

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)

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