

HEADWATERS GROUNDWATER CONSERVATION DISTRICT APPLICATION AND AUTHORIZATION TO DRILL, ALTER, AND EQUIP A PERMITTED WELL IN KERR COUNTY, TEXAS

OFFICE LOCATION: 125 LEHMANN DR. STE. 202 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 THE FOLLOWING:

- Copy of a plat and proof of ownership by Kerr Central Appraisal District or Deed.
- Kerr Central Appraisal District Property ID number
- Name of the driller and pump installer
- \$1,500 Fee

OWNER: _____

GATE CODE: _____

ENTRY INFO: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

911 (WELL SITE) ADDRESS: _____

PHONE: _____

CELL PHONE: _____

E-MAIL: _____

TRACT SIZE (ACRES): _____

KERR CENTRAL APPRAISAL DISTRICT PROPERTY ID NUMBER(S): _____

PROVIDE BRIEF DIRECTIONS TO THE WELL SITE: _____

APPLICATION FOR: NEW WELL ALTER EXISTING WELL REPLACEMENT WELL

PROPOSED WELL USE: AGRICULTURAL PWS INDUSTRIAL/COMM OTHER

ARE THERE ANY OTHER WELLS ON THE PROPERTY YES NO

IF YES GIVE DISTANCE TO NEAREST WELL _____ ft. **WELL #, IF AVAILABLE:** _____

IS PROPERTY SERVED BY A PUBLIC WATER SUPPLY SYSTEM YES NO

IF YES NAME PWS _____

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.

To be completed by HGCD

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

Elevation _____ **Grid** _____ **Date:** _____

On Site: _____ **Start:** _____ **Case:** _____ **Grout:** _____ **Finish:** _____ **Pin:** _____

*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, SETBACK and COMPLETION INFORMATION

DISTANCE TO NEAREST PROPERTY LINE _____ ft, (Must meet Rule 6.B(f) requirements)
DISTANCE TO SEPTIC TANK AND DISPOSAL AREA _____ ft.(Edwards Well 100 ft. Trinity Well 50 ft)
Wells shall be completed in accordance with HGCD construction standards and TDLR 76.100 Locations and Standards of Completion for wells. The landowner shall have the continuing responsibility of ensuring that a well does not allow the commingling of undesirable water or constituents with fresh water through the wellbore to other porous strata. All wells required to be capped or plugged, shall be capped/plugged in accordance with TDLR 76.104 Standards for Capping and Plugging of Wells.

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 groundwater from the well within 60 days after it is equipped to pump groundwater 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 before, during and after the drilling of the well and pump installation.** 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 groundwater well is to be drilled to provide Headwaters GCD with a copy of the Deed and make the District aware of any restrictions regarding groundwater rights and the drilling of groundwater 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, the permit, 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 _____ Agent's Contact Info: _____

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