

NORTH TEXAS GROUNDWATER CONSERVATION DISTRICT

P.O. Box 508, Gainesville, TX 76241 5100 Airport Drive, Denison, TX 75020 Office: (855) 426-4433 | Fax: (903) 786-8211 ntgcd@northtexasgcd.org | www.northtexasgcd.org

APPLICATION FOR PRODUCTION PERMIT FOR NEW WELL

Complete one application for each well - Refer to District Rules 3.9 - 3.10.

This application must be completed and submitted in conjunction with the District's Application for New Well Registration (Form NTGCD-100), which will be incorporated and considered as part of this application.

| Name: | | E- | -mail: | | |
|---|--------------|--|---------------------------------|----------|--------------------|
| Phone: | | | lt. Phone: | | |
| | | Ext. | | | E |
| Mailing Address: | Address | City | | State | Zip code |
| Well Informatio | on | | | | |
| Owner Name: | | W | Vell Name: | | |
| Well Address: | | | | | |
| | Address | City | | State | Zip code |
| Does the proposed | | | | | |
| If No, please ex | | n for Exception to Spacin | • | · · | he District may be |
| If No, please ex | | | • | · · | he District may be |
| If No, please ex required): Purpose and An | nount of Wat | | - | | |
| If No, please ex required): Purpose and An For each proposed | nount of Wat | er Use f water from the well, pro | vide the pro | posed an | |
| If No, please exrequired): Purpose and An For each proposed Use: | nount of Wat | er Use f water from the well, pro Amount (gallons/y | vide the pro | posed ar | mount of use: |
| If No, please exrequired): Purpose and An For each proposed Use: Use: | nount of Wat | er Use f water from the well, pro Amount (gallons/y Amount (gallons/y | vide the property | posed ar | mount of use: |
| If No, please exrequired): Purpose and Ar For each proposed Use: Use: | nount of Wat | er Use f water from the well, pro Amount (gallons/y Amount (gallons/y | vide the project project vear): | posed ar | mount of use: |

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| | | roundwater produced from the well be resold, leased, or otherwise d to others, whether inside or outside of the District? \Box Yes \Box No | | | | | |
|--|--|--|--|--|--|--|--|
| Ify | ves, | provide the following: | | | | | |
| 1. | . Description of purpose of use and location to which the groundwater will be delivered: | | | | | | |
| 2. | 2. Attach a copy of the legal documents establishing the right for the groundwater to be sold, leased, or otherwise transferred (e.g. contract for the sale, lease, or transfer of groundwater). | | | | | | |
| Will th | ne g | roundwater produced from the well be transported out of the District? \Box Yes \Box No | | | | | |
| | | attach supplemental information describing the following issues and provide documents and to these issues: | | | | | |
| 1. | | Availability of water in the District and in the proposed receiving area during the period for which the water supply is requested; | | | | | |
| 2. | . Projected effect of the proposed transport on aquifer conditions, depletion, subsidence, or effects on existing permit holders or other groundwater users within the District; and | | | | | | |
| 3. | | How the proposed transport is consistent with the approved regional water plan and District Management Plan. | | | | | |
| | | pose of use is not municipal/public water system, does the property ss to a public water supply? \Box Yes \Box No \Box N/A | | | | | |
| | | attach supplemental information describing the reason for not utilizing the public water supply requested amount. | | | | | |
| If n | o, p | please answer the following and provide the supplemental information requested: | | | | | |
| | 1. | What Certificate of Convenience and Necessity (CCN) of a public water supplier is the property located within? | | | | | |
| | 2. | Attach supplemental information describing the reason public water supply is not available at the property, and include the location and size of the nearest water main of a public water supplier. | | | | | |
| Hydro | ge | ological Report Requirement | | | | | |
| Is the p | orop | posed production capacity of the well, or proposed aggregate production f the well is part of a well system, 200 gpm or more? | | | | | |
| | | attach a Hydrogeological Report that complies with all of the requirements of the District's geological Report Requirements. | | | | | |
| Attack | ım | ents | | | | | |
| ☐ App ☐ Loc ☐ Hyo ☐ Wa ☐ Dro | plic catio drog ter ougl | k off/describe all items attached to this permit application (not all items listed may be required): ation for New Well Registration – Form NTGCD-100 (REQUIRED) on Map Showing Proposed Well Location (REQUIRED) geological Report Conservation Plan (WCP)* Int Contingency Plan (DCP)* | | | | | |
| ⊔ App | plic | ation for Exception to District Spacing Requirements | | | | | |

