

“Operating Permit – Without Drilling”

Coastal Plains Groundwater Conservation District

2200 7th Street, #301

Bay City, TX 77414

(979) 323-9170 (979) 245-5661 SHorris@co.matagorda.tx.us

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Will the groundwater withdrawn under this permit be used in conjunction with an another operating or historical use permit?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Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times.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