

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

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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\_\_\_\_.

\_\_\_\_\_ Notary Signature

(seal or stamp)

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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