

**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)**  
**Permit Application to Operate, and Drill or Alter a Non-Exempt Well**

Well Number \_\_\_\_\_ (Assigned by POSGCD)

Application Date \_\_\_\_\_ (Date Received in POSGCD)

**IS THIS WELL WITHIN A SUBDIVISION? Yes: \_\_\_\_ No: \_\_\_\_**  
**(IF WITHIN A SUBDIVISION, PLEASE PROVIDE SUBDIVISION NAME)**

**PURPOSE FOR THIS APPLICATION:**

- \_\_\_\_ New Well
- \_\_\_\_ Replacement Well, if replacement please briefly explain \_\_\_\_\_
- \_\_\_\_ Alter an existing well, if altering well, please briefly explain \_\_\_\_\_

**A CHARGE OF \$25.00 WILL BE ASSESSED FOR ALL "RETURNED" CHECKS**

**Return this Form to: POSGCD, PO Box 92 (310 E. Ave. C), Milano, TX 76556**  
**Phone: 512-455-9900 FAX: 512-455-9909 Email: posgcd@tconline.net**

**SECTION I – APPLICANT**

NAME (First, Middle Initial, Last) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street (or PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Are you requesting an exemption under Post Oak Savannah GCD Rule 7.10 ? Yes \_\_\_\_ No \_\_\_\_  
If yes, please cite applicable rule, or explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II - FEE REQUIRED**

Instructions: Please type or print legibly. Incomplete applications will be returned to applicant

If the applicant intends to drill a new well, increase the size of an existing well, increase the size of a pump on an existing well, or replace a permitted well, then a **\$100 FEE PER EXISTING, OR PROPOSED WELL** must accompany this application. Only personal or cashier's checks or money orders made out to Post Oak Savannah Groundwater Conservation District will be accepted. **NO CASH PLEASE.** The applicant may be required to submit any additional information identified by the board during the permitting process as reasonably required or beneficial to the District's decision. Additional funds may be required from the applicant if necessary to complete the District's cost of processing the application.

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**SECTION III – AUTHORIZATION TO DRILL**

HAS ANY PART OF THE WATER RIGHTS OF THE PROPERTY FOR THIS WELL BEEN LEASED, SOLD, OR TRANSFERRED? Yes \_\_\_\_\_ No \_\_\_\_\_

**If answer is yes, or if Name and Address of Property Owner is Different from Person Shown in Section I, please complete this section:**

\_\_\_\_\_  
Name (First, Middle Initial, Last)

Street (or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is copy of Authorization to drill on Property attached according to rule 7.4.4? Yes \_\_\_\_\_**

**SECTION IV – MAP & SPACING**

**Must answer yes to each of the following for this application to be complete:**

**Is map of area according to Rule 7.4.4 attached? Yes \_\_\_\_\_**

**Is proof of satisfaction of spacing requirement according to Rule 4.1 attached? Yes \_\_\_\_\_**

**SECTION V – PURPOSE FOR WATER USE**

Type of Well: (Check One) \_\_\_ Domestic \_\_\_ Municipal \_\_\_ Irrigation \_\_\_ Other

**If other, explain:** \_\_\_\_\_

**List Proposed Usage of Water Produced from Well and the Amount of Usage including conjunctive use.**

Use \_\_\_\_\_ Amount Used \_\_\_\_\_ gallons/day.

Use \_\_\_\_\_ Amount Used \_\_\_\_\_ gallons/day.

Use \_\_\_\_\_ Amount Used \_\_\_\_\_ gallons/day.

**Total Amount to be Used:** \_\_\_\_\_ gallons/day.

**Location of Water Usage:**  
\_\_\_\_\_

**Proposed Rate at Which Water Will Be Withdrawn:** \_\_\_\_\_ gallons/min.

**Total amount of Water requested per year** \_\_\_\_\_ acre feet (1 acre foot = 325,851 gallons)

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**SECTION VI – PLANS**

Please attach copies of the following Studies or Plans, or indicate :

Well Closure Plan \_\_\_ Alternative Supply Plan \_\_\_ Conservation Plan \_\_\_ Drought Contingency Plan \_\_\_

AQUIFER IMPACT STUDY \_\_\_\_\_

\_\_\_\_\_**Declaration to abide by all Rules and Management Plan of the District** (found in Section VIII)

*\*\*In lieu of submitting these plans the applicant may declare that he/she will abide by the District's Rules and Management Plan as they pertain to these items.*

**SECTION VII – WELL INFORMATION**

**PLEASE PROVIDE WELL INFORMATION (POSGCD can help with this Section).**

**Well Location: (Directions to Well Site from nearest state or federal highway):**

**Begin at:** \_\_\_\_\_, **and then go** \_\_\_\_\_,  
**and then go,** \_\_\_\_\_, **and then go** \_\_\_\_\_,  
**and then go** \_\_\_\_\_, **and then go** \_\_\_\_\_.

**Well is Located in: Milam County:** \_\_\_\_\_ **Burleson County:** \_\_\_\_\_

Please attach copies of the following Schedules or Logs, if available:

**Driller's Schedule:** \_\_\_\_\_ **Driller's Log/Report:** \_\_\_\_\_ **Electric Log:** \_\_\_\_\_

**Date Well Drilled:** \_\_\_\_\_ **Driller's Name:** \_\_\_\_\_ **Driller's License No:** \_\_\_\_\_

**Well Depth:** \_\_\_\_\_ **feet**    **Diameter of Hole:** \_\_\_\_\_ **inches**    **Diameter of Pipe:** \_\_\_\_\_ **inches**

**Pump Set at (Depth of Lift):** \_\_\_\_\_ **feet**    **Depth to Water:** \_\_\_\_\_ **feet**

**Pump Size:** \_\_\_\_\_ **horse power**    **Well Capacity:** \_\_\_\_\_ **gallons per minute**

**Pump Power Source:** \_\_\_\_\_ **Type of Pump:** \_\_\_\_\_

**Request for Well to be Aggregate with other wells? Yes** \_\_\_ **No** \_\_\_ **If yes, list wells below:**

**Aquifer & Formation Water is drawn from:** \_\_\_\_\_

**Total acreage that overlies the aquifer and formation listed above from which the applicant has the right to produce groundwater (Rule 7.4.4). Total Acres** \_\_\_\_\_

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**SECTION VII (continued)**

The total number of acres that overlies the aquifer and formation listed above that is contiguous to the well list and located above (Rule 7.4.4). Total Acres \_\_\_\_\_

Latitude Location of Well: \_\_\_\_\_ Longitude Location of Well: \_\_\_\_\_

Surface Elevation: \_\_\_\_\_ feet above sea level

**SECTION VIII - FEES**

Has appropriate fee been paid to District to process this application?

YES                      NO                      AMOUNT PAID \$

**SECTION IX – ATTACHMENTS (please list all items attached to this permit)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION X – AFFIRMATION AND EXECUTION**

I certify that all statements and information in this application are true and correct. If the name and address in Section II of this application is different than that in Section I, I also certify that I have authorization to act on behalf of the person(s) in Section II and that I also have authorization to produce groundwater from this well. I further declare that all groundwater withdrawn will be put to beneficial use at all times. If I have chosen the Declaration option in Section IV, I here by declare that I will abide by all Rules and the Management Plan of the District according to the District's Rule 7.4.4 D,F,& G concerning these items.

\_\_\_\_\_  
Signature of Applicant

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on (date) \_\_\_\_\_

By (applicant) \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
Notary Signature

**Can be notarized by any Notary of your choice or at the POSGCD Office.**