



## Water Well and Auxiliary Water Source Registration Form

1300 7<sup>th</sup> Street, Wichita Falls, Texas 76307 Phone 940-761-7411 Fax 940-691-4121

City Ordinance, Division 6, Section 106-186 (k), requires any person or property that receives Water and/or Wastewater services from the City of Wichita Falls to register all Well and Auxiliary Water Sources. All existing, new or planned water wells, as well as, systems for hauled water and rainwater harvesting (storing more than 3000 gallons), and Graywater systems (producing more than 400 gallons per day), must be registered with the City of Wichita Falls Department of Public Works.

For wells or systems installed after November 20, 2015 (the effective date of the Ordinance), this form and the required attachments must be submitted for approval before any drilling/construction can begin. For all existing wells and systems completed before November 20, 2015, this form and form attachments are to be submitted to the Public Works Office at 1300 Seventh Street, Room 402, Monday-Friday 8:00 a.m.-5:00 p.m.

### Owner Information

Full Name:

*Last* *First* *M.I.*

Address:

*Street Address*

*City* *State* *Zip*

Home Phone:

Alternate Phone

E-mail Address:

Physical Address of Water Well or Auxiliary Source (if different from address above)

*Street Address*

*City* *State* *Zip*

### Type of System(s) & System Information

**NOTE:** Any system that is connected to the City's Municipal Supply or an in-ground, permanent irrigation system, will require a Reduced Pressure Zone (RPZ) backflow prevention device to be installed and tested by a licensed plumber annually. (30 TAC, §290.44(h), and 30 TAC, §290.44(j))

Is the Water Well or Auxiliary Water Source connected to the property plumbing that is connected to the City's Municipal Water Supply?

Yes  No

If "Yes", above, then does the properties plumbing system have a Backflow Prevention Device that has been tested by a licensed plumber within the last 12 months?

Yes  No

### Wells

Existing Well  New Well

Water Well Driller Name: \_\_\_\_\_

Water Well Driller License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Existing/Proposed Depth \_\_\_\_\_ Ft. Casing Diameter \_\_\_\_\_ in.

Existing Static Water Level \_\_\_\_\_ Ft. Casing Material \_\_\_\_\_

Year Drilled \_\_\_\_\_

### Auxiliary Water Sources

**Rain Water Harvesting**      or       **Hauled Water System**

# of Storage Vessels \_\_\_\_\_  
Total volume of water Stored \_\_\_\_\_ gallons

**Gray-water System**

Is Gray-water Pumped or Gravity?     Pumped       Gravity  
Total daily volume of water produced \_\_\_\_\_ gallons

### **Water Will Be Used For**

Irrigation

Commercial/Industrial

Other

Describe Use: \_\_\_\_\_

### **Location Information**

Attach a copy of an aerial map of the property, showing the specific location of all water well(s), rain water harvesting/hailed water system tanks or gray-water systems. Please use the following codes for identification.



= Water Well



= Tanks

Also, show the location of: buildings, metered and unmetered water services, backflow prevention devices, external potable or non-potable water piping and water storage tanks, gray-water storage tanks and drainage fields.

I hereby submit this registration to the City of Wichita Falls for the water well(s) or auxiliary water source described herein, and I agree to and certify that;

- a) I am the property owner or an Authorized Agent of the owner,
- b) The well or auxiliary water source appurtenances are within the location(s) specified, herein,
- c) I will avoid waste, achieve water conservation, protect groundwater quality and the City Utilities Infrastructure/easements,
- d) I will comply with all City and State well plugging and capping guidelines in effect at the time of well closure, and
- e) That each and all the statements herein are true and correct.

Owner signature or Authorized Agent\* (\*Notarized Proof of Authorization Required)

Date

State of Texas, County of \_\_\_\_\_ . SWORN TO AND SUBSCRIBED \_\_\_\_\_  
Before me by the said owner or agent on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public, State of Texas \_\_\_\_\_ My Commission Expires: \_\_\_\_\_