

# DRILLING PERMIT APPLICATION

## Coastal Plains Groundwater Conservation District

2200 7<sup>th</sup> 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.

### 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Is the groundwater withdrawn from the well used in a location different from well site?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:

- |  |   |
|--|---|
| <input type="checkbox"/> Municipal                         | <input type="checkbox"/> Single-family dwelling. (includes lawn irrigation) |
| <input type="checkbox"/> Industrial / Commercial           | <input type="checkbox"/> Multi-family                                       |
| <input type="checkbox"/> Irrigation (All Agricultural Use) | <input type="checkbox"/> Livestock  |
| <input type="checkbox"/> 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