

POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)
Application to Drill, Alter and/or Operate an 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
Please type or print legibly. Incomplete applications will be returned to applicant.

Application Date: _____ Well Number: _____
Date received by POSGCD Assigned by POSGCD

PURPOSE FOR THIS APPLICATION (Choose one)

- New well
- Replacement well; please briefly explain: _____
- Existing well; please briefly explain: _____

SECTION 1: APPLICANT

Name: _____ Phone: _____
(First, Middle, Last)
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

SECTION 2: 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 affidavit of authorization to drill and produce groundwater:

Name: _____ Phone: _____
(First, Middle, Last)
Address: _____
City: _____ State: _____ Zip: _____

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

SECTION 3: EXEMPTION

Request for exemption under POSGCD District Rule 7.10? Yes No

Type of exemption claimed:

- A well used solely for domestic needs and that is incapable of producing more than 25,000 gallons per day
- A well used for water for feeding livestock or poultry that is drilled or equipped that is incapable of producing more than 25,000 gallons per day
- A well used to supply water to a rig used for exploration of oil and/or gas
- Other; please explain: _____



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SECTION 4: DEPOSIT REQUIRED FOR NEW WELL

If the applicant intends to drill a new well, a well log deposit of **\$100 PER PROPOSED WELL** must accompany this application. The entire deposit may be refunded according to the rules of the District. If the applicant intends to increase the size of an existing well, increase the size of a pump on an existing well, or replace a permitted well, such that the completed well is an exempt well according to the rules of the District, then there is no deposit required. The applicant may be required to submit any additional information identified by the board during the application process as reasonably required or beneficial to the District's 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.

Has appropriate deposit fee been paid to District to process this application? Yes No

SECTION 5: WELL INFORMATION (POSGCD can assist with this Section)

If this well is in, or will be in, a subdivision, please provide subdivision name: _____

Well location:

Well is located in: Milam County Burleson County

Physical Address: _____

Well Coordinates: Latitude: _____ Longitude: _____

Well / Pad Name: _____ Proposed Depth: _____

Proposed Production Rate: _____ gpm Total estimate of water used (rig supply only): _____ gallons

SECTION 6: QUALIFICATION FOR WELL ASSISTANCE

_____ I acknowledge, by initialing, that I have been made aware of the Driller's Guidance Document and the qualifications for participation in the District's Groundwater Well Assistance Program (GWAP) and fully understand my responsibility as the applicant for this water well. I understand that the Driller's Guidance Document and its by-products are a recommendation and not a requirement. I further understand, that by not following the recommendations, this water well may not meet qualifications of the GWAP.

SECTION 7: ATTACHMENTS

Please attach the **REQUIRED** documents to complete this application:

- Property description or Deed (REQUIRED)
- Map or Plat of well location (REQUIRED)
- Affidavit of Authorization to Drill (IF NECESSARY)
- Variance of Well Spacing (IF NECESSARY)

SECTION 8: AFFIRMATION AND EXECUTION

I certify that all statements and information in this application are true and correct. If the name and address in Section 2 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, 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

