

BREWSTER COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 465
Alpine, Texas 79831
Phone (432)244-6030
bcgwcd@gmail.com
www.Westtexasgroundwater.com

APPLICATION FOR DRILLING PERMIT

A \$200 non-refundable fee is required for exempt wells; A \$500 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.**

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: _____ **Email:** _____

I, _____ the above described applicant, do hereby make application to the Brewster County Groundwater Conservation District for a permit to (check all that apply):

- drill a new well, as described more fully below;
- increase the size of an existing well, as described more fully below;
- increase the size of the pump on an existing well, as described more fully below; OR
- replace an existing well.

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: _____ **Phone:** _____

Mailing Address: _____

City, State, Zip: _____ **Email:** _____

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: _____ **Email:** _____

Name of Operator's Authorized Agent, if any: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____ **Email:** _____

II. Well Location

Physical Address of Well Location: _____

General description of well location (including acres owned, distance from all adjoining property lines, & distance from closest well): _____

Legal Description for Tract Where Well to be Located:

Section: _____ Lot: _____ Block: _____ Acreage: _____ Subdivision: _____

GPS (in decimal) for Well Location: Latitude: _____ Longitude: _____

Distance from Property Lines: North _____ South _____ West _____ East _____

Distance to Nearest Well in feet/miles: North _____ South _____ West _____ East _____

Distance to Sewer Lines Septic Systems, feet/miles: _____

Does the proposed location meet setback requirements as 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/Industrial Irrigation Export
 Domestic or Residential Livestock Other

Describe the proposed purpose of use: _____

Legal Authority under which Water will be Withdrawn from Well (e.g., exempt well, existing or applied for production permit): _____

Proposed Amount of Annual Withdrawals: _____ e-feet or gpm

Maximum rate of withdrawal in gallons per minute from Well: _____ gpm;

Total well depth: _____ feet

Total depth of well's casing: _____ feet;

Casing material: Steel PVC

Total depth of grout: _____ feet;

External diameter of well casing: _____ 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: Submersible Turbine Jet Piston Other

Pump Power Source: Electric Diesel Natural Gas Windmill Solar Other

Meter specifications: _____

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? Capped Plugged 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

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

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

4. 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.

5. 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

§

COUNTY OF BREWSTER

§

Before me, the undersigned authority, on this day personally appeared

_____ ,

who is authorized to submit the foregoing and attached Application and referenced attachments, and who after being by me duly sworn, upon oath and deposes that s/he has read the statements and information in the foregoing and above-described application and that every statement 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 before me this _____ day of _____, 20__ .

OR

With Photocopy of Photo ID Attached-sign below.

Print Applicant Name _____

Applicant Signature _____

District Use Only [Approval or Denial of this Application is subject to District Rules]

Exempt Well: Yes No Production Permit required before drilling

Drilling Approved: Yes No

By: _____

Date: _____

Approved Drilling Registration Number:

Payment Method: _____ check number: _____