UPPER TRINITY GROUNDWATER CONSERVATION DISTRICT

Office Phone Number 817-523-5200
Toll Free 877-38UTGCD (877-388-8423)
ADDRESS: 1250 E. Hwy. 199, Springtown, TX
MAILING ADDRESS: UTGCD, P.O. Box 1749, Springtown, TX 76082

2011 WATER PRODUCTION REPORT
(for use by quarterly, semi-annual, or annual filers)

Instructions: Complete one form for each well. Sign form and return to Upper Trinity Groundwater Conservation District.

1. Name of Registrant: _____ Well/Registration Number: _____

2. No. of wells: _____ No. of well meters: _____ (attach additional forms as necessary for information on multiple wells in an aggregate system)

3. Reporting period beginning meter reading (as displayed on meter): _____ Date: _____

4. Reporting period ending meter reading (as displayed on meter): _____ Date: _____

5. 2011 Groundwater Withdrawal:

Report the amount of groundwater withdrawn for each month in gallons, not the actual meter readings (although monthly meter readings shall be available for inspection by the District during reasonable business hours).

Ex: Meter displays 200110 on January 1. On February 1, meter displays 201200. January's monthly use in gallons would be 1,090. Note: If your meter dial has a constant "0" or "00" located next to the rolling numbers, these zeros should be read as part of your total reading.

REPORTING PERIOD (circle Semi-Annual, Quarterly, or Annual; then circle correct reporting period)

SEMI-ANNUAL (CIRCLE ONE)	January-June	July-December

QUARTERLY (CIRCLE ONE) (available only to early payment incentive participants)	January–March	April-June	July-September	October-December

ANNUAL (available only for annual pre-pay participants)	(2011)

GROUNDWATER PRODUCTION

JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEPT		DEC	
TOTAL FOR REPORTING PERIOD=							

6. Water was used for (circle all that apply):

(1) Public Water Supply (2) Drilling or Oil & Gas Production (3.) Commercial/Small Business

(4) Other(Explain): _____

7. Was the water used at a location other than the location of the well? Yes_____No _____(If no, go to No. 11).

If yes, was it a Public Water System? Yes_____No _____(If yes, complete No. 8. If no, go to No. 9).

8. If you answered "yes" to No. 7, please provide an estimate of the total quantity of water lost that is attributable to system loss: Gallons or percentage of total annual production lost: _____; Sources of system losses: _____; Method(s) employed to address the system losses: _____

Gallons of Groundwater used by Fire Department or Emergency Services:_____
(emergency use only - attach additional sheets as necessary)

9. Location of the use of the water (Circle One): Onsite Offsite w/in District Out of District

10. Was the water sold on a retail or wholesale basis? Yes_____No_____If yes, name of person to whom it was sold_____; Quantity sold to each person_____(attach additional sheets as necessary)

11. How did you measure the water used in the chart in No. 5?

(1) Water Meter (2) Multiple Water Meters (3) Other (Explain) _____

12. Was any of this water transported for use outside of the District (outside of Montague, Parker, Wise, and Hood counties)? Yes _____No _____(If no, go to No. 13)

If yes, explain and complete chart below: (include amount transported): _____

GROUNDWATER TRANSPORTED

JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEPT		DEC	
TOTAL FOR REPORTING PERIOD=							

Did you use any surface water? Yes _____No _____ If yes, please state the amount and the purpose for which it was used _____

FEE PAYMENT

13. IF YOU HAVE INCLUDED ANY WATER USE FEE PAYMENTS OR GROUNDWATER TRANSPORT FEE PAYMENTS WITH THE SUBMISSION OF THIS REPORT, PLEASE INDICATE THE AMOUNT OF THE FEE PAYMENT(S) INCLUDED:

$_____for water use fees (2011 rate is $0.22 per 1000 gallons = total production under Question 5 in gallons times $0.22, then divided by 1000).

$_____for groundwater transport use fee (2011 rate is $0.11 per 1000 gallons transported = total amount transported under Question 12 in gallons times $0.11, then divided by 1000).

$_____Total amount due for reporting period.

AFFIRMATION

14. I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION INCLUDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE_____ SIGNATURE_____

TEL._____ PRINT NAME_____