

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 **Email:** mredman@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

If other than New Well, please explain purpose briefly:

Replacement well

Alter an existing well

Operate an existing well

Other

SECTION 1: APPLICANT

Name: _____ Phone: _____
First, M.I., Last, Suffix (Sr, Jr, II, III, etc.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

If yes, please cite applicable rule, or explain _____

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, as per Rule 7.4.4(b).

Name: _____ Phone: _____
First, M.I., Last, Suffix (Sr, Jr, II, III, etc.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is the affidavit of authorization to drill and produce groundwater attached? Yes No



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SECTION 3: REQUIRED FEE

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. If the applicant intends to drill a new well, or use an existing well for the intended purpose of **FRAC USE**, then a **\$300 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.**

SECTION 4: PURPOSE FOR WATER USE

Primary Use: _____ Secondary Use: _____

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**

Proposed rate at which water will be withdrawn: _____ gallons/minute

Aquifer or Formation water is to be withdrawn from: _____

The total number of acres that overlies the aquifer or formation listed above that is contiguous to the well being applied for: _____ acres

Location of water usage: _____

Total amount of water requested per year: _____ **Acre-Feet** (1 acre-foot = 325,851 gallons)

SECTION 5: PLANS AND STUDIES

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

Well Closure Plan Alternative Supply Plan Conservation Plan Drought Contingency Plan

Aquifer Impact Study Monitoring Plan

Declaration to abide by all Rules and the Management Plan of the District

***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.*



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SECTION 6: WELL INFORMATION

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

If yes, please indicate the name of the subdivision or city: _____

Well is located in: Burleson County Milam County

Physical Address: _____

Well Coordinates: Latitude: _____ Longitude: _____

Well (Lease) Name: _____

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

Driller's Schedule

Driller's Well Log/Report

Electric Log

Please fill in table with existing or proposed well information:

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 (horsepower):
Well Capacity (gallons/minute):	Pump power source:	Type of pump:

Request for well to be aggregated with other wells? Yes No

If yes, please list wells (by District ID or Permit number): _____

SECTION 7: 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 8: ATTACHMENTS

Please indicate all attachments included with this application. REQUIRED items shall be included for this application to be complete.

Property Description or Deed (REQUIRED)

Map or Plat of property (REQUIRED)

Map showing location and spacing (REQUIRED)

Affidavit of Authorization to Drill

Variance of Well Spacing

Groundwater Lease or similar documentation

List of Oil and/or Gas wells to be Fractured (FRAC USE ONLY – REQUIRED)



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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 here by 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

