

# POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD) Permit Application to Drill or Alter and Operate a Non-Exempt 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](mailto:admin@posgcd.org)  
Please type or print legibly. Incomplete applications will be returned to applicant.

Application Date: \_\_\_\_\_ Well Number: \_\_\_\_\_  
Date received by POSGCD Assigned by POSGCD

Is the property where this well is or will be located within a subdivision or city? Yes No

If yes, please write the name of the subdivision or city: \_\_\_\_\_

## PURPOSE FOR THIS APPLICATION (*Choose one*)

New well

Replacement well; if selected, please briefly explain: \_\_\_\_\_

Alter an existing well; if selected, please briefly explain: \_\_\_\_\_

Operate an existing well

Other; if selected, please briefly explain: \_\_\_\_\_

## SECTION 1: APPLICANT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you requesting an exemption under Post Oak Savannah GCD Rule 7.10? Yes No

If yes, please cite applicable rule, or explain: \_\_\_\_\_

## SECTION 2: FEE REQUIRED

If the applicant intends to drill a new well, increase the size of an existing well, increase the size of a pump on an existing well, or replace a permitted well, then a **\$100 NON-REFUNDABLE FEE PER EXISTING, OR PROPOSED WELL** must accompany this application. The applicant may be required to submit any additional information identified by the board during the permitting process as reasonably required or beneficial to the Districts' decision. Additional funds may be required from the applicant if necessary to complete the District's cost of processing the application.

A charge of \$25.00 will be assessed for all "returned" checks.



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**SECTION 3: AUTHORIZATION TO DRILL**

Has any part of the water rights of the property for this well been leased, sold, or transferred? Yes  No

**If yes, or if the name and address of the property owner is different than the person shown in Section 1, please complete this section and attach proof of authorization to drill and produce groundwater:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is a copy of authorization to drill on property attached according to Rule 7.4.4? Yes  No

**SECTION 4: MAP & SPACING**

**You must answer yes to each of the following for this application to be complete:**

Is map of area according to Rule 7.4.4 attached? Yes

Is proof of satisfaction of spacing requirements according to Rule 4.1 attached? Yes

**SECTION 5: PURPOSE FOR WATER USE**

Type of well (Check one):  Domestic  Municipal  Irrigation  Other

If other, please explain: \_\_\_\_\_

**List proposed usage of water produced from well and the amount of usage, including conjunctive use.**

Use: \_\_\_\_\_ Amount Used: \_\_\_\_\_ gallons/day.

Use: \_\_\_\_\_ Amount Used: \_\_\_\_\_ gallons/day.

Use: \_\_\_\_\_ Amount Used: \_\_\_\_\_ gallons/day.

**Total Amount to be used:** \_\_\_\_\_ gallons/day.

Location of water usage: \_\_\_\_\_

Proposed rate at which water will be withdrawn: \_\_\_\_\_ gallons/minute.

Aquifer & Formation water is to be drawn from: \_\_\_\_\_

The total number of acres that overlies the aquifer and formation listed above that is contiguous to the well listed and located above (Rule 7.4.4): \_\_\_\_\_ total acres.

Total amount of water requested per year: \_\_\_\_\_ acre feet (1 acre foot = 325,851 gallons)



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### SECTION 6: PLANS

Please attach copies of the following studies or plans, or indicate:

Well Closure Plan      Alternative Supply Plan      Conservation Plan      Drought Contingency Plan

Aquifer Impact Study: \_\_\_\_\_

Declaration to abide by all Rules and the Management Plan of the District (found in Section 8).  
*\*\* In lieu of submitting these plans, the applicant may declare that he/she will abide by the District's Rules and Management Plan as they pertain to these items.*

### SECTION 7: 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

Well coordinates:              Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Please attach copies of the following schedules or logs, if available:

Driller's Schedule                      Driller's Log/Report                      Electric Log

Date well drilled:	Driller's name:	Driller's license number:
Well depth (feet):	Diameter of hole (inches):	Diameter of pipe (inches):
Pump set at (depth of lift in feet):	Depth to water (feet):	Pump size (horse power):
Well capacity (gallons/minute):	Pump power source:	Type of pump:

Request for well to be aggregate with other wells?      Yes      No      If yes, list wells below:  
 \_\_\_\_\_  
 \_\_\_\_\_



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**SECTION 8: Attachments**

Please list all items attached to this permit:

Map of location showing spacing (REQUIRED)

Unique property description (REQUIRED)

Other: \_\_\_\_\_

**SECTION 9: Affirmation and Execution**

I certify that all statements and information in this application are true and correct. If the name and address in Section 3 of this application is different than that in Section 1, I also certify that I have authorization to act on behalf of the person(s) in Section 2 and that I also have authorization to produce groundwater from this well. I further declare that all groundwater withdrawn will be put to beneficial use at all times. If I have chosen the Declaration option in Section 6, I hereby declare that I will abide by all Rules and the Management Plan of the District according to the District's Rule 7.4.4 D, F, G, and H concerning these items.

\_\_\_\_\_  
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**

Has appropriate fee been paid to District to process this application?      Yes      No      Amount Paid:

Is Applicant current with District Rules?      Yes      No

Is application administratively complete?      Yes      No

Date of hearing (if applicable): \_\_\_\_\_

Notes: \_\_\_\_\_

