

BEE GROUNDWATER CONSERVATION DISTRICT
PO BOX 682 BEEVILLE, TX 78104-0682
361-358-2244

WATER WELL OPERATING PERMIT APPLICATION

Instructions: Please complete all applicable questions. Please type or print.

Land Owner: _____ Phone: _____

Address: _____ Owner's Well Number: _____

_____ Date well was drilled: _____

Tenant/Operator: _____ Driller: _____

WELL SITE: Latitude: _____ N. Longitude: _____ W.

Elevation: _____ Ft. Above Mean Sea Level

Location of well: _____

Well site is _____ Feet from the _____ (north or south) property line, and _____ Feet from the
(east or west) _____ property line.

Number of contiguous acres owned on which water is to be produced: _____ acres. If the water will be used
on leased land, a copy of the lease agreement must be included. The term of the permit will be the same as the term of the lease
agreement or five (5) whichever is shorter. Number of contiguous acres in the lease agreement: _____ acres.

Attach a map showing the location of the well including the County, the section, block, survey and township; labor and
league; and exact number of yards to the nearest nonparallel property lines; or other adequate legal description; and the
location of any wells located within one-quarter mile of the well site.

WELL EQUIPMENT:

Type of Pump: Turbine _____ Submersible _____ Windmill _____ Other _____

Size of Pump: _____ Horsepower _____

Depth of Pump / Bowls, Etc.: _____ Feet Casing Diameter: _____ inches

Power supply: Electric _____ Natural Gas _____ Other _____

Performance Test: Yield: _____ GPM. Static Level: _____ ft. Pumping level: _____ ft.

_____ feet of drawdown after _____ hours of pumping.

WELL USE: Municipal ___ Industrial ___ Irrigation ___ Agricultural ___ Other _____

Total annual water use requested _____ gallons or Ac.Ft. per acre.

Rate of Withdrawal requested: _____ GPM.

I agree to abide by the terms of the Permit, the District Rules, the District Management Plan, and orders of the Board of
Directors. I understand that failure to abide by this agreement will result in enforcement action by the District, which may
include civil penalties and revocation of this permit. This permit is valid for five (5) years or, if leased land, the term of the
lease from the date the permit is approved by the Bee GCD Board of Directors.

A \$100.00 REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS FORM.

Signature of Landowner or Agent

Date

BEFORE ME, a notary public, on this day personally appeared _____ who stated that (1) they read the foregoing application and any supporting attachments and that, to the best of their knowledge and professional experience, the statements contained therein are true and accurate; and (2) that they are duly authorized to sign this application on behalf of the permit applicant.

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Signature

(seal or stamp)

- This permit is approved for:
- 1) operating the above described water well;
 - 2) production of _____ gallons or Ac.Ft. of water annually; and
 - 3) a production rate not to exceed _____ gallons per minute.
 - 4) term of the operating permit _____ years.

This permit is approved, subject to the rules of the BEE GCD: _____
PRESIDENT BEE GCD OR MANAGER OF BEE GCD

Permit Number: _____

Date