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| SWORN TO AND SUBSCRIBED BEFORE ME on (date) | ☐ Other (explain): | | | | |
|--|---|--|---|--|--|
| I hereby certify that the information given herewith is true and accurate to the best of my knowledge a belief. I further certify that all water produced from the well that is the subject of this permit will at times be put to beneficial use. I further certify and declare that I will comply with the District's Ru and all groundwater use permits and plans promulgated pursuant to the District's Rules, the Distric Management Plan, and the District's Drought Contingency Plan. My signature below represents acknowledgement that other political subdivisions (such as the county or municipality, for example) minpose additional requirements related to the drilling and completion of water wells under cert conditions, and that I am solely responsible for obtaining any other necessary governmental approvations, and that I am solely responsible for obtaining any other necessary governmental approvation to execute this document on behalf of the owner/responsible party. My signature below further represemy declaration that I am responsible for reporting any closure of the well to the District and appropriate state agencies and that I will strictly comply with all District well plugging and capping guidelines. If further acknowledge that I am not authorized to drill the well that is the subject of this application unreceipt of a Production Permit from the District, and that a District Production Permit is not comply until District receipt of a fully complete and accurate Well Report and Well Completion Form. Print Name | that he/she will abide by except in cases where the | the District's Management Papplicant is required by other l | lan and Drought Conting | ency Plan, respectively, | |
| belief. I further certify that all water produced from the well that is the subject of this permit will at times be put to beneficial use. I further certify and declare that I will comply with the District's Ru and all groundwater use permits and plans promulgated pursuant to the District's Rules, the Distric Management Plan, and the District's Drought Contingency Plan. My signature below represents acknowledgement that other political subdivisions (such as the county or municipality, for example) mimpose additional requirements related to the drilling and completion of water wells under certa conditions, and that I am solely responsible for obtaining any other necessary governmental approvations, and that I am solely responsible for obtaining any other necessary governmental approvation to execute this document on behalf of the owner/responsible party. My signature below further represe my declaration that I am responsible for reporting any closure of the well to the District and appropriate state agencies and that I will strictly comply with all District well plugging and capping quidelines. I further acknowledge that I am not authorized to drill the well that is the subject of this application un receipt of a Production Permit from the District, and that a District Production Permit is not complumitl District receipt of a fully complete and accurate Well Report and Well Completion Form. Print Name Signature Date STATE OF TEXAS COUNTY OF SWORN TO AND SUBSCRIBED BEFORE ME on (date) (applicant) (applicant) | Certification – pleas | e read carefully | | | |
| to execute this document on behalf of the owner/responsible party. My signature below further represemy declaration that I am responsible for reporting any closure of the well to the District and appropriate state agencies and that I will strictly comply with all District well plugging and capping guidelines. I further acknowledge that I am not authorized to drill the well that is the subject of this application under receipt of a Production Permit from the District, and that a District Production Permit is not complemental District receipt of a fully complete and accurate Well Report and Well Completion Form. Print Name Signature Date STATE OF TEXAS COUNTY OF SWORN TO AND SUBSCRIBED BEFORE ME on (date) [applicant] [applicant] [applicant] | belief. I further certify the times be put to beneficial and all groundwater use Management Plan, and acknowledgement that or impose additional requi | at all water produced from the luse. I further certify and decepermits and plans promulgate the District's Drought Continuer political subdivisions (such the drilling the dri | e well that is the subject of clare that I will comply well pursuant to the Distric gency Plan. My signatur has the county or municip g and completion of wat | of this permit will at all with the District's Rules it's Rules, the District's be below represents my wality, for example) may her wells under certain | |
| receipt of a Production Permit from the District, and that a District Production Permit is not complete until District receipt of a fully complete and accurate Well Report and Well Completion Form. Print Name Signature Date STATE OF TEXAS COUNTY OF SWORN TO AND SUBSCRIBED BEFORE ME on (date) [applicant] [applicant] | to execute this document my declaration that I a appropriate state agence | on behalf of the owner/respons m responsible for reporting o | ible party. My signature b any closure of the well t | elow further represents to the District and the | |
| STATE OF TEXAS COUNTY OF SWORN TO AND SUBSCRIBED BEFORE ME on (date) (applicant) | receipt of a Production I | Permit from the District, and t | hat a District Production | Permit is not complete | |
| SWORN TO AND SUBSCRIBED BEFORE ME on (date) (applicant) | Print Name | Signature | | Date | |
| (applicant) | | | | | |
| Notary Public – State of Texas | | | | , by | |
| | | | Notary Public – | Notary Public – State of Texas | |
| My Commission Exp | | | My Commission | • | |

Please submit this application to the District by mail, fax or email:

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