**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT**

**APPLICATION FOR COST SHARE ASSISTANCE IN PLUGGING A WELL**

**POSGCD Cost Sharing Program: The district will pay 75% of the plugging cost, not to exceed $1000 for any one well. To be considered the well must have been registered with the district prior to the end of previous year, and must meet the State definition of an "abandoned well". Funds for this program are limited. Financial need will be considered in reviewing applications. Please call the District office with any questions or for assistance in filling out this form.**

Please return this completed 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

| POSGCD Certificate # | State Well Number(if available) | Application Date | Date Received |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

**WELL OWNER**

_____ _____

**NAME (First, Middle Initial, Last)** **Phone Number**

**Street (or PO Box)** _____

**City:** _____ **State:** _____ **Zip:** _____

**Contact person if other than owner:** _____

**Address:**_____ **city:**_____ **state:**___ **zip:**_____ **phone #:** _____

**WELL INFORMATION**

**Well is Located in: Milam County: ___ Burleson County: ___ Is well still in use?_____**

**Well Location: (Please write directions to well site from nearest State or Federal Highway):**

**Begin at:** _____ **then go** _____
**then go** _____ **then go** _____
**then go** _____ **then go** _____

******Please attach copies of the State of Texas Well Report or Drillers Schedules or Logs, if available.**

**If this well is located in a subdivision please give name:**_____

**Date Well Drilled:** _____ **Hand Dug or Drilled?** _____

**Type of Well: Domestic____ Irrigation____ Municipal____ Other**_____

**Aquifer and Formation Water was drawn from:**_____

**Latitude:** _____ **Longitude:** _____ **Surface Elevation:** _____

**List equipment remaining in well:** _____

**POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT**
**APPLICATION FOR COST SHARE ASSISTANCE IN PLUGGING A WELL**

**Please provide information to support your request for financial assistance in plugging this well:**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**(Include additional sheets if necessary)**

**AFFIRMATION AND EXECUTION**

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

_____
Signature of Applicant

THE STATE OF **TEXAS**
COUNTY OF _____

This instrument was acknowledged before me on _____

by _____.

**(NOTARY SEAL)**

_____
Notary Signature

**Can be notarized by any Notary or at the POSGCD offices.**

**For District Office Use Only:**

**Comments / Notes: _____**

_____

_____

_____

**Well Inspected by: _____ Date: _____**