

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

WATER WELL DRILLING PERMIT APPLICATION

Instructions: Please complete all applicable questions. Please type or print.

Land Owner and/or Operator _____ Phone: _____

Address: _____ Owner's Well Number: _____

Date well to be drilled: _____

Tenant/Operator: _____ Driller: _____

WELL SITE: Latitude: _____ N. Longitude: _____ W.

Elevation: _____ Ft. Above Mean Sea Level

Location
Of Property _____ (acres) _____ miles _____ (N,S,E,W) of _____ (nearest community) on _____ (road)

Well to be drilled _____ Feet from the _____ (north or south) property line, and _____ Feet from
the (east or west) _____ property line.

Number of contiguous acres operated on which water is to be serviced by this well: _____ acres.

Attach a map showing the proposed location of the well to be drilled including the 1) the County, section, block, survey and township; 2) the labor and league; 3) the exact number of yards to the nearest nonparallel property lines; or 3) other adequate legal description; and the location of any wells located within one-quarter mile of the well site.

PROPOSED WELL EQUIPMENT:

Type of Pump: Turbine _____ Submersible _____ Windmill _____ Other _____
Size of Pump: _____ Horsepower _____
Depth of Pump / Bowls, Etc.: _____ Feet Casing Diameter: _____ inches
Power supply: Electric _____ Natural Gas _____ Other _____

PROPOSED WELL USE: Municipal _____ Industrial _____ Irrigation _____ Agricultural _____ Other _____

Total annual water use requested: _____ Gallons or Ac.Ft. (please circle one)

Rate of Withdrawal requested: _____ GPM.

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 agree to provide a complete well log to the District (copy of State Well Report) upon completion of this well and prior to producing any water. 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. This permit is valid for 1 year from the date the permit is approved by the SPCGCD.

\$250.00 FEE ACCOMPANY THIS FORM.

Signature of Landowner or Agent

Date

BEFORE ME, a notary public, on this day personally appeared _____ who stated that (1) they 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) that they are duly authorized to sign this application on behalf of the permit applicant.

Subscribed and sworn to before me on this _____ day of _____, 20____.

(seal or stamp) Notary Signature

This permit is approved for: 1) drilling the above described water well;

This permit is approved, subject to the rules of the SPCGCD : _____

PRESIDENT OR MANAGER OF SPCGCD

Permit Number: _____
Date _____