

HAYS TRINITY GROUNDWATER CONSERVATION DISTRICT

State Well No. _____
District _____
Registration No _____

Mailing Address: P.O. Box 1648, Dripping Springs, TX 78620
(512) 858-9253 Fax (512) 858-2384

AQUIFER TEST WELL PERMIT FORM

PLEASE PRINT

A. INDIVIDUAL SUBMITTING TEST WELL PERMIT APPLICATION

Name				Street Address				
City			State	Zip Code	Phone Number			
Alternate Phone Number			Facsimile			Email		

B. GEOSCIENTIST OR PROFESSIONAL ENGINEER (Licensed Professional who will certify Aquifer Test under Rule 11)

Name				Street Address				
City			State	Zip Code				
Phone Number			Facsimile			Registration Number		

C. PROJECT INFORMATION

Name of Proposed Project							
Previous or Other Names Identifying the Tract of Land							
Physical Address of Proposed Project (Include Directions)							
Legal Property Description of Proposed Project							
Proposed Well Use After Aquifer Test is Complete							

D. LOCATION MAP OR PROPERTY PLAT

Attach a location map or property plat drawn on a scale that adequately details the well site, the property lines, and the following located within 2,000 feet of the proposed well: other existing wells, any existing or proposed on-site wastewater systems, any concentrated source of potential contamination, any septic system drain field or wastewater irrigation system, and any water-tight sewage and liquid-waste collection facilities.

E. CERTIFICATION THAT WELL IS NOT LOCATED IN A SERVICE AREA OF A RETAIL PUBLIC WATER UTILITY

Please complete 1a or 1b

1a	I hereby certify that the well is not located within 50 feet of or within the service area of a retail public water utility Signature of Well Owner or Authorized Agent: _____ Date: _____
1b	If the well is to be located within 50 feet of or within the service area of a retail public water utility, attach a document from the retail public water utility stating that it is unable or unwilling to provide service. See Rule 4.4.C, which requires a variance for a new non-exempt well to locate within 50 feet of or within the service area of a retail public water utility.

F. FEE

Attach \$300 Well Construction Fee, if Fee was not paid with Well Registration.

G. SIGNATURE

By signing this form, I declare that I have knowledge of the information provided in this form and that it is true and correct, to the best of my knowledge and belief. Furthermore, I am familiar with all pertinent requirements contained in the Hays Trinity Groundwater Conservation District Rules including the District's well construction standards. I agree to notify the District before the start of drilling and upon completion of the well. I understand that it is the Well Owner's responsibility to ensure that within 60 days after the completion of the well, the driller submits the State of Texas Well Report (Well Log) to the District. I agree to allow District representatives to enter the well site property to inspect during drilling and upon well completion.

Signature of Well Owner or Authorized Agent: _____

Printed Name: _____ Date: _____

FOR DISTRICT USE ONLY: Temporary State No./District Registration No.: _____ Date Received: _____

Date Aquifer Test Well Permit Effective: _____ Expiration Date (90 days after effective date): _____

Well Construction Fee paid: Check No. _____

All Attachments Included (Well Registration; Location Map or Property Plat; Signed Utility Certification or Attachment)