



**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 OPERATING PERMIT

Instructions: This application is for an Operating 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 an operating permit.

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

Part I. Applicant Information

1.1 Applicant Information¹

- 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: _____

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

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

Name: _____

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

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.

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: _____

Part II. Well Information

2.1 Location of Well²

Well Number/Name: _____

Well Drilling Permit Number: _____

Location of Well Site: _____

City: _____ Zip Code: _____ County: _____

Latitude: _____ Longitude: _____

2.2 Use of Well

Requested Term of Permit: _____ years

Date anticipated to begin producing water: _____ month/day/year

² See Part III below for required map attachments.

Date anticipated to end producing water: _____ month/day/year

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

Anticipated Annual Production (in acre-feet/year): _____

Source of groundwater:

- Carrizo-Wilcox Aquifer Queen City Aquifer Sparta Aquifer
 Trinity River Alluvium Other (please specify): _____

Purpose(s) of Use:

- Municipal/Public Supply Industrial Irrigation/Commercial Agriculture
 Domestic/Household Livestock
 Other (please specify) _____

2.3 Statement about the Nature and Purpose of the Proposed Use:

2.4 Amount of Water to be Used for Each Purpose:

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, agreement and/or other legal document that supports the application.
3. Please attach a surveyed legal description of the place of use and a recorded survey, if available.

For Applications Involving a New Well

4. Please attach Well Drilling Permit Application if applicant's well is not already drilled and a well registration.

Well Maps

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

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: _____