

# POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)

## Aquifer Conservancy Program – Application for Registration

**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:** [admin@posgcd.org](mailto:admin@posgcd.org)

PLEASE TYPE OR PRINT LEGIBLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

This form is intended to register a property in the District’s Aquifer Conservancy Program. Please complete a new application for each property that the applicant requests to enroll.

### SECTION 1: APPLICANT

NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### SECTION 2: PROPERTY INFORMATION

Must provide one of the following: (Check one)

Deed with Property Description (Attach Document)

Property ID from County Appraisal District

PROPERTY ID (If applicable): \_\_\_\_\_ TOTAL ACRES: \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_ BURLESON COUNTY. \_\_\_\_\_ MILAM COUNTY

OWNERSHIP PERCENTAGE OF ACREAGE/PERCENT ENROLLED: \_\_\_\_\_

DOES THIS PROPERTY HAVE A GROUNDWATER LEASE? YES NO EXPIRATION DATE: \_\_\_\_\_

DOES THIS PROPERTY HAVE A PERMITTED WELL? YES NO IF NO, SKIP TO NEXT SECTION.

IF ANSWERED YES ABOVE, PROVIDE THE FOLLOWING INFORMATION:

PERMIT NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

TOTAL ACRE-FEET PERMITTED: \_\_\_\_\_



POSGCD FORM 3003

Application to Register for Aquifer Conservancy Program

Last Updated 3/21/19

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### SECTION 3: APPLICANT'S OWNERSHIP INFORMATION

Check the appropriate box for classification of the person(s)/entity who are considered owners of the property

Individual/ sole proprietor     Trust/estate     Corporation

Partnership     LLC/LLP     UNDIVIDED INTEREST

NAME(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF YOU HAVE ADDITIONAL NAMES, LIST THEM ON THE BOTTOM OF THIS FORM

IF TRUST/ESTATE, NAME OF TRUSTEE AND PROPER NAME OF TRUST OR ESTATE MUST BE PROVIDED:

\_\_\_\_\_

IF CORPORATION, NAME OF OFFICER AND TITLE MUST BE PROVIDED:

\_\_\_\_\_

IF PARTNERSHIP, NAMES OF GENERAL PARTNERS OR NAME OF MANAGING PARTNER AND TITLE MUST BE PROVIDED:

\_\_\_\_\_

IF LIMITED LIABILITY COMPANY, NAMES OF MEMBERS OR MANAGERS AND TITLE MUST BE PROVIDED

\_\_\_\_\_



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HOW MANY ACRES WILL BE ENROLLED? \_\_\_\_\_

CHOOSE THE LENGTH OF COMMITMENT

\_\_\_ 5YRS/\$5PER ACRE PER YEAR. \_\_\_ 10 YRS/\$8 PER ACRE PER YEAR. \_\_\_ 20 YRS/\$10 PER ACRE PER YEAR

\_\_\_ 20 YRS/ \$0 PER ACRE PER YEAR

A ONE TIME, \$10 PER ACRE, SIGNUP BONUS IS AVAILABLE IF YOU SIGN UP BY AUG 31, 2019 (Assuming you qualify for the program)

How did you hear about our program: \_\_\_ Ambassador \_\_\_ Newsletter Mail-out \_\_\_ Friend

\_\_\_ Email \_\_\_ Other \_\_\_\_\_

I/We \_\_\_\_\_ (Applicant(s)) attest that all information is true and correct. I/We further acknowledge that I/we have read the Aquifer Conservancy Program requirements and state that I/we meet the qualifications for the Aquifer Conservancy Program, including that the Property indicated herein is eligible to be part of such Program. My/Our signature(s) acknowledges that I/we will follow the applicable provisions of the Program established by POSGCD.

Individual Landowners

By: \_\_\_\_\_  
Name: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_

Trust Name: \_\_\_\_\_

By: \_\_\_\_\_

Name:

Title: As Trustee for the \_\_\_\_\_ Trust



# POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)

## Aquifer Conservancy Program – Application for Registration

Corporation Name:

\_\_\_\_\_

By: \_\_\_\_\_

Name \_\_\_\_\_

Title: (Corporate Officer) \_\_\_\_\_

Partnership Name:

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: (General or Limited Partner) \_\_\_\_\_

Limited Liability Company Name:

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: (Member/Manager) \_\_\_\_\_

