



Lower Trinity Groundwater Conservation District

Office: (936) 327-9531 Fax: (936) 327-9532
Email: Groundwater@Livingston.net
P.O. Box 1879 Livingston, TX 77351
www.ltgcd.org

Small Business Permit Application

This form is to be used only for exempt wells using less than 25,000 gallons of water per day and an outside casing diameter of 4 inches or less. **Application form must be completed and submitted prior to drilling.**

Anticipated Drill Date, (or date drilled if already an existing well): _____

Purpose or Type of Small Business: _____

Well Description, Specifications and Location:

Purpose of Water Well Use: _____
Well Casing Size: _____ Pump Size: _____ Estimated Depth of Well: _____
Maximum Gallons per Minute: _____ Annual Amount of Usage in Gallons: _____
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: _____

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 #:** _____

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.
- 4) The applicant understands that if any change in size or scope of the business occurs, that the District will be notified within 30 days.
- 5) By signing this form, the well owner or representative understands that this allows the 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: _____

Well Driller Signature: _____ Date: _____

Approved by: _____

Date: _____

Permit # _____