



# Lower Trinity Groundwater Conservation District

602 E. Church St #141 Livingston, TX 77351  
Office: (936) 327-9531 Fax: (936) 327-9532  
Email: Groundwater@Livingston.net

## Non-Exempt Well Drilling & Operating Permit Form

This permit application form must be completed and submitted, along with additional information requirements as outlined in the District Rules, [www.ltgcd.org](http://www.ltgcd.org). Applicable fees must accompany the permit application. A permit must be obtained prior to drilling any new non-exempt wells.

### **Well Description, Specifications and Location:** (Check all that apply):

- New Well Drilling Permit.  New Well Operating Permit  Modification of existing Well or Permit.  
 Replacement Well (indicate status of old well): \_\_\_\_\_ Distance between Wells: \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Purpose of Water Well Use: \_\_\_\_\_  
Well Casing Size: \_\_\_\_\_ Pump HP Size: \_\_\_\_\_ Estimated Depth of Well: \_\_\_\_\_  
Maximum Gallons per Minute: \_\_\_\_\_ Annual Amount of Usage in Gallons: \_\_\_\_\_  
Anticipated Start Date of Drilling: \_\_\_\_\_ Start Date of Production: \_\_\_\_\_  
Physical 911 address of Well Site: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
GPS Coordinates (**required**): Latitude: N: \_\_\_\_\_ Longitude: W: \_\_\_\_\_

### **Well Owner Information:**

- Well Owner will be operating the well.  
Name of Well Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_
- Person other than well owner will be operating the well. If so, provide:  
Name of Operator: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### **Land Owner Information:**

If applicant is other than landowner, please complete the following information and provide documentation establishing the applicable authority to construct and operate a well for the proposed use.

Name of Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### **Well Driller Information:**

Name of Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_  
**Name of Licensed Driller:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**The application for permits shall also include the following:**

*See District Rules for additional information and instructions.*

- (a) A location map of all existing wells within a quarter (1/4) mile radius of the proposed well or the existing well to be modified;
- (b) A map from the county appraisal District indicating the location of the proposed well or the existing well to be modified.
- (c) Notice of any application to the Texas Commission on Environmental Quality (TCEQ) to obtain or modify a certificate of convenience and necessity to provide water or wastewater service with water obtained pursuant to the requested permit;
- (d) A water conservation plan or a declaration that the applicant will comply with the LTGCD Management Plan.
- (e) A water well closure plan or a declaration that the applicant will comply with all District well plugging and capping guidelines and report closure to the Commission.
- (f) A hydrogeological report addressing the area of influence, draw down, recovery time, and other pertinent information required by the District shall be required for the following:
  - (1) Requests to drill a well with a daily maximum capacity of more than 750,000 gallons; or,
  - (2) Requests to modify to increase production or production capacity of a Public Water Supply, Municipal, Commercial, Industrial, Agricultural or Irrigation well with an outside casing diameter greater than 10 inches. The well must be equipped (or tested at a rate equal to or greater than the rate necessary) for its ultimate planned use and the hydrogeological report must address the impacts of that use. The report must include hydrogeological information addressing and specifically related to the proposed water pumpage levels at the proposed pumpage site intended for the proposed well or for the proposed transporting of water outside the District. Applicants may not rely solely on reports previously filed with or prepared by the District.

**Application and Permit Fees: (include all that apply):**

Test Well Drilling Permit: \$200.00 – Permit Amendments: \$200.00

New Well Drilling Permit: Casing Size 2-5”-\$100.00, 6-9”-\$200.00, 10+”-\$400.00

New 5 Year Operating Permit: Well Casing Size 2-5”-\$500.00, 6-9”-\$1000.00, 10+”-\$2000.00

Application Review Fee: Any actual cost charged by consultants engaged by District in review of plans. \$TBD

I, the undersigned applicant, hereby agree and certify that:

- 1) The applicant will comply with the District’s Rules and all Groundwater use permits and plans pursuant to the Management Plans;
- 2) The applicant agrees that water produced from the well will be put to beneficial use at all times.
- 3) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in effect at the time of well closure.
- 4) By signing this form, the well owner and representative understands that this allows the Lower Trinity Groundwater Conservation District to enter the property to inspect the well.

I hereby certify that I have furnished the above information and to the best of my knowledge and belief, all data herein contained are true and correct.

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

\_\_\_\_\_  
**Date**

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

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

**Approved by:**
**Date:**
**Permit #**