

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
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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 _____

by _____.

(NOTARY SEAL)

Notary Signature

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

For District Office Use Only:

Comments / Notes: _____

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