

**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT**

**P. O. Box 92  
Milano, Tx. 76556  
512/455-9900**

**TRANSPORT PERMIT APPLICATION**

Application Date \_\_\_\_\_

**SECTION I – APPLICANT**

NAME (First, Middle Initial, Last) \_\_\_\_\_ Phone Number \_\_\_\_\_

Principal Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

Physical Address of Principal Office: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

**SECTION II – NATURE AND PURPOSE FOR GROUNDWATER USAGE**

**\*\*Include any Conjunctive uses**

State the proposed nature and purpose and list proposed usage of groundwater produced from wells and the amount of usage

Nature and purpose: \_\_\_\_\_

Use \_\_\_\_\_ Amount Used (gal./day) \_\_\_\_\_

Nature and purpose: \_\_\_\_\_

Use \_\_\_\_\_ Amount Used (gal./day) \_\_\_\_\_

Total Amount to be Used (gal./day) \_\_\_\_\_

Location of Water Usage \_\_\_\_\_

Total Proposed Rate at Which Water Will Be Transported: \_\_\_\_\_ gallons/min

Total Proposed Amount of Water to Be Transported Annually: \_\_\_\_\_ acre feet

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**SECTION III – WELL INFORMATION**

Please provide information for each well which will be used to provide groundwater for this permit:

\*\*If more entries are needed please attach an amendment sheet to this form

**POSGCD Well Number:** \_\_\_\_\_

**Landowner Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

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

**Location of well: Latitude** \_\_\_\_\_ **Longitude** \_\_\_\_\_

**Description of physical location** \_\_\_\_\_

**Date Drilled:** \_\_\_\_\_ **Driller's Name & Lic. #:** \_\_\_\_\_

**Well Depth:** \_\_\_\_\_ **feet**   **Pump Set at:** \_\_\_\_\_ **feet**   **Depth to Water:** \_\_\_\_\_ **feet**

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

**Proposed rate of pumpage (gal./min.)** \_\_\_\_\_

**Type of Use of Water:** \_\_\_\_\_ **gallons per day:** \_\_\_\_\_

**Type of Use of Water:** \_\_\_\_\_ **gallons per day:** \_\_\_\_\_

**Total Use in gallons per day:** \_\_\_\_\_

**Aquifer Water is Drawn From:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**What additional information about this well was attached to this application?** \_\_\_\_\_

\_\_\_\_\_

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**SECTION IV – PLANS**

Indicate the anticipated time within which any proposed construction or alteration of the transport facilities is to begin: From \_\_\_\_\_ to \_\_\_\_\_

State the presently anticipated duration for the proposed transport of groundwater:

From \_\_\_\_\_ to \_\_\_\_\_

Indicate if Following items (Rule 8.2.2.h) are attached:  
(All answers must be “Yes” before this application can be considered complete)

- |   |          |         |
|---|----------|---------|
| 1. Groundwater Conservation Plan                | Yes_____ | No_____ |
| 2. Groundwater Conservation Goals               | Yes_____ | No_____ |
| 3. Alternative Supply Plan                      | Yes_____ | No_____ |
| 4. Description of proposed transport facilities | Yes_____ | No_____ |
| 5. Groundwater Delivery Amendment               | Yes_____ | No_____ |

(If the water is to be resold to others, provide a description of the applicant's service area, metering, leak detection and repair program for its water storage, delivery and distribution system, drought or emergency water management plan, and information on each subsequent customer's water demands, including population and customer data, water use data, water supply system data, alternative water supply, water conservation measures and goals, conjunctive use, and the means for implementation and enforcement of all applicable rules, plans, and goals.)

6. Additional Information to Aid the Board \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

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**SECTION VI – AFFIRMATION AND EXECUTION**

**I certify that all statements and information in this application are true and correct. I also declare that all groundwater withdrawn will be put to beneficial use at all times, and that I will abide by the Management Plan and Rules of the Post Oak Savannah Groundwater Conservation District .**

\_\_\_\_\_  
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,**