

DRILLING PERMIT APPLICATION

Coastal Plains Groundwater Conservation District

1801 7th Street

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District Use Only

Permit _____

Well No. _____

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

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 – Drilling Company:

Drilling Company: _____

Contact: _____ License #: _____

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

Phone: _____ Fax: _____ Email: _____

Part III – 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.)**

Distance from property line: _____ ft.

Is this a replacement well? ☐ Yes ☐ No If yes, will the well drilled be within 50 ft. of the well it is replacing? ☐ Yes ☐ No

Is the groundwater withdrawn from the well used in a location different from well site? ☐ Yes ☐ No

If yes, explain: _____

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

If yes, explain: _____

Part III – Well Information: Please estimate if unknown

Inside Diameter of Casing: _____ inches Inside Diameter of the pump (discharge): _____ inches

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

When will construction begin? _____ Estimated Completion Date of well: _____

Please mark (x) for the type of use of the proposed well:

- | | |
|--|---|
| ☐ Municipal | ☐ Single-family dwelling. (includes lawn irrigation) |
| ☐ Industrial / Commercial | ☐ Multi-family |
| ☐ Irrigation (All Agricultural Use) | ☐ Livestock |
| ☐ Other (explain) _____ | |

Please estimate total annual water use for this well: _____ acre feet.

Will the groundwater withdrawn under this permit be used in conjunction with another Operating Permit?

☐ Yes ☐ No If Yes, explain: _____

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