

**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT  
APPLICATION FOR RECORDING AN EXEMPT WELL**

*According to the rules of the Post Oak Savannah Groundwater Conservation District all groundwater wells in Milam and Burleson Counties must be recorded with the District by December 30, 2006.*

Please fill in all information on this form.

\_\_\_\_\_ **IS THIS WELL WITHIN A SUBDIVISION? Yes** \_\_\_ **No** \_\_\_  
State Well Number (if available) \_\_\_\_\_  
SUBDIVISION NAME: \_\_\_\_\_

**Application Date**

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](mailto:posgcd@tconline.net)

\*\*\*Please note: A copy of the District's Rules may be obtained by contacting the District office listed above.

**SECTION I – APPLICANT**

Name (First, Middle, Last) \_\_\_\_\_ Phone \_\_\_\_\_  
Street (or PO Box) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Have the water rights to the property containing this well been leased, sold, or transferred to another party? Yes** \_\_\_ **No** \_\_\_

**SECTION II – EXEMPTION**

**Request for Exemption under Post Oak Savannah Groundwater Conservation District Rule 7.10: Yes** \_\_\_ **No** \_\_\_

TYPE OF EXEMPTION CLAIMED:

\_\_\_\_\_ A well used solely for domestic needs and that is incapable of producing more than 25,000 gallons per day.

\_\_\_\_\_ A well used for water for feeding livestock or poultry that is drilled or equipped that is incapable of producing more than 25,000 gallons of groundwater per day.

\_\_\_\_\_ Other (Please list Rule Cited & Explanation)  
\_\_\_\_\_

\*\*\*Please contact the district office if your well does not qualify for Exempt Well status according to the guidelines listed above.

**SECTION III – WELL INFORMATION**

**PLEASE PROVIDE WELL INFORMATION (POSGCD may be able to help with this Section).**

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

If available-Latitude Location of Well \_\_\_\_\_ & Longitude Location of Well: \_\_\_\_\_

Well Location: (Directions to Well Site from nearest State or Federal Highway):

Begin at: \_\_\_\_\_ then go \_\_\_\_\_

then go \_\_\_\_\_ then go \_\_\_\_\_

then go \_\_\_\_\_ then go \_\_\_\_\_

**SECTION V – AFFIRMATION AND EXECUTION**

**I certify that all statements and information in this application are true and correct to the best of my knowledge based on the information give to me.**

\_\_\_\_\_  
Name of individual providing information

\_\_\_\_\_  
Name of company or person filing application