BREWSTER COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 465 Alpine, Texas 79831 Phone (432)244-6030 <u>bcgwcd@gmail.com</u>

www.brewstercountygcd.com

A \$300 non-refundable fee is required for non-exempt wells, with this application. THIS APPLICATION FORM MAY BE MAILED OR EMAILED. Incomplete Applications will be returned to applicant. Brewster County Groundwater Conservation District is not responsible for incorrect information.

I. Applicant and Well Owner/Operator Information

Name:	Phone:
Mailing Address:	
City, State, Zip:	Email:
Name of Applicant's Authorized Agent, if any:	Phone:
Mailing Address:	
City, State, Zip:	
 I,	ore fully below;
Name of Well Driller:	Phone:
Licensed Pump Installer to be used for pump installation:	
Address of Pump Installer:	
Texas State Well Pump Installer's License No	Phone:
Email:	
Well Owner:	
Mailing Address:	
City, State, Zip:	

If the applicant is an individual, the application may be signed by that individual or his duly appointed agent. If the applicant is a partnership, the applicant's name should be followed by the words "a Partnership," the application must be signed by at least one of the general partners who is authorized to bind all of the partners. If the applicant is a corporation or governmental entity, the application must be signed by a duly authorized official of the applicant. If the application is made by an estate, trust or guardianship, the application shall be signed by the duly appointed guardian, trustee, or representative.

Name of Owner's Authorized Agent, if any:	Phone:	
Mailing Address		
City, State, Zip:	Email:	
Well Operator, if other than Well Owner:	Phone:	
Mailing Address:		
City, State, Zip:		
Name of Operator's Authorized Agent, if any:		
Mailing Address:		
City, State, Zip:		
II. Well Location Physical Address of Well Location:		
General description of well location (including acres owne & distance from closest well):		
Well Name if applicable:		
Legal Description for Tract Where Well to be Located:		
Section:Lot:Block: Acreag		
GPS (in decimal) for Well Location: Latitude:	Longitude:	
Distance from Property Lines: North South	West East	
Distance to Nearest Well in feet/miles: NorthSout	hWestEast	
Distance to Sewer Lines Septic Systems, feet/miles:		
Does the proposed location meet setback requirements a	s set forth in rules of the TDLR	
for Water Well Drillers and Pump Installers, TCEQ and the	District? □ Yes □ No	
III. Well Information Proposed Well Use: □ Municipal/Commercial □ Manufacturing/Ind □ Domestic or Residential □ Livestock Describe the proposed purpose of use:	Other	
Legal Authority under which Water will be Withdrawn fro	m Well (e.g., exempt well,	
existing or applied for production permit):		
year in acre feet (325,851 gallons = 1 acre foot):		
State the maximum rate of withdrawal that the well will b		
gpm;		
Identify the type of meter to be installed on the well (inclu	ude name of manufacturer and model	
number:		

Identify the intended total depth of proposed well:	feet;
Identify the intended total depth of well's cement casing:	feet;
Describe the cementing methodology to be used for the well:	
Casing material: Steel PVC	_
Total depth of grout:	feet;
Identify the water bearing strata(s) from which the proposed well will be designed to make withdrawals:	
	inches
Internal diameter of well casing:	inches
Internal diameter of well bore:	inches
Depth of location of screen intervals:	_feet;
Depth of location of perforation intervals:	_feet;
Depth of location of filter pack intervals:	_feet;
Predicted depth to water-bearing strata:	_feet
Pump motor size:	hp;
Pumping method:	
Pump Power Source: Electric Diesel Natural Gas Windmill Solar Other	
Source of groundwater (aquifer):	
Any conservation-oriented methods of drilling to be used:	
Date Drilling Anticipated to Begin:	
If this is a replacement well, what will be the status of the old well? \Box Capped \Box Plugged \Box In	use
If in use, explain:	
Would you like this well to be used as a Monitoring Well: Yes No 	
If altering an existing well, is a copy of the Driller's log available? ☐Yes □No	
Will the water produced from the well be used on the property where the well will be located?	
□Yes □No	
If no, please identify where the water will be put to use:	
Will the proposed well be sited on a location that fully complies with the well location and spaci	ng
requirements set forth in subchapters A and B of Chapter 6 of the District's Rules?	
□Yes □No	
If no, please identify every instance of non-compliance:	
Pollution/waste will be prevented and groundwater will be conserved: _Yes _No	

IV. Supporting Documentation

1. Please provide a copy of a city or county map with the location of the property on which the well is or will be located, highlighted and the location of the well pinpointed.

2. Please provide a copy of the recorded Deed verifying the applicant's ownership of the well for which this applicant has filed.

3. If altering an existing well, please provide a copy of the driller's log, if available.

4. If the application is signed by an agent, the agent must include or attach evidence documenting his or her authority to represent the applicant.

5. If the applicant is a corporation or governmental entity, please provide a copy of a resolution or other document evidencing authorization to make the application.

6. If the applicant is an estate or guardianship, a copy of the letters testamentary issued or order appointing guardian must be attached to the application.

AFFIDAVIT		
STATE OF TEXAS	ş	
COUNTY OF	ş	
Before me, the undersigned a	uthority, on this day personally appea	ared
		, who is authorized
to submit the foregoing and a	ttached Application and referenced a	ttachments, and who after being by
me duly sworn, upon oath and	d deposes that s/he has read the stat	ements and information in the
foregoing and above-describe	ed application and that every stateme	nt contained therein is within her/his
own personal knowledge and	belief and is true and correct.	
Print Applicant Name		
Applicant Signature		
Subscribed and Sworn to befo	ore me this day of	, 20
	OR	
With Photocopy of Photo ID	Attached-sign below.	
Print Applicant Name		
Driller Signature		

,	r Denial of this Application is subject to District Rules] Production Permit required before drilling 	
Drilling Approved: □Yes □ N	lo	
Ву:		
Date:		
Approved Drilling Registration Number:		
Payment Method:	check number:	