

NECHES & TRINITY VALLEYS GROUNDWATER CONSERVATION DISTRICT PO Box 1387 • 501 Devereaux, Suite 201, Jacksonville, TX 75766

PO Box 1387 • 501 Devereaux, Suite 201, Jacksonville, 1X 75760 Phone: (903) 541-4845 • Fax: (903) 541-4869 Email: office@ntvgcd.org

For District Use Only				
Permit No:				
Operating Permit Fee				
Paid:				
Date:				
Permit Approved				
Date:				
By:				

APPLICATION FOR OPERATING PERMIT

<u>Instructions:</u> Complete one form for each well, type or print, submit along with the Operating Permit Fee (see Schedule of Fees) to the above address. Additional information or explanations may be required. An Application for well drilling or re-working must be submitted prior to, or with this application unless applicant is applying for an existing well or is only requesting an increase in pumping allocation based on historical or expected use.

	OPERATING PERMIT FEES		Well Report	
Well casing diameter:	less than or equal to	6" \$100.00	Tracking No.	
	greater than 6"	\$200.00	State Well No.	
	greater than 10"	\$400.00	TCEQ source ID:	
Well Owner:			Well No./Name:	
Contact:			Telephone:	
Address:				
City:		State:	Zip:	
Well Site:				
Latitude:				
Date anticipated to begin pro	oducing water:		at Max GPM of:	gallon per minute
Pumping in gallons pe	r year:		Well casing Diameter:	•

Certification:

- 1.) Applicant agrees that water produced / withdrawn from the well will be put to beneficial use at all times.
- 2.) Applicant hereby agrees to comply with the District's Rules and Management Plan.
- 3.) Applicant hereby agrees to equip permitted wells with a flow measurement device and report pumping and pay production fees quarterly when required under Rule 4.

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Print Name

Signature of Well Owner or Agent

Date

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