



**NECHES & TRINITY VALLEYS
GROUNDWATER CONSERVATION DISTRICT**

P.O. Box 1387
501 Devereaux Suite 201 Jacksonville, TX 75766
Phone: (903) 541-4845 • Fax: (903) 541-4869
Email: office@ntvgcd.org

FOR DISTRICT USE ONLY	
State/District Well No.	
Date Completed Application Received	
Date Approved	Approved By
Fee Received	Date Received
\$	
Paid By:	
Report received:	

APPLICATION FOR WELL DRILLING PERMIT

Instructions: This application is for a Well Drilling Permit and must be completed, signed, and returned to the District. Complete one application form for each well. The applicant should be the party seeking issuance of a well drilling permit. Unless specified otherwise by the Board, drilling permits are effective for a term ending 120 calendar days after the date the permit application was received.

Fee required: An application fee based on the District's fee schedule must accompany this application.

Part I. Operating Permit and Applicant Information

1.1 Operating Permit Information¹

Operating Permit (Application) No. _____

1.1 Applicant Information²

- ☐ Individual ☐ Partnership ☐ Corporation
☐ Governmental Entity ☐ Estate/Trust/Guardianship

Name: _____

Telephone No.: Home (____) _____ Business (____) _____ Fax (____) _____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

¹ Unless the applicant already holds an operating permit to authorize production from the well that is the subject of this application, the applicant must file an application for an operating permit or to amend an operating permit within 14 days of the completion of a new water well or reworking or re-equipping of an existing water well.

² If the applicant is other than the owner of the property, attach documentation establishing the applicable authority to operate a well subject to this application.

1.2 Applicant's Authorized Representative's Information (if any)

Relationship to Applicant (agent, officer, attorney, etc.): _____

Name: _____

Telephone No.: Home (____)_____ Business (____)_____ Fax (____)_____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

1.3 Property Owner (if different from Applicant)

- ☐ Individual ☐ Partnership ☐ Corporation
☐ Governmental Entity ☐ Estate/Trust/Guardianship

Name: _____

Telephone No.: Home (____)_____ Business (____)_____ Fax (____)_____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

1.4 Driller (if different from Applicant)

- ☐ Individual ☐ Partnership ☐ Corporation
☐ Governmental Entity ☐ Estate/Trust/Guardianship

Name: _____

Drilling Contractor Company Name: _____

Telephone No.: Home (____)_____ Business (____)_____ Fax (____)_____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

Part II. Well Information

2.1 Location of Well³

Location of Well Site: _____

City: _____ Zip Code: _____ County: _____

Latitude: _____ Longitude: _____

Distance of well from septic tank and drain, leach, or absorption field: _____ ft.

Distance from nearest property line: _____ ft.

Distance from existing well(s): _____ ft.

Will the well be located in a flood plain?

☐ Yes ☐ No

If yes, will the well head extend 36 inches above the flood plain?: _____

2.2 Construction of Well

Type of well construction:

- ☐ Install a new well
- ☐ Install a geothermal well
- ☐ Alter or reconstruct an existing well, which may include installing additional casing, repairing existing casing, adjusting the well depth, or any work that may affect the integrity of the annular space seal
- ☐ Increase the size of the pump on an existing well
- ☐ Plug a well
- ☐ Other (please specify) _____

Please describe proposed well construction activities: _____

Please indicate the total estimated well depth: _____ ft.

Please indicate the estimated casing depth: _____ ft.

If the well casing is installed to total depth, please provide the interval the well casing is perforated or slotted for the well screen: _____ ft. to _____ ft.

³ See Part III below for required map attachments.

Casing:

☐ Steel ☐ PVC

Schedule or SDR Type(s) or casing wall thickness: _____ in.

Please indicate the casing outside diameter (OD): _____ in.

Please indicate borehole diameter: _____ ft.

Please indicate the annular seal material (grout): _____

Please indicate the estimated depth(s) of grout placement below land surface: _____ ft.

Please indicate the grouting method:

☐ Tremie – Positive Displacement Exterior ☐ Positive Displacement Interior

Packer type(s): _____ Packer depth(s): _____

Surface casing (sleeve) type: _____

Sleeve size: _____ in. Sleeve depth: _____ ft.

Please indicate the pump type:

☐ Submersible ☐ Turbine ☐ Jet
☐ Other (please specify) _____

Please indicate the pump power source:

☐ Electric ☐ Diesel ☐ LP Gas
☐ Windmill ☐ Other (please specify) _____

Please indicate the pump motor size: _____ horsepower.

Anticipated Rate of Production for the well subject to this application (in gallons per minute): _____

Source of the groundwater:

☐ Carrizo-Wilcox Aquifer ☐ Queen City Aquifer ☐ Sparta Aquifer
☐ Other (please specify) _____

Part III. Supporting Documentation

Applicant Information

1. If the Applicant is other than the owner of the property, attach documentation establishing the applicable authority to operate a well subject to this application.

Legal Documentation

2. Please provide a copy of any deed, transfer agreement and/or other legal document that supports the application.

For Applications Involving a New Well

3. On separate city, county, or state highway maps, please highlight and pinpoint the locations of the property on which the applicant's well is or will be located.

Well Maps

4. Provide a location map of all existing wells within a quarter (1/4) mile radius of the proposed well or the existing well to be modified.
5. Provide a map from the county appraisal district indicating the location of the proposed well or the existing well to be modified, the subject property, and adjacent owners' physical addresses and mailing addresses.

Water Well Closure Plan

6. Provide a water well closure plan or sign the declaration in Part IV of this application that the Applicant will comply with all District well plugging and capping guidelines and report closure to the District and the Texas Department of Licensing and Regulation.

Part IV. Declarations

STATE OF TEXAS §
COUNTY OF _____ §

Under penalty of perjury, _____, hereby attests to the following:

My name is _____. I am over the age of eighteen, of a sound mind, and otherwise competent to make this declaration. The facts stated in this declaration are within my personal knowledge and I declare under penalty of perjury that the foregoing is true and correct.

I certify that the information provided in this application is true and accurate to the best of my knowledge and belief.

Initial all that apply:

____ Applicant is in compliance with all applicable District Rules and will comply with the District Rules and all permits and plans promulgated by the District pursuant to the District Rules.

____ Applicant affirms that it will avoid waste and achieve water conservation and will use reasonable diligence to protect groundwater quality, and that the activities constituting the purpose of use for which the groundwater will be beneficially used will be managed to preserve, protect, prevent the pollution, degradation, or harmful alteration of, control and prevent the waste of, prevent the escape of groundwater from, and achieve the conservation of groundwater in and produced from, the aquifer.

Applicant will comply with the District's Groundwater Management Plan.

____ Applicant agrees to comply with all District well plugging and capping guidelines and report closure to the Texas Department of Licensing and Regulation.

Signed: _____
Printed Name: _____

Date: _____
Title: _____

Complete additional signature lines as appropriate.

Signed: _____
Printed Name: _____

Date: _____
Title: _____

Signed: _____
Printed Name: _____

Date: _____
Title: _____