

# BREWSTER COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 465  
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[www.Westtexasgroundwater.com](http://www.Westtexasgroundwater.com)

## APPLICATION FOR DRILLING PERMIT

A \$100 non-refundable fee is required with this application. THIS APPLICATION FORM MAY BE MAILED OR EMAILED

### I. Applicant and Well Owner/Operator Information<sup>1</sup>

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Applicant's Authorized Agent, if any: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ the above described applicant, do hereby make application to the Brewster County Groundwater Conservation District for a permit to (check all that apply):

- drill a new well, as described more fully below;
- increase the size of an existing well, as described more fully below;
- increase the size of the pump on an existing well, as described more fully below; OR
- replace an existing well.

Name of Well Driller: \_\_\_\_\_ Phone: \_\_\_\_\_

Licensed Pump Installer to be used for pump installation: \_\_\_\_\_

Address of Pump Installer: \_\_\_\_\_

Texas State Well Pump Installer's License No. \_\_\_\_\_ Phone: \_\_\_\_\_

Well Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Owner's Authorized Agent, if any: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> If the applicant is an individual, the application may be signed by that individual or his duly appointed agent. If the applicant is a partnership, the applicant's name should be followed by the words "a Partnership," the application must be signed by at least one of the general partners who is authorized to bind all of the partners. If the applicant is a corporation or governmental entity, the application must be signed by a duly authorized official of the applicant. If the application is made by an estate, trust or guardianship, the application shall be signed by the duly appointed guardian, trustee, or representative.

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

Well Operator, if other than Well Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Operator's Authorized Agent, if any: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**II. Well Location**

Physical Address of Well Location: \_\_\_\_\_

General description of well location (including acres owned, distance from all adjoining property lines, & distance from closest well): \_\_\_\_\_

Legal Description for Tract Where Well to be Located:

Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Acreage: \_\_\_\_\_ Subdivision: \_\_\_\_\_

GPS (in decimal) for Well Location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Distance from Property Lines: North \_\_\_\_\_ South \_\_\_\_\_ West \_\_\_\_\_ East \_\_\_\_\_

Distance to Nearest Well in feet/miles: North \_\_\_\_\_ South \_\_\_\_\_ West \_\_\_\_\_ East \_\_\_\_\_

Distance to Sewer Lines Septic Systems, feet/miles: \_\_\_\_\_

Does the proposed location meet setback requirements as set forth in rules of the TDLR for Water Well Drillers and Pump Installers, TCEQ and the District? Yes \_\_\_\_\_ No \_\_\_\_\_

**III. Well Information**

Proposed Well Use:

- Municipal/Commercial     Manufacturing/Industrial     Irrigation     Export
- Domestic or Residential     Livestock     Other

Describe the proposed purpose of use: \_\_\_\_\_

Legal Authority under which Water will be Withdrawn from Well (e.g., exempt well, existing or applied for production permit): \_\_\_\_\_

Proposed Amount of Annual Withdrawals: \_\_\_\_\_ e-feet or gpm

Maximum rate of withdrawal in gallons per minute from Well: \_\_\_\_\_ gpm;

Total well depth: \_\_\_\_\_ feet

Total depth of well's casing: \_\_\_\_\_ feet;

Casing material:     Steel     PVC

Total depth of grout: \_\_\_\_\_ feet;

External diameter of well casing: \_\_\_\_\_ inches

Internal diameter of well casing: \_\_\_\_\_ inches;

Internal diameter of well bore: \_\_\_\_\_ inches  
 Depth of location of screen intervals: \_\_\_\_\_ feet;  
 Depth of location of perforation intervals: \_\_\_\_\_ feet;  
 Depth of location of filter pack intervals: \_\_\_\_\_ feet;  
 Predicted depth to water-bearing strata: \_\_\_\_\_ feet  
 Pump motor size: \_\_\_\_\_ hp;  
 Pumping method:  Submersible  Turbine  Jet  Piston  Other \_\_\_\_\_  
 Pump Power Source:  Electric  Diesel  Natural Gas  Windmill  Other \_\_\_\_\_  
 Meter specifications: \_\_\_\_\_  
 Source of groundwater (aquifer): \_\_\_\_\_  
 Any conservation-oriented methods of drilling to be used: \_\_\_\_\_  
 Date Drilling Anticipated to Begin: \_\_\_\_\_  
 If this is a replacement well, what will be the status of the old well?  Capped   
 Plugged  In use; If in use, explain: \_\_\_\_\_  
 Would you like this well to be used as a Monitoring Well: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If altering an existing well, is a copy of the Driller's log available?  Yes  
 No

**IV. Supporting Documentation**

1. Please provide a copy of a city or county map with the location of the property on which the well is or will be located highlighted and the location of the well pinpointed.
2. If altering an existing well, please provide a copy of the driller's log, if available.
3. If the application is signed by an agent, the agent must include or attach evidence documenting his or her authority to represent the applicant.
4. If the applicant is a corporation or governmental entity, please provide a copy of a resolution or other document evidencing authorization to make the application.
5. If the applicant is an estate or guardianship, a copy of the letters testamentary issued or order appointing guardian must be attached to the application.

AFFIDAVIT

STATE OF TEXAS §

COUNTY OF BREWSTER §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who is authorized to submit the foregoing and attached Application and referenced attachments, and who after being by me duly sworn, upon oath and deposes that s/he has read the statements and information in the foregoing and above-described application and that every statement contained therein is within her/his own personal knowledge and belief and is true and correct.

Print Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
\_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

District Use Only [Approval or Denial of this Application is subject to District Rules]	
Exempt Well:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Production Permit required before drilling
Drilling Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____	Date: _____
Approved Drilling Registration Number: _____	
Payment Method: _____ check number: _____	