

WATER WELL OPERATING PERMIT APPLICATION

Please complete all questions. Please print or type information or place an "x" in the appropriate space. **Please note that this application requires the applicant's signature to be acknowledged (notarized)**

Common well name _____

District assigned well identification number (if any) _____

Owner _____ Phone _____

Address _____

Operator _____

Address _____

Engineer _____ Phone _____

Address _____

Driller _____ Phone _____

Address _____ License# _____

Location: County _____ 911 address of well site (attach map) _____

Well Location: Latitude _____ Longitude _____

Well is located _____ feet from the _____ (N,S,E,W) property line, and _____ feet from the _____ (N,S,E,W) property line.

Water use: Public Water Supply _____ Industrial/Commercial _____ Irrigation _____ Poultry _____ Other (specify) _____

Depth of Well _____ ft. Aquifer(s) where water well is screened (if known) _____

Screen interval: _____ - _____ ft. Casing depth _____ ft. Date drilled _____ Casing Diameter: _____ in. (inside)

Pump size (hp) _____ Maximum production rate in gpm (gallons/minute) open flow _____ gpm

Maximum production capacity per TCEQ (PWS wells only; in gpm) _____ gpm

Requested annual production (gallons) _____.

Information to support annual production amount requested:

No. of connections subject to this well _____ (If connected to another well in system, please describe below): _____

No. of Poultry Houses serviced by this well, if applicable _____. (Use would be for watering birds and cool cells).

No. of acres which will be irrigated by this water well (estimate as accurately as possible if not known) _____ acres.

Additional information you feel would be helpful in the Boards determination of the quantity of water you have requested above. You may add additional pages or information to help your case. _____

Total acreage subject to Operating Permit (This would be total area of contiguous acreage where the well will be producing water. If this is a PWS well, please provide map of CCN or enter territory in terms of acreage where water is provided):

_____ Acres (Total contiguous acreage subject to production under this proposed permit)

If the place of use of the groundwater is outside of the district's boundaries, please indicate here with an "X": _____. The District boundaries are the political boundaries for Freestone, Leon, and Madison Counties.

A Hydrogeologic Assessment Report is required for any well or well field equipped to produce at more than 250 GPM.

Attach a copy of the state well report and, if available, electric log, driller's log, and water quality analysis for this well.

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 a 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 rules of the District, the Management Plan for the District and all lawfully issued orders of the District. I agree I also agree to provide any data that may be requested by the District to facilitate the consideration of this Permit in a timely manner as prescribed by the Board of Directors. My certification of this application does not waive my right to protest in the future proposed District action, 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.

All the information contained in the application is true and correct to the best of my knowledge.

Signature of Applicant _____

Date _____

Printed Name _____

Please include a Check or Money Order in the amount of \$100.00 with each application submitted.

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State of Texas
County of _____

This document was acknowledged before me on _____ by _____

_____.

Notary Public's Signature

(Personalized Seal)

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Permit application approved: _____

MID-EAST TEXAS GROUNDWATER CONSERVATION DISTRICT

By: _____

Date: _____