SAN PATRICIO COUNTY GROUNDWATER CONSERVATION DISTRICT
PO BOX 531, SINTON, TX 78387
361-449-7017

GROUNDWATER TRANSPORTATION PERMIT APPLICATION

Instructions: Please complete all applicable questions. Please type or print and add additional pages where necessary.

Applicant Name: _____ Phone:_____

Post Office Address:_____ Residence or Principal Office:_____

_____ _____

WELL SITE: Latitude:_____ N. Longitude: _____W.
Elevation: _____ Ft. Above Mean Sea Level

Description of Well Location or Directions: _____
_____

Well Number: _____ Well site is _____ Feet from the _____ (north or south) property line, and _____ Feet from the (east or west)_____ property line.

Well Production Permit Number: _____

Number of contiguous acres owned or leased on which water is to be produced: _____ acres.

GROUNDWATER USE: Municipal ___ Industrial ___ Irrigation ___ Agricultural ___ Other _____

Total annual amount of water supply to be transported _____ gallons or _____ acre feet

Length of time required: _____

Date transportation facility or conveyance construction to begin: _____

ATTACHMENTS:
Provide the following as attachments to this application:

1) A map showing the proposed location of the well or wells, including the County, the section, block, survey, and township; labor and league; and exact number of yards to the nearest nonparallel property lines; or other adequate legal description; and the location of the proposed transportation facilities, along with a description of those facilities;

2) A map showing the location of the place of use or end point of the transportation facility or conveyance;

3) Information on the methods of transportation, the amount of water to be transported for the time period requested; and

4) Identify any other available substitutes for fresh groundwater and possible sources of the substitute, including quantity and quality, the availability of water within the District, and in the proposed receiving area during the time period requested: and

5) Information showing:

a) the availability of water in the district and in the proposed receiving area during the period for which the water supply is requested;
b) the projected effect of the proposed transfer on aquifer conditions, depletion, subsidence, or effects on existing permit holders or other groundwater users within the district; and
c) the associated strategy in the approved regional water plan, and consistency with the approved district management plan.

I agree to abide by the terms of the Permit, the District Rules, the District Management Plan, and orders of the Board of Directors. I understand that failure to abide by this agreement will result in enforcement action by the District, which may include civil penalties and revocation of this permit.

_____ _____
Signature of Applicant or agent Date

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BEFORE ME, a notary public, on this day personally appeared _____ who stated that they (1) read the foregoing application and any supporting attachments and that, to the best of their knowledge and professional experience, the statements contained therein are true and accurate; and (2) are duly authorized to sign this application on behalf of the permit applicant.

Subscribed and sworn to before me on this _____day of _____, 20__.

Notary Signature _____ (seal or stamp

A $200.00 APPLICATION FEE MUST ACCOMPANY THIS FORM.

DISTRICT USE ONLY:

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This permit is approved for: 1) operating the above-described transportation facilities;
2) transportation of _____ gallons/ac/ft of water annually for _____years.

This permit is approved, subject to the rules of the SAN PATRICIO COUNTY GCD:

_____
Signature and Title

Permit Number: _____ _____
Date