

GOLIAD COUNTY GROUNDWATER CONSERVATION DISTRICT (GCGCD)

118 S. Market St. | P.O. BOX 562

GOLIAD, TEXAS 77963

Phone: 361-645-1716 FAX: 361-645-1772

Email: gcgcd@goliadcogcd.org

Website: www.goliadcogcd.org

WATER WELL OPERATING PERMIT APPLICATION (Non-Exempt Water Well)

INSTRUCTIONS: Complete all questions. Please type or print. An incomplete permit is grounds for denial of permit.

Date of Application: _____

I. Owner _____ Phone _____

Email (if applicable) _____

Mailing Address _____

Operator _____ Phone _____

Email (if applicable) _____

Mailing Address _____

Aquifer _____ Total Depth _____ ft.

Static water level: _____

Screened or Perforated Interval _____ ft.

Pump will be set at _____ depth

Head pressure (if known) _____ lbs.

Well Location: Latitude _____ North Longitude _____ West

Distance to Property Lines from well: N _____ S _____ E _____ W _____

Physical Address of Well: _____

Total GPM Capable of Being Produced by this Pump _____

Normal Rate of Production _____ GPM

Make and Model of Pump _____ Horse Power _____

Percent of efficiency of pump _____ Percent efficiency of motor _____

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Proposed Well Use: _____ Domestic _____ Irrigation _____ Public supply _____ Livestock
_____ Industrial _____ Injection _____ Oil and Gas Production _____ Other (Please Specify)

Comments and special provisions of permit:

Names, addresses and telephone numbers of adjoining landowners:

II. ANNUAL PRODUCTION (Subject to Pumping limits due to water level decline)

a. Number of contiguous acres owned or leased on which water is to be produced: _____ acres

b. Volume of water per acre, per year requested: _____ acre-feet or _____ gallons

c. Total annual production (a x b): _____ acre-feet or _____ gallons

III. The permitting process will include a review of the permit as defined in Adopted Rules of GCGCD

I have read and agree to abide by these rules.

Landowner Signature: _____ Date: _____

Water Rights Holder Signature _____ Date: _____

Percentage of water rights held: _____

IV. I have received and understand the GCGCD Drought Contingency Plan and how it applies to nonexempt wells in Goliad County.

Landowner Signature: _____ Date: _____

Water Rights Holder Signature: _____ Date: _____

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V. The information on the previous pages is true to the best of my knowledge and I understand that signing this application does not mean approval of this operating permit.

Landowner Signature: _____ Date: _____

VI. PRODUCTION TERMS AND AGREEMENT: I agree to abide by the terms of the District Rules, the District Management Plan, and orders of the Board of Directors. I agree to report to the District, on or before the 31st day of January of each year, the total volume of water produced in the prior year, and not to exceed the stated annual rate of production. Furthermore, I agree to abide by the terms of this permit, and understand that failure to do so will result in civil penalties and/or revocation of this permit.

I understand that if this property is sold, I have 10 days to notify the District of the sale and name and contact information for the new owner (Rule 12.4 B).

I also understand that it is my responsibility to notify the District of any change of address from the one on the application. If the District tries to contact me by mail and is unsuccessful because of change, it will be as though contact has been made and any action the District takes may proceed.

Failure to comply with the rules, management plan and orders of the Board of Directors is subject to penalties established by the Board of Directors of the GCGCD and rule 10 of the Goliad County Groundwater Conservation District Rules and Chapter 36 of the Texas Water Code.

I also understand that a representative of the Landowner/ Operator of this well will be in attendance at the public hearing to be held for this application. I will be sent notice of the hearing date and time in advance of the hearing.

VII. MITIGATION: If your permit qualifies for implementation of Rule 12.9 of the GCGCD Rules, a mitigation plan will be submitted that addresses all the issues outlined in that rule (current adoption).

I CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY ABILITY.

Landowner Signature: _____ Date: _____

Water Rights Holder Signature: _____ Date: _____

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*****DISTRICT USE ONLY*****

Deposit Received Date: _____ Check # _____ Cash _____ Amount _____

This permit is Approved For: _____ acre-feet or _____ gallons of water per year (Subject to Pumping limits due to water level decline)

Field Inspection _____ Mapped _____

Date Received _____

This permit is accepted, subject to the rules of the Goliad County Groundwater Conservation District

Permit Number _____ This permit shall remain valid until _____

G.C.G.C.D. Well No. _____ Date : _____

Additional comments or provisions:

Confirmation of contact with adjoining landowners:

Signature of Director - Title

Date