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	e # State Well # (if a	vailable) Applic	ation Date	Date Received	
Well Owner					
Name: (First, Middle, Last)			Phone:		
Address:			Email:		
City:		State:	Zip:		
Contact person if other than owner:					
Address:	City, State, Zip:		Phone	e:	
Well Information (POSGCD can assist with this Section)					
Well location (directions to well site from nearest state or federal highway):					
Begin at	at		and then go		
and then go		and then go	and then go		
and then go		and then go	and then go		
Well is located in:	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:	Il drilled: Hand dug or drilled				
Type of well:	Domestic Irrigatio	n Municipal	Other		
Aquifer and formation water was drawn from:					
Latitude:	Longitude:		Surface Elevati	ion:	
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 asknowledged before me on (deta)
This instrument was acknowledged before me on (date)
by (applicant)
(NOTARY SEAL) Notary Signature
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:
POSGCD FORM 3002 Application for Cost Share Assistance in Plugging a Well
9/21/18