

**HEADWATERS GROUNDWATER CONSERVATION DISTRICT
APPLICATION AND AUTHORIZATION TO DRILL A MONITOR/TEST* 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 or map 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 or drilling company
- \$125.00 fee (cash or check only)

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.

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 Reference Number (s) _____
GPS Location Lat. ___ deg. ___ min. ___ sec. Long. ___ deg. ___ min. ___ sec Elev. _____

APPLICATION FOR: MONITOR/TEST WELL

COPY OF STATE WELL PLUGGING REPORT TO BE SUBMITTED TO HEADWATERS WITHIN 60 DAYS OF COMPLETION.

WELL DRILLER: _____ DRILLER LICENSE # _____

PLEASE SIGN AND HAVE NOTORIZED THE ACKNOWLEDGEMENT AFFIDAVIT ON THE BACK OF THIS APPLICATION, AND RETURN TO HEADWATERS OFFICE.

ACKNOWLEDGEMENT AFFIDAVIT

I, _____, owner/agent 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 authorize employees of Headwaters GCD access to the well site for purposes of inspection at any reasonable time.

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