

# POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT (POSGCD)

## Aquifer Conservancy Program – Application for Registration

**Return this completed form to:** PO Box 92 (310 E. Ave. C), Milano, TX 76556

**Phone:** 512-455-9900

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

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

[ ] Deed with Property Description (Attach Document)

PROPERTY ID: \_\_\_\_\_ TOTAL ACRES TO ENROLL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

#### TERMS OF THE CONTRACT

___ 5 years - \$10 per acre, per year	___ 20 years* - no payment
___ 10 years - \$16 per acre, per year	___ 30 years - \$30 per acre, per year
___ 20 years - \$20 per acre, per year	___ 50 years - \$50 per acre, per year

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.

Land Owners By: \_\_\_\_\_ By: \_\_\_\_\_

Referred by (include name, mailing address, & phone): \_\_\_\_\_

