GATEWAY GROUNDWATER CONSERVATION District

109 West 11th Street Quanah, Texas 79252 Ph: (940) 663-5722 Fax: (940) 663-6912 **E-mail**: gatewaygcd@att.net **Website:** www.gatewaygroundwater.com **District Use Only**

Permit No.

GGCD Well No.

APPLICATION FOR PERMIT TO DRILL AND PRODUCE GROUNDWATER

A \$250 fee is due upon submittal of this application for each well requested. The well driller's log shall be submitted to the District within sixty (60) days of well surface completion. Domestic and Livestock wells, as defined by District Rules, will be refunded the deposit upon submittal of the well log. All unclaimed deposits are forfeited after one (1) year.

1. Applicant(s) Information:

- (a) If the applicant is more than one individual or entity with different residences, attach a written affidavit executed by each individual and/or entity with an interest or their legal representatives describing their respective interests in the well(s), listing their names and addresses, and designating a contact person.
- (b) If the applicant is a corporation, partnership, retail water supplier or other business association, state its name and address below and attach written documentation that the contact person is authorized to represent the applicant.

Note: If the applicant is different from the owner of the land on which the well(s) is/are to be located, provide documentation from the property owner granting applicable authority for the applicant to drill and/or operate the well.

Name of Applicant:	
Email Address:	
Mailing	
Address:	
Phone: Fax:	
Contact Person (if different from applicant):	
Phone: Fax:	
Relationship to Applicant:	
Mailing Address:	

2. <i>A</i>	Amount of	Water Re	quested to) be	produced	under	This P	Permit:
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(a)	Provide the amount of	water requested f	for each well in acre	e-feet/year.
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	Production	acre-feet	/year	gpm	
	Production	acre-feet	/year	gpm	
	Production	acre-feet	/year	gpm	
	Production	acre-feet	/year	gpm	
	*Please attach additional shee	ets as needed			
(b)	State the nature and purpose of permit and provide any evider			undwater und	ler the requested
(c)	Estimated Date/Year Drilled				
	Address:		Ci	ty:	
	State:	_ Zip code: _			
(d)	Identify the aquifer(s) from w Seymour:	Dockum:		lication will	produce:
(d)		Dockum:		lication will	produce:
	Seymour:	Dockum:		lication will	produce:
(e)	Seymour: Blaine:	Dockum: Ogallala:			•
(e)	Seymour: Blaine: Well Information	Dockum: Ogallala: Ft.	 Depth to Firs		Ft.

(f) If the place of use of the groundwater is outside the district's boundaries, please indicate here with an "X":_____

(g) <u>Well Location:</u>

*Asterisk indicates "if known"		
Section*:	Block*:	
Abstract No*:	_	
Survey Name*:	Survey No*:	
Latitude:	Longitude:	
County:		
City:	State: TX Zip:	
Well Site Physical Address:		

3. Attachments to Application

(a) Water Conservation Plan (Please check one):

I have attached a water conservation plan showing what conservation measures I have adopted or will adopt what conservation goals I have established, and what measures and time frames are necessary to achieve my established water conservation goals.

OR

____ I declare that I will comply with the District's management plan.

(b) Well Closure Plan (Please check one):

- _____ I have attached a well closure plan.
- OR
 - ____ I declare that I will comply with the District's well plugging guidelines and report well closure to the District.

I agree that any water withdrawn under the authority of a permit issued based upon the District's grant of this application will be put to beneficial, non-wasteful use at all times, and will not exceed the production allowance of the permit. I agree that reasonable diligence will be used to protect groundwater quality.

I agree to abide by the terms of the District Rules, the District Management Plan, and orders of the Board of Directors, as required by State law. My certification of this application does not waive my right to protest in the future proposed District actions, including proposed amendments to District Rules. However, once the District adopts Rules, Management Plans, Permits, etc., I agree to abide by those terms, as required by State law.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Applicant:	

Date: _____

Application Revised 8-___-16

	District Use Only	
Date received		
Permit No		_
Action		
Comments/notes:		