

OPERATING PERMIT APPLICATION

Coastal Plains Groundwater Conservation District

2200 7th Street, #301
Bay City, TX 77414
(979) 323-9170 (979) 245-5661 www.coastalplainsgcd.com

District Use Only

Permit _____

Well No. _____

Instructions: Complete this form for each well (type or print). Additional information or explanations may be attached.

If application is for an existing well, briefly describe the history of use on this well, such as, the year the well was drilled, purpose for which well was drilled and the types of subsequent use of the water, etc.:

Part I – Well Owner Information:

Well Owner: (if multiple Owners, attach list) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Registrant: (if other than owner)* _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

** If Registrant is other than the owner of the property, the registrant should provide documentation establishing the applicable authority to register the well.*

Part II – Well Location:

Well Site Physical Address or Description (ex. Corner of CR 215 & 218): _____

City: _____ State: TX Zip: _____

Latitude: ___ (deg) ___ (min) ___ (sec) Longitude: ___ (deg) ___ (min) ___ (sec) *(if unknown/please attach map showing location.)*

Will the groundwater produced be transported out of the County? Yes No

If yes, explain: _____

Part III – Well Information:

Maximum pumping capacity of well: _____ gpm Total Depth of well: _____ Ft.

Please List Screening Intervals: _____

(If well not yet drilled, please have driller estimate.)

Type of Pump: _____ Depth to pump setting: _____

Inside Diameter of the pump (discharge): _____ Inches Inside Diameter of Casing: _____ in.

Pump (or bowl) diameter: _____ Inches Horsepower: _____ hp

Status of this well as of application date: (Mark one with X)

Operating

Completed but not operating

Being Drilled _____

Awaiting permit to begin

Registration Form Primary Use Indicated: _____ Is this correct?

Yes or No (circle one)

If there are any changes or additions to the Primary Use of this well please mark (x) for all appropriate boxes:

- Public Supply (includes commercial)
- Industrial
- Irrigation (All Agricultural Use)
- Other (explain) _____
- Single-family dwelling. (includes lawn irrigation)
- Multi-family
- Livestock

List Proposed Usage for 2020 (specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

List Proposed Usage for 2021 (specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

List Proposed Usage for 2022(specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Expected Production for Three Year Permit Term : _____ Gallons/Acre feet (circle one)

Will the groundwater withdrawn under this permit be used in conjunction with another Operating Permit?

Yes No If Yes, explain: _____

Water Conservation Plan attached Yes No

If applicant is required by law to have a water conservation plan; a copy must be attached to application.

Drought Contingency Plan attached Yes No

If applicant is required by law to have a drought contingency plan; a copy must be attached to application.

Briefly describe the method used for measuring annual water usage (GPM XHRS RUN, METER):

Part IV – Certification:

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times. **Yes** or **No**

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

I hereby declare the well owner or authorized registrant will comply with well plugging guidelines & report closure to the District.

Print Name

Signature of Well Owner or Agent

Date