

**GONZALES COUNTY UNDERGROUND WATER CONSERVATION DISTRICT
DRILLING AND PRODUCTION APPLICATION FORM**

Permit Type:	Drill New	Equip New	Re-work	Re-equip	Alter
Proposed Use:	Irrigation Other (specify)	Public Supply	Industrial	Injection	

Owner/Operator Information

Facility Owner:	Phone:
Owner Address:	
Facility Operator:	Phone:
Operator Address:	

Well Location Information

Survey Name:	Abstract Number:
Latitude: North	Longitude: West
Well Address/Location:	
This well is located:	ft from the nearest property line

List all other wells located on the property upon which this well is to be located and all wells located on the contiguous acres which shall be considered for the production of this well.

Attach a map of all property owners adjacent to the property upon which this well will be located and list all owners of the property as recorded in the Gonzales County or Caldwell County tax rolls and identify all well owners located on the adjacent properties.

Well Construction/Completion Information

Name of Driller:	Texas Water Well Drillers License No.:			
Proposed/Completed Depth of Well:	Aquifer:	Drilling Start Date:		
Proposed/Completed Casing Size:	in dia.			
Proposed/Completed Screen/Perforation Depths:	ft	ft	ft	ft

If the well is to be drilled, completed or equipped such that it will require an exception to the District's spacing and production rules, attach a brief statement describing the reasons for the exception.

Well Production Information

Total Contiguous Acres within Management Area Owned/Leased by Applicant: **acres**

Total Amount of Water requested in Permit Application: **ac-ft/yr**

Maximum well pumping capacity based on fenceline spacing chart: **gpm**

Production for peaking is allowed to exceed the well permitted capacity in any monthly period, however, the actual calendar year production from January 1st and ending on December 31st shall not exceed the permitted production for that year.

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Acknowledgments

I agree that this well will be drilled within 50 feet of the location specified, and that I will furnish the District a complete State of Texas Well Report and any geophysical log that might be made within 60 days of completion of this well. I agree to abide by the District Rules, Management Plan, and orders of the Board of Directors. Furthermore, I agree not to produce this well in a wasteful manner.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

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District Use Only

Date Application Received: _____

Date Fee Received: _____

Check No.: _____

Field Inspection Date: _____

Field Inspector: _____

**GONZALES COUNTY UNDERGROUND WATER CONSERVATION DISTRICT
TRANSPORTATION APPLICATION/REGISTRATION FORM**

Owner/Operator Information

Facility Owner: _____ Phone: _____
Owner Address: _____
Facility Operator: _____ Phone: _____
Operator Address: _____

Location of Transportation Facility

Facility Address: _____
Survey Name: _____ Abstract Number: _____
Latitude: _____ North _____ Longitude: _____ West

Transportation Facility Information

Total capacity of transportation system: _____ ac-ft/yr
Capacity and size of pipeline(s): _____
Number of proposed wells to be connected to facility: _____
Date facility construction scheduled to start: _____
Date facility construction scheduled to be completed: _____

Attach a map showing the location of the proposed treatment facility with interconnected water wells and pipelines. Also attach a map of the proposed transportation pipeline from treatment facility to proposed end users.

Volume of Water Requested from the District

Does the owner/operator currently have any production permits with the District:
Total amount permitted: _____ ac-ft/yr

Does the owner/operator currently have an existing transportation permit with the District:
Total amount permitted: _____ ac-ft/yr

Is this an amendment to an existing transportation permit:

Current proposed amount of water to be transported out of the District: _____ ac-ft/yr

Total amount of water to be transported out of the District: _____ ac-ft/yr (existing and proposed amounts)

Acknowledgments

All of the above information is true and correct to the best of my knowledge. I agree to abide by the District's Rules, Management Plan, and orders of the Board of Directors.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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District Use Only

Date Application Received: _____ Date Fee Received: _____ Check No.: _____

Field Inspection Date: _____ Field Inspector: _____

**GONZALES COUNTY UNDERGROUND WATER CONSERVATION DISTRICT
NOTICE OF INTENT TO DRILL TEST WELL FORM**

Owner/Operator Information

Facility Owner: _____ Phone: _____
Owner Address: _____
Facility Operator: _____ Phone: _____
Operator Address: _____

Well Location Information

Survey Name: _____ Abstract Number: _____
Latitude: North _____ Longitude: West _____
Well Address/Location: _____
This well is located: _____ ft from the nearest property line

Well Construction/Completion Information

Name of Driller: _____ Texas Water Well Drillers License No.: _____
Proposed Depth of Well: _____ Aquifer: _____ Drilling Start Date: _____
Proposed Casing Size: _____ in dia. _____
Proposed Screen/Perforation Depths: _____ ft _____ ft _____ ft _____ ft

Testing Information

Proposed Geophysical Logs: _____
Proposed Formation Analyses: _____
Proposed Length of Aquifer Pumping Test: _____ hrs
Proposed rate of Pumping: _____ gpm
Proposed Water Sample Analyses: _____

Acknowledgments

I agree that this well will be drilled within 50 feet of the location specified, and that I will furnish the District a complete well registration form, if the well is not plugged and abandoned, a water well driller's log and any geophysical logs and analytical data that might be made within 60 days of completion of this well. I agree to abide by the District Rules, Management Plan, and orders of the Board of Directors.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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District Use Only

Date Application Received: _____ Date Fee Received: _____ Check No.: _____

Field Inspection Date: _____ Field Inspector: _____