

# DECLARATION

Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

TO: Gary Ashmore  
General Manager  
Lower Trinity Groundwater Conservation District

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

\_\_\_\_\_ (Applicant) will comply with all well plugging guidelines and will report all well closures to the TCEQ and Lower Trinity Groundwater Conservation District.

\_\_\_\_\_ (Applicant) will comply with the Lower Trinity Groundwater Conservation District's Management Plan and Rules. (LTGCD)

\_\_\_\_\_  
Well Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position/Title