

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT
APPLICATION FOR A PERMIT WELL**

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:

- Copy of a plat and deed of the property the well is to be drilled on.
- Kerr Central Appraisal District Property ID number
- Name of the driller and pump installer
- \$1,500 Fee will be accepted from the owner or their designated agent only(cash or check)

OWNER AND PROPERTY INFORMATION

OWNER: _____
MAILING ADDRESS: _____
911 ADDRESS: _____
CITY _____ STATE _____ ZIP _____
PHONE: _____ FAX _____
CELL PHONE _____ E-MAIL _____
DIRECTIONS TO WELL SITE: _____

Kerr Central Appraisal District Property ID Number(s) _____
GPS Location Lat. ____ deg. ____ min. ____ sec. Long. ____ deg. ____ min. ____ sec
Elev _____ Grid _____
Tract Size (Number of Permit Acres) _____ (See District Rule 6.2 table for well spacing
distances from property lines, small acreages may not support large volume wells.)

APPLICATION FOR: NEW WELL ALTER EXISTING WELL

PROPOSED WELL USE: AGRICULTURAL PWS INDUSTRIAL/COMM.

ARE THERE ANY OTHER WELLS ON THE PROPERTY YES NO, IF YES
GIVE DISTANCE TO NEAREST WELL _____

IS PROPERTY SERVED BY A PUBLIC WATER SUPPLY SYSTEM YES NO
IF YES NAME PWS _____

*In a subdivision that is served by a Public Water Supply System, additional wells may only be drilled
by the public water supply system owner/operator that holds the CCN*

WELL DRILLER: _____ LICENSE # _____

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.*

ENVIRONMENTAL and SETBACK INFORMATION

DISTANCE TO NEAREST PROPERTY LINE _____, (Must be 75 Feet)
DISTANCE TO SEPTIC TANK AND DISPOSAL AREA _____ (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
POTENTIAL 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, (print) _____, 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. As the owner of this property listed on this application my signing this affidavit releases and indemnifies Headwaters GCD of any liability or responsibility regarding Deed Restrictions, Conveyances, Reservations, etc.; or other unseen or unknown factors affecting the title or sale of the property. The Headwaters GCD assumes no responsibility to any Title Company, Home Owners Association, Grantee or Grantor with respect to the sale or title to this property. It is my sole and full responsibility as the property owner on which the water well is to be drilled to provide Headwaters GCD with a copy of the Deed and make the District aware of any restrictions regarding water rights and the drilling of water wells on my property.

Owner Signature

Designation of Agent

I, (print) _____, 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 and that said agent must abide by the acknowledgement statement above signed by me.

Owner Signature _____

Sworn and subscribed before me this _____ day of _____,

State of Texas, County of Kerr

Notary Public

Authorization and Receipt

Assigned HGCD well # _____ Date _____

Received from _____

Cash Check Check # _____ Amount _____ Receipt # _____

Authorization to Drill Well and Equip Well for _____ Gallons Per Minute

Issued by _____

Not Valid
Without
District
Seal
Affixed