an existing operating permit, may make an exempt well be required to obtain an operating permit, and may make a well subject to the production limits of Rule 11. Based on the information provided in this Report, the District will inform the Well Owner whether additional steps are required under Rule 3.8.

Temporary State Well Number:	
District Well Number:	
Well Location (GPS co-ordinates):	

A. WELL OWNER INFORMATION

Name		Mailing Address	
City	State	Zip Code	Phone Number
Alternate Phone Number	Fax	Email	

AGENT'S INFORMATION (IF DIFFERENT FROM WELL OWNER)

Name		Mailing Address	
City	State	Zip Code	Phone Number
Alternate Phone Number	Fax	Email	

B. REASON(S) FOR REPORT:

	ORIGINAL (PERMITTED OR REGISTERED INFORMATION)	CHANGED CONDITIONS OR OPERATIONS:
Casing size		
Well depth		
Pump Size		
Pump Depth		
Production Capability/Pumping Capacity		
Purpose of Use (See Section H on Well Registration Application or Rule 2 Definitions)		
Approved Conservation Plan		

(Continued on next page)

	ORIGINAL (PERMITTED OR REGISTERED INFORMATION)	CHANGED CONDITIONS OR OPERATIONS:
Plugging of Well		
Well Ownership		
Status of Contiguous Acreage on which production limit is based (non-exempt wells only)		
Conditions related to in situ uranium mining described in Rule 11.2.C		
Other (please specify)		

C. SIGNATURE

By signing this form, I declare that the information provided in this form is true and correct, to the best of my knowledge and belief.

Signature of Well Owner or Authorized Agent: _____

Printed Name: _____ Date: _____

FOR DISTRICT USE ONLY	
No further action is necessary.	Yes _____
Approved by:	Date:
Additional action is necessary. Notified and provided appropriate forms.	Yes _____
Approved by:	Date: