

# 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:**