

KENEDY COUNTY GROUNDWATER CONSERVATION DISTRICT

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SARITA, TX 78385
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FAX: 512-472-8403
EMAIL: GENERAL_MANAGER@KENEDYGCD.COM

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| <p>RECEIVED:</p> |
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WATER USE REPORT-TEMPORARY RIG SUPPLY

INSTRUCTIONS: Please refer to Kenedy County Groundwater Conservation District Rules 5.4 and 13 regarding recordkeeping and reporting for temporary rig supply water wells. Complete a separate form for each well being used as a temporary rig supply water well. This data should be reported in gallons. Sign and date the form and return by mail, facsimile or email (shown above). This report must be submitted to the District at the earlier of two dates: either January 15th of each year for the prior year, or within 15 days of discontinuation of the well for this use. **If during the period there has been no production from the well, submit this report showing no production.**

INFORMATION ABOUT OWNER OR OPERATOR OF WATER WELL BEING USED AS A TEMPORARY RIG SUPPLY

| | | | | | |
|---------------------------|--|------------------------------|--|-----------------|--|
| Name of Owner or Operator | | Contact Person, if different | | Mailing Address | |
| City | | State | | Zip Code | |
| Phone Number | | | | | |
| Alternate Phone Number | | Fax | | Email | |

District Registration Number: _____

Other Identifying Names for the Water Well: _____
 Coordinates in WGS 84 Decimal Degrees: _____

Start Date of Use of Water Well as Temporary Rig Supply: _____

Date of Discontinuation of Use as Temporary Rig Supply: _____

Method of Determining Monthly Water Production (For example, totalizing flow meter): _____

Data must be provided in gallons per month.

Reporting Year: 2011

| | |
|-----------|------------|
| JANUARY: | JULY: |
| FEBRUARY: | AUGUST: |
| MARCH: | SEPTEMBER: |
| APRIL: | OCTOBER: |
| MAY: | NOVEMBER: |
| JUNE: | DECEMBER: |

ANNUAL TOTAL: _____

SIGNATURE

By signing this form, I declare that the information provided in this "Water Use Report - Temporary Rig Supply" is true and correct, to the best of my knowledge and belief.

Signature of Well Owner/Operator or Authorized Agent:

Printed Name: _____ Date: _____

For further information, see District Rule 5.4 available at www.kenedygcd.com.

FOR DISTRICT USE ONLY

Report Submitted Timely: _____

Report Information Complete: _____