



Brazos Valley Groundwater Conservation District

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District Use Only
Permit No. _____
BVGCD Well No. _____

APPLICATION FOR DRILLING OR OPERATING PERMIT

One (1) Year _____ Five (5) year _____

A \$100 fee is due upon submittal of this application for each well requested.

1. Applicant(s) Information:

(a) If the applicant is more than one individual or entity with different residences, attach a written affidavit executed by each individual and/or entity with an interest or their legal representatives describing their respective interests in the well(s), listing their names and addresses, and designating a contact person.

(b) If the applicant is a corporation, partnership, retail water supplier or other business association, state its name and address below and attach written documentation that the contact person is authorized to represent the applicant.

Note: If the applicant is different from the owner of the land on which the well(s) is/are to be located, provide documentation from the property owner granting applicable authority for the applicant to drill and/or operate the well.

Name of Applicant: _____

Email Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contact Person (if different from applicant): _____

Phone: _____ Fax: _____

Relationship to Applicant: _____

Mailing Address: _____

2. Amount of Water Requested to be produced under This Permit:

(a) Provide the amount of water requested for each well in acre-feet/year.

Production _____ acre-feet/year _____ gpm

Production _____ acre-feet/year _____ gpm

Production _____ acre-feet/year _____ gpm

Production _____ acre-feet/year _____ gpm

*Please attach additional sheets as needed

(b) State the nature and purpose of beneficial use of the groundwater under the requested permit and provide any evidence (if available).

(c) **Estimated Date/Year Drilled:** _____

Drilling Company: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip code: _____

(d) Identify the aquifer(s) from which the well(s) in this application will produce:

Simsboro: _____, Carrizo: _____, Calvert Bluff: _____,

Hooper: _____, Gulf Coast: _____, Queen City: _____,

Sparta: _____, Yegua: _____, Brazos River Alluvium _____,

(e) Well Information

Total Depth: _____ Ft. Depth to First Screen: _____ Ft.

Inside Diameter of Casing: _____ In. Pump Size: _____ hp

(f) If the place of use of the groundwater is outside the district's boundaries, please indicate here with an "X": _____

(g) **Well Location:**

Well Site Physical Address: _____

City: _____ State: TX Zip: _____

County: _____

Latitude: _____ Longitude: _____

Survey Name*: _____ Survey No*: _____

Abstract No*: _____

Section*: _____ Block*: _____

***Asterisk indicates "if known"**

Pursuant to District Rule 15.1 and Section 36.123, Texas Water Code, staff may enter and inspect the property for District purposes.

3. Attachments to Application

(a) For all wells drilled in the Simsboro Formation, provide the landowners name, contact information, and documentation showing clear legal authority, signed by the landowner of the real estate within the required contiguous acreage (per district Rule 7.1(c)), allowing water production from the requested well.

(b) Water Conservation Plan (Please check one):

____ I have attached a water conservation plan showing what conservation measures I have adopted or will adopt what conservation goals I have established, and what measures and time frames are necessary to achieve my established water conservation goals.

OR

____ I declare that I will comply with the District's management plan.

(c) Drought Contingency Plan (Please check one):

____ I have attached a drought contingency plan showing what drought conservation measures I have adopted or will adopt, what drought conservation goals I have established, and what measures and time frames are necessary to achieve my established drought contingency goals.

OR

____ I declare that I will comply with the District's drought contingency plan.

(d) Well Closure Plan (Please check one):

____ I have attached a well closure plan.

OR

____ I declare that I will comply with the District's well plugging guidelines and report well closure to the District.

I agree that any water withdrawn under the authority of a permit issued based upon the District's grant of this application will be put to beneficial, non-wasteful use at all times, and will not exceed the production allowance of the permit. I agree that reasonable diligence will be used to protect groundwater quality.

I agree to abide by the terms of the District Rules, the District Management Plan, and orders of the Board of Directors, as required by State law. My certification of this application does not waive my right to protest in the future proposed District actions, including proposed amendments to District Rules. However, once the District adopts Rules, Management Plans, Permits, etc., I agree to abide by those terms, as required by State law.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____

Application Revised 6-12-18

<u>District Use Only</u>
Date received _____
Permit No. _____
BVGCD Well No. _____
Hearing date _____
Action _____
Comments/notes: _____
