

OPERATING PERMIT APPLICATION

Coastal Bend Groundwater Conservation District
109 East Milam Rd
PO Box 341, Wharton, TX 77488
(979) 531-1412 Fax: (979) 531-1002 Email:
thedistrict@cbgcd.com
This form may be faxed, emailed or mailed

District Use Only

Permit No. _____

Registration No. _____

TWDB Grid No. _____

Part I – Well Owner Information:

Well Owner: (if multiple Owners, attach list) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Registrant: (if other than owner)* _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

** If Registrant is other than the owner of the property, the registrant should provide documentation establishing the applicable authority to register the well.*

Part II – Well Location:

Well Site Physical Address or Description (ex. Corner of CR 215 & 218): _____

City: _____ State: _____ TX _____ Zip: _____

Latitude: ____ (deg) ____ (min) ____ (sec) Longitude: ____ (deg) ____ (min) ____ (sec) (if unknown/please attach map showing location.)

Latitude: _____ (decimal) Longitude: _____ (decimal)

Will the groundwater produced be transported out of the County? Yes No

If yes, explain: _____

Part III – Well Information:

Maximum pumping capacity of well: _____ GPM Total Depth of well: _____ FEET

Please List Screening Intervals: _____ (If well not yet drilled, please have driller estimate.)

Type of Pump: _____ Depth to pump setting: _____

Inside Diameter of the pump (discharge): _____ INCHES Inside Diameter of Casing _____ INCHES

Pump (or bowl) diameter: _____ INCHES Horsepower: _____

Status of this well as of application date: (Mark one with X)

- Operating
- Completed but not operating
- Waiting For Permit
- Being Drilled _____ (Est. Completion Date)

Part IV – Well Use:

Primary Use of this well please mark (x) for all appropriate boxes:

- Public Supply (includes commercial)
- Industrial
- Irrigation (All Agricultural Use)
- Other (explain) _____
- Single-Family Dwelling
- Multi-Family
- Livestock

List Proposed Usage for 2017 (specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

List Proposed Usage for 2018 (specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

List Proposed Usage for 2019 (specify use & amount, if agricultural crop irrigation, specify crop & acreage):

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Acres _____ Use _____ Amount Used _____ gallons or acre ft./year. (circle one)

Expected Production for Three Year Permit Term : _____ Gallons/Acre feet (circle one)

Will the groundwater withdrawn under this permit be used in conjunction with another Operating Permit?

Yes No If Yes, explain: _____

Water Conservation Plan attached? Yes No

If applicant is required by law to have a water conservation plan; a copy must be attached to application.

Drought Contingency Plan attached? Yes No

If applicant is required by law to have a drought contingency plan; a copy must be attached to application.

Will all wells with this permit have a working meter prior to operation? Yes No

Part V – Certification:

Applicant agrees that water produced/withdrawn from the proposed well will be put to beneficial use at all times. **Yes** or **No**

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

I hereby declare the well owner or authorized registrant will comply with well plugging guidelines & report closure to the District.

Print Name

Signature of Well Owner or Agent

Date