

“Operating Permit – Without Drilling”

Coastal Plains Groundwater Conservation District

1801 7th Street
Bay City, TX 77414
(979) 323-9170 (979) 245-5661 cpgcd@att.net

District Use Only

Permit No. _____

Amt. _____ Rec.# _____

Well # _____

Instructions: Fill out form for each well (type or print).

GENERAL (Please note that the address supplied below will be the only address kept on file at the District.)

Well Owner: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Ext. _____

SYSTEM DATA

Location of System: Address: _____

City: _____ State: _____ Zip: _____

Area well will service (Attach map, plat or USGS quad.): _____

System Identification Number(s): _____

Date of Application: _____ Date well is anticipated to begin producing groundwater: _____

Reason for requesting additional water: _____

Expected Production During **REMAINDER** Calendar Year: _____ Gallons/Acre ft. (Circle one)

Expected Production During **Next FULL Twelve Month Period:** _____ Gallons/Acre ft. (Circle one).

Use of Water Produced: ☐ Industrial ☐ Livestock ☐ Irrigation (Agricultural)

(Mark one with X) ☐ Irrigation (lawn) ☐ Public Supply (Includes Commercial) ☐ Other (explain) _____

Will the groundwater withdrawn under this permit be used in conjunction with an another operating or historical use permit?

☐ Yes ☐ No If yes, explain: _____

Will the groundwater produced be transported out of the County? ☐ Yes ☐ No If yes, explain: _____

Water Conservation Plan attached? ☐ Yes ☐ No

If no, sign below as a declaration that the applicant will comply with the District's Management Plan.

(applicant's signature)

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.

CERTIFICATION:

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times.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

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

Print Name

Signature of Well Owner or Agent

Date