

GCGCD Form 2014-06-0005

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 DRILLING PERMIT APPLICATION (Non-Exempt Water Well)

Instructions: Complete all questions. Please print or type. An incomplete application is grounds for refusal. Read Rule 12 of GCGCD Rules before completing.

Date of Application: _____

Place an "X" in the appropriate space.

Drill New Equip New Rework Re-equip Alter

I. Owner _____ Phone _____

Email (if applicable): _____

Mailing Address: _____

Physical Address: _____

Operator _____ Phone _____

Email (if applicable): _____

Address _____

Well Location: Latitude _____ North Longitude _____ West

Description of well location on property: (Use Non-Parallel Lines)

_____ feet from the **North** property line

_____ feet from the **South** property line

_____ feet from the **East** property line

_____ feet from the **West** property line

II. Name of Driller _____ Texas Water Well Drillers License No. _____

Proposed Depth of Well _____ Aquifer _____

Date Drilling Scheduled to Begin _____ Proposed Pump size to be installed in HP _____

Maximum Rate of Production in GPM _____

Number of contiguous acres owned by landowner or water right holder upon which the well is to be located _____

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WATER WELL DRILLING PERMIT APPLICATION (Non-Exempt Water Well) (page 2)

List other wells producing from same strata located on such property as to well number and distance from proposed well location _____

List all surrounding landowners whose property adjoins your property with addresses and telephone numbers

I agree that this well will be drilled within thirty (30) feet of the location specified, and that I will furnish the District the complete Well Registration form and Driller's Log (well report provided by driller), and any mechanical log that might be made, within 60 days of completion of this well. I agree to abide by the rules of the Goliad County Groundwater Conservation District, The District Management Plan, and orders of the Board of Directors. Furthermore, I agree not to produce this well without a valid operating permit, and not to exceed the production allowance of the Operating Permit. All the information provided in and with this application is true and correct to the best of my knowledge.

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.

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

Signature of Water Rights Owner _____ Date: _____

Percentage of water rights owned: _____

Signature of Landowner (if different) _____ Date: _____

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WATER WELL DRILLING PERMIT APPLICATION (Non-Exempt Water Well) (page 3)

NON-EXEMPT WELL

- **Must have a drilling permit (if new well is being drilled) followed by an operating permit.**
- **Well spacing is based on permitted flow.**
- **Maximum well production is dependent on zone location of well within County.**
- **To be equipped with a pump more than 1 hp/18 GPM -
Domestic/Livestock/wildlife/Irrigation/Public Supply/Other**
- **This form is also for RV Parks with 1hp/18 GPM or less**

*****District Use Only*****

Deposit Received _____ Check _____ Check No. _____ Cash _____

Permit Number _____ Valid Until _____ Field Inspection _____ Mapped _____

G.C.G.C.D. Well No. _____

Confirmation of contact with adjoining landowners:

Signature of GCGCD personnel and Title

Date