

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

Return this completed form to: POSGCD, PO Box 92, Milano, TX 76556
Phone: 512-455-9900 FAX: 512-455-9909 Email: admin@posgcd.org
Please type or print legibly. Incomplete applications will be returned to applicant

Application Date (Date Received in POSGCD)

Well Number (Assigned by POSGCD)

IS THE PROPERTY WHERE THIS WELL IS OR WILL BE LOCATED WITHIN A SUBDIVISION OR CITY? Yes ___ No ___

IF ANSWERED "YES", NAME OF SUBDIVISION OR CITY: _____

PURPOSE FOR THIS APPLICATION (Choose one):

- ____ New Well
- ____ Replacement Well, if replacement please briefly explain

- ____ Alter an existing well, if altering well, please briefly explain

- ____ Operate an existing well
- ____ Other (explain) _____

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

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 Districts' decision. Additional funds may be required from the applicant if necessary to complete the District's cost of processing the application.

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

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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 and attach proof of authorization to drill and produce groundwater:

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.

Aquifer & Formation Water is to be drawn from: _____

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

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:** _____

Well Coordinates: Latitude: _____ **Longitude:** _____

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:**

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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)

____ Map of location showing spacing (Required)

____ Unique Property description (Required)

Other _____

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 in the presence of any Notary of your choice. We have a Notary at the POSGCD Office.

THIS SPACE FOR OFFICE USE ONLY

Notes: _____
