

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT
APPLICATION AND AUTHORIZATION TO DRILL AN EXEMPT* WELL IN
KERR COUNTY, TEXAS**

OFFICE LOCATION: 125 LEHMANN DR. STE. 102 KERRVILLE, TEXAS 78028.
PHONE (830) 896-4110 FAX (830) 257-3201 E-MAIL hgcd@hgcd.org WEBSITE www.hgcd.org

RETURN THIS APPLICATION TO HEADWATERS GCD WITH:

- A plat of the property the well is to be drilled on, stating the date the property was platted
- Kerr Central Appraisal District "R" number
- Name of the driller and pump installer and the GPS location of the well
- \$300.00 Fee will be accepted from the owner or their designated agent only (cash or check)

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE AUTHORIZATION TO DRILL WILL BE ISSUED, DRILLING MAY NOT BEGIN UNTIL THIS AUTHORIZATION IS ISSUED. YOU MUST USE A LICENSED DRILLER AND PUMP INSTALLER THAT IS REGISTERED IN KERR COUNTY.
More than five acres is required to drill individual wells on tracts of land platted after 11/26/2007

OWNER AND PROPERTY INFORMATION

OWNER: _____ Gate Code _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX _____

CELL PHONE _____ E-MAIL _____

Well 911 ADDRESS: _____

DIRECTIONS TO WELL SITE _____

Kerr Central Appraisal District Reference Number (s) _____

GPS Location Lat. _____ deg. _____ min. _____ sec. Long. _____ deg. _____ min. _____ sec

Elevation _____ Tract Size (Number of Acres) _____

APPLICATION FOR: NEW WELL ALTER EXISTING WELL

TRINITY WELL: EDWARDS WELL:

PROPOSED WELL USE: DOMESTIC* LIVESTOCK OR POULTRY (*on tract of land larger than 10 acres*)

ARE THERE ANY OTHER WELLS ON THE PROPERTY YES NO, IF YES

GIVE DISTANCE TO NEAREST WELL _____ EXISTING WELL MUST BE PLUGGED YES NO

IS PROPERTY SERVED BY A PUBLIC WATER SUPPLY SYSTEM YES NO

IF YES NAME PWS _____

Rule 6.2.D, In a subdivision that is served by a Public Water Supply system, additional wells may only be drilled by the public water system owner/operator that hold the CCN.

WELL DRILLER: _____ DRILLER LICENSE # _____

PUMP INSTALLER: _____ PUMP INSTALLER LICENSE # _____

Pump Installer must submit a Certified Statement of Completion of how many gallons per minute the well pump is capable of producing.

*The acknowledgement Affidavit on back must be signed by the owner of the property listed on this application.
The owner may designate on the back of this form, an agent to act on his behalf*

**Exempt Well shall mean a well that is either drilled, completed, or equipped so that is incapable of producing more than 25,000 gallons (or 17.36 gallons per minute) of groundwater a day and which is used:*

- (1) solely and exclusively for domestic use as defined herein; or*
- (2) for providing water for livestock or poultry on a tract of land larger than 10 acres*

Domestic Use shall mean the use of water only for personal household use, including water for use inside the home, for irrigation of lawns, family garden/orchard, for watering domestic animals, and filling swimming pools.

ENVIRONMENTAL and SETBACK INFORMATION

DISTANCE TO NEAREST PROPERTY LINE _____ ft, (Must be 75 Feet)
 DISTANCE TO SEPTIC TANK AND DISPOSAL AREA _____ ft.(Edwards Well 100 ft. Trinity Well 50 ft)
 IS THE WELL IN A FLOOD ZONE _____ DISTANCE TO RIVER, LAKE, OR STREAM _____
 DISTANCE TO ANY OTHER SOURCE OF CONTAMINATIONL _____
 MINIMUM HORIZONTAL DISTANCE OF ONE HUNDRED FIFTY (150) FEET FROM ANY
 CONCENTRATED SOURCES OF PONTENTIAL CONTAMINATION SUCH AS, BUT NOT LIMITED TO,
 EXISTING OR PROPOSED LIVESTOCK OR POULTRY YARDS, CEMETERIES, PESTICIDE
 MIXING/LOADING FACILITIES, AND PRIVIES.

ACKNOWLEDGEMENT AFFIDAVIT: Please Print and Sign

I, _____, owner of the well on this property, having completed this application, acknowledge that all the statements contained herein are true and correct to the best of my knowledge. I agree to abide by all Headwaters GCD District Rules now or hereafter adopted by the District. I agree to provide all required documents. I agree to be responsible for collecting and paying for a water quality analysis of water from the well after it is equipped to pump water and submit a copy of the analysis to the District. I authorize employees of Headwaters GCD access to the well site for purposes of inspection at any reasonable time.

Owner Signature

Designation of Agent

I, _____, the owner of the property stated on this application, designate _____, as my agent for the purpose of completing this application and all matters concerning the drilling and equipping of my water well. I understand and acknowledge that I am legally bound my agent's actions on my behalf and that said agent must abide by the acknowledgement statement above signed by me.

Owner Signature

Sworn and subscribed before me this _____ day of _____, _____

 Notary Public

Authorization and Receipt

Assigned HGCD well # _____ Date _____

Received from _____

Cash Check Check # _____ Amount _____ Receipt # _____

Authorization Issued by _____

Not Valid
Without
Seal
Affixed