

RED SANDS GROUNDWATER CONSERVATION DISTRICT

PO Box 229
Linn, TX, 78563
(956) 289-1222 (office)
(956) 289-1224 (fax)

<u>District Use Only</u>
Permit No. _____
RSGCD 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: _____

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 exempt by Texas Law

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

(c) Well Information

Total depth: _____ Ft. Depth of First Screen: _____ Ft.
Inside Diameter of Casting: _____ In. Pump Size: _____ hp
Well Driller: _____ Phone Number: _____

(d) 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.

(e) Well Location:

Well site Physical Address: _____

Where is the water being used? _____

G.P.S. _____ or
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) 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 District's management plan.

(b) 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: _____

<u>District Use only</u>
Date received _____
Volume approved for Historic Use _____
Permit No. _____
R.S.G.C.D. Well No. _____
Hearing Date _____
Action _____
Comments/notes: _____