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: _____ Email: _____

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: _____