



Brazos Valley Groundwater Conservation District

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

APPLICATION FOR DRILLING / OPERATING PERMIT

Please indicate whether a permit has been applied for or granted for any wells included in this application. Yes _____ No _____ If yes, please provide status and permit number if applicable.

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.

Applicant: _____

Phone: _____ Fax: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____

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

All wells will be metered unless they are in the Brazos River Alluvium Aquifer and documentation is provided to substantiate the aquifer in which the well is drilled.

(b) State the nature and purpose of use of the groundwater under the requested permit.

(c) 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 _____,

Other (Specify): _____

(d) Well Information

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

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

Well Driller: _____ Phone #: _____

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

- **Attach documentation to substantiate beneficial use of the groundwater requested under this permit.** Documentation must describe the nature and purpose of the proposed beneficial use and may include but is not limited to copies of permits from the Texas Commission on Environmental Quality (or its predecessor agency(s)), the Texas Water Development Board, and the Texas Department of Health.

(f) Well Location:

Well Site Physical Address: _____

City: _____ State: TX Zip: _____

County: _____

Where is the water being used? _____

Latitude: _____ Longitude: _____

Survey Name*: _____ Survey No*: _____

Abstract No*: _____

Section*: _____ Block*: _____

***Asterisk indicates "if known"**

Attach a map or drawing adequate to locate well, or provide directions to well site from nearest State Highway below:

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(2)), 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) 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 4-04-2008

District Use Only

Date received _____

Volume approved for Historic Use _____

Permit No. _____

BVGCD Well No. _____

Hearing date _____

Action _____

Comments/notes: _____