

POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)

Application for Cost Share Assistance in Plugging a Well

Return this completed form to: POSGCD, PO Box 92 (310 East Ave. C), 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.

POSGCD Cost Sharing Program: The district will pay 100% of the plugging cost, not to exceed \$2,500.00 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.

 POSGCD Certificate # State Well # (if available) Application Date Date Received

Well Owner

Name: _____ Phone: _____
 (First, Middle, Last)
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact person if other than owner: _____
 Address: _____ City, State, Zip: _____ Phone: _____

Well Information (POSGCD can assist 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 Is well still in use? _____

****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 provide 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: _____



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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 (date) _____

by (applicant) _____

(NOTARY SEAL)

Notary Signature

Can be notarized in the presence of any Notary of your choice. There is a Notary at the POSGCD office.

FOR OFFICE USE ONLY

Notes: _____

Well inspected by: _____ Date: _____

