

**Corpus Christi Aquifer
Storage Recovery
Conservation District**

1201 Leopard St.
Corpus Christi, TX 78401
361-826-1600
361-826-1889 (fax)



District Use Only

Permit # -

CCASRCD Well # -

APPLICATION FOR EXEMPT WELL REGISTRATION

Application Date: _____

Complete one application for each well.

Part I – Well Owner and Driller Information:

Well Owner: _____ Phone: _____

Contact: _____ E-mail: _____ Fax: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Registrant: *(if other than owner or driller; include documentation of authority to construct/operate well on owner's property)*

_____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Date/Year Drilled: _____ *(Please note if date has been estimated.)*

Drilling Company: _____ Phone: _____

Driller Name: _____ License #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Part II – Well Location: **Asterisk indicates "if known"*

Well Site Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Latitude * _____ Longitude * _____ Survey Name * _____ Survey No. * _____

Abstract No. * _____ Section * _____ Block * _____

Attach a map or drawing adequate to locate well, or provide directions to well site from nearest State Highway.

