

BARTON SPRINGS / EDWARDS AQUIFER CONSERVATION DISTRICT

1124 Regal Row, Austin, Texas 78748 Phone (512) 282-8441 FAX (512) 282-7016 Website: <http://www.bseacd.org>

PERMIT APPLICATION FORM

Applicant must check one or more boxes as appropriate.

Pumpage Permit

Permit Amendment (Circle one or more as applicable: Change in Permitted Pumpage Volume, Change in Ownership, or Other Amendments)

Transport Permit

Please fill out this application as completely as possible, include the applicable fees, and return to the District office at the address above.

Well Owner: _____ **Attention:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** () _____

Well Location and Proof of Ownership:

Provide specific directions to well site. Attach a copy of the property plat and a copied portion of a USGS 7.5' topographic map, street map, subdivision map, or other small scale map with the well site accurately located. Deed or other proof of ownership may be required.

I hereby make application to the Barton Springs/Edwards Aquifer Conservation District for the purpose indicated above for the water well described herein, and I certify that I am the property owner or an Authorized Agent of the owner and that each and all the statements herein are true and correct, and that I will comply with District Rules, Well Construction Standards, and groundwater use permit and plan requirements. I hereby authorize the District access to this property to make any well inspections and collect water samples as necessary at the well location up to 90 days after the date the District is notified by the owner, agent or well driller that the well has been equipped with a pump, meter, sampling spigot, and is connected to electricity. Access after this 90 days is authorized following 72 hours advance notice or, in an emergency, immediately, with such emergency access reported to the owner if advance notice was not possible.

 Signature of Property Owner or Authorized Agent* _____
 Date
 (*Notarized Proof of Authorization Required)

State of Texas, County of _____ SWORN TO AND SUBSCRIBED
 before me by the said owner or agent on this the _____ day of _____, 20_____.

 Notary Public, State of Texas My commission expires:

FOR DISTRICT USE ONLY	Date Completed	Initials	Special Conditions:
<input type="checkbox"/> Public Water Supply	_____ App. Filed	_____	_____
<input type="checkbox"/> Commercial	_____ Fees Paid	____/____/____	_____
<input type="checkbox"/> Agricultural	_____ Review of Additional	_____	_____
<input type="checkbox"/> Industrial	_____ Information	_____	_____
<input type="checkbox"/> Irrigation	_____ UCP & UDCP	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	_____ Public Notice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
	_____ Hyd./Geo.Report	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
	_____ Public Hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____ Board Action	Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed: _____
	Temp./State Well # _____		Minor Amendment <input type="checkbox"/> Major Amendment <input type="checkbox"/>

General Well Information:

New Well Existing Well Modify Existing Well Type of Modification: _____
Proposed Depth: _____ feet Existing Well Depth: _____ feet
Drilled Hand-Dug Aquifer: Edwards Trinity Other _____
Pump Size: _____ HP Capacity: _____ GPM
Depth to Bottom of Casing: _____ feet Inside Diameter of Casing: _____ inches
Casing Type: PVC Steel New Used Does Well have a Concrete Slab ? Yes No
Is Well Equipped with a Pump ? Yes No Does Pump Work ? Yes No
Are Well Logs Available ? Yes No If yes, attach a copy of the well log(s).
Drilled By: _____ Phone: _____
Date Drilled: _____ Date Placed in Service: _____
Lot Size: _____ acres Septic System: Yes No Is there another well on the property?: Yes No
Is the well part of a multi-well aggregate system?: Yes No If yes, how many wells: _____
List State Well Numbers: _____
Is Well Metered? Yes No Aggregate Metered? Yes No Meter Brand & Size: _____
Number of "Fixed Zeros": on Meter: _____ Meter Reading: _____ Serial #: _____

Water Used For:

Commercial Public Water Supply Industrial Irrigation Agricultural Livestock
 Agricultural Irrigation Other _____

Pumpage and Transport Permit Information:

Current Permitted Annual Production from this well or multi-well aggregate: _____ Gallons
Requested Annual Production from this well or multi-well aggregate: _____ Gallons
Total Increase or (Decrease) in production. _____ Gallons
This is an: Increase Decrease in production of _____% from the current Permitted Pumpage Volume.
Requested Annual Volume to be Transported Out of District _____ Gal. (_____% of Permitted Pumpage)
Reason for requesting this amendment:

Have you had any other increases in your permitted pumpage volume since last September 1st? Yes No
Do you have a Board-approved User Conservation Plan and User Drought Contingency Plan? Yes No
Have you conducted a hydrogeological test of your well within the last 3 years? Date _____ Yes No

Notes or Comments: