

Non-Exempt Well Testing Application

Date: _____

INSTRUCTIONS: Please type or print legibly. This application is to be used for authorization to drill, construct, and operate for no more than 365 days new non-exempt water wells or for operation for no more than 365 days of existing non-exempt water wells not previously permitted by Kinney County Groundwater Conservation District (KCGCD). **A separate application must be submitted for each well to be drilled, constructed, and operated for no more than 365 days.** See KCGCD Rule 3.03 for further details.

1. APPLICANT

The Applicant for this authorization is the: (check all that are applicable)

___ Land owner

___ Groundwater Estate Owner

___ Groundwater Estate Executor

___ Groundwater Estate Lessee

(Note: Additional information may be required to be attached to this application as Attachments A through D as applicable)

2. APPLICATION PURPOSE

Application is hereby made to the KCGCD for authorization to (check one):

___ Drill a new non-exempt well and operate a new non-exempt well for no more than 365 days

___ Operate for no more than 365 days an existing non-exempt well not previously permitted by KCGCD

3. APPLICANT INFORMATION

Applicant name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

911 Emergency Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____

E-mail Address: _____

Contact Person: _____

(If different from applicant or if applicant is a business, corporation, governmental entity, estate or trust, etc.)

Contact's Telephone No.: _____ Cell No.: _____

Contact's E-mail Address: _____

4. LAND OWNER (SURFACE ESTATE OWNER) INFORMATION

(A copy of the Warranty Deed recorded in the Court of Records of Kinney County, Texas showing the name of the land owner must be included with this application. For tracts with multiple owners; all owners shall be listed and all information required, including the Parcel ID Number for the applicable tract of land, must be provided for each owner listed. All owners of each tract for which a Parcel ID Number is given must be listed. The list of owners and copy of the Warranty Deed shall be attached to this application as **Attachment A**).

Land Owner: _____

Mailing Address: _____

(Address of Record as per the Kinney County Tax Assessor/Collector)

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

911 Emergency Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____

E-mail Address: _____

Contact Person: _____

(If different from the land owner or if the land owner is a business, corporation, government entity, estate or trust, etc.)

Contact's Telephone No.: _____ Cell No.: _____

Contact's E-mail Address: _____

Kinney County Tax Assessor/Collector Parcel ID No.: _____

5. GROUNDWATER ESTATE OWNER INFORMATION

(Lessees of a groundwater estate are not considered owners of the groundwater estate for the purpose of this application. A copy of the Water Deed or transfer of the groundwater estate recorded in the Court of Records of Kinney County, Texas showing the name of the groundwater estate owner must be included with this application. For tracts with multiple groundwater estate owners; all owners shall be listed and all information required, including the Parcel ID Number for the applicable tract of land, must be provided for each groundwater estate owner listed. All groundwater estate owners of each tract for which a Parcel ID Number is given must be listed. The list of groundwater estate owners and copy of the transfer of the groundwater estate shall be attached to this application as **Attachment B**).

Groundwater Estate Owner: _____

Mailing Address: _____

(Address of Record as per the Kinney County Tax Assessor/Collector)

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

911 Emergency Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____

E-mail Address: _____

Contact Person: _____

(If different from the groundwater estate owner or if the groundwater estate owner is a business, corporation, government entity, estate or trust, etc.)

Contact's Telephone No.: _____ Cell No.: _____

Contact's E-mail Address: _____

Kinney County Tax Assessor/Collector Parcel ID No.: _____

6. GROUNDWATER ESTATE EXECUTOR INFORMATION

(A copy of the documentation naming an individual as an executor of the groundwater estate recorded with the County Clerk of Kinney County, Texas showing the name of the groundwater estate owner or all groundwater estate owners if more than one must be included with this application. For tracts with multiple groundwater estate executors; all executors shall be listed and all information required, including the Parcel ID Number for the applicable tract of land, must be provided for each groundwater estate executor listed. All groundwater estate executors of each tract for which a Parcel ID Number is given must be listed. The list of groundwater estate executors and a copy of the document naming the individual as an executor of the groundwater estate shall be attached to this application as **Attachment C**).

Groundwater Estate Executor: _____

Mailing Address: _____
(Address of Record as per the Kinney County Clerk)

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

911 Emergency Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____

E-mail Address: _____

Contact Person: _____
(If different from the groundwater estate executor or if the groundwater estate executor is a business, corporation, government entity, estate or trust, etc.)

Contact's Telephone No.: _____ Cell No.: _____

Contact's E-mail Address: _____

Kinney County Tax Assessor/Collector Parcel ID No.: _____

7. GROUNDWATER ESTATE LESSEE INFORMATION

(A copy of the lease contract of the groundwater estate recorded with the County Clerk of Kinney County, Texas showing the name of the groundwater estate owner or all groundwater estate owners if more than one and showing the name of all lessees must be included with this application. For tracts with multiple groundwater estate lessees; all lessees shall be listed and all information required, including the Parcel ID Number for the applicable tract of land, must be provided for each groundwater estate lease listed. All groundwater estate lessees of each tract for which a Parcel ID Number is given must be listed. The list of groundwater estate lessees and a copy of the lease contract for the groundwater estate shall be attached to this application as **Attachment D**).

Groundwater Estate Lessee: _____

Mailing Address: _____

(Address of Record as per the Kinney County Clerk)

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

911 Emergency Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____

E-mail Address: _____

Contact Person: _____

(If different from the groundwater estate lessee or if the groundwater estate lessee is a business, corporation, government entity, estate or trust, etc.)

Contact's Telephone No.: _____ Cell No.: _____

Contact's E-mail Address: _____

Kinney County Tax Assessor/Collector Parcel ID No.: _____

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8. PROPERTY IDENTIFICATION AND INFORMATION

Property containing the Well-Site is located in Kinney County:
(Check one below)

In Whole _____ In Part _____

Property is located _____ miles _____ of _____ on _____
(# miles) (N, S, E, W) (Nearest Town or City) (Name of Road)

Property is located at _____ in/near _____
(911 Street Address) (City or Town/Nearest City or Town)

Property Identification:

Survey Name: _____ Survey No.: _____ Abstract No.: _____

Section: _____ Block: _____ Acreage: _____

Kinney County Tax Assessor/Collector Parcel ID Number: _____

9. WELL LOCATION

(Wells constructed after June 11, 2009, must be drilled within 30 feet of the location specified and not closer to any property line or source of potential contamination than the minimum spacing requirements started in **KCGCD Rules 2.05 and 2.06**. A map showing the well and any monitor-well locations, any features that the well must maintain spacing from, 100-year flood plain and any other information described below or requested by KCGCD must be attached to this application as **Attachment E**).

Latitude: _____ N Longitude: _____ W

What is the well-site land-surface elevation in feet? _____

How was the elevation determined? _____ What is the datum? _____
(Example: Survey, Digital Elevation Model, Topographic Map, etc.) (Example: NAD 83, NGVD 29)

For existing wells, was the well constructed prior to June 11, 2009? _____ Yes _____ No

Is this a new well for which construction is proposed? _____ Yes _____ No

This well site is located from the nearest: (Express distance in feet)

N/S property line _____ feet; E/W property line _____ feet;

Existing sewage, wastewater or other liquid waste collection facility _____ feet;

Existing septic tank, septic drain field or OSSF spray field _____ feet;

Other contamination source _____ feet (specify type) _____
(Example: pesticide or herbicide storage/mixing/loading, petroleum storage tanks, automotive repair, etc.)

Existing cemetery _____ feet

Is this well site within a 100-year flood plain defined by the Federal Emergency Management Agency? _____ Yes _____ No

If yes, does/will the well completion comply with TDLR 16 TAC § 76 or its successor?
_____ Yes _____ No

Does the well-site of the existing or proposed well comply with the KCGCD property-line spacing requirements, has a written statement from the neighboring land owner stating that there is no objection to the variance been filed with the Kinney County Clerk's Office?
_____ Yes _____ No

Have any monitor wells been constructed? _____ Yes _____ No

If yes, how many monitor wells exist? _____

Are the existing monitor wells registered with KCGCD? _____ Yes _____ No

Are any additional monitor wells anticipated? _____ Yes _____ No

If yes, how many monitor wells are anticipated? _____

10. WELL CONSTRUCTION INFORMATION

Date well drilled (estimated drill date for new well): _____

Texas Licensed Driller: _____ Driller's License No.: _____

Driller's Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Cell No: _____

E-mail Address: _____

Contact Person: _____

(If different from the driller or if the driller is a company, partnership, corporation or entity other than individual)

Contact's Telephone No: _____ Cell No: _____

Contact's E-mail Address: _____

The remainder of this page is intentionally left blank.

Well Bore:

Total well depth: _____ feet Depth to water level: _____ feet
(Circle one: Existing/Anticipated) (Circle one: Measured/Estimated/Anticipated)

Diameter of well bore: _____ inches

Casing:

Casing String (1)
External Diameter _____ Internal Diameter _____ Material _____

Depth of casing string (1): _____ feet to _____ feet

Casing String (2)
External Diameter _____ Internal Diameter _____ Material _____

Depth of casing string (2): _____ feet to _____ feet

Casing String (3)
External Diameter _____ Internal Diameter _____ Material _____

Depth of casing string (3): _____ feet to _____ feet

Pump:

Type of Pump:
Turbine _____ Submersible _____ Other (specify) _____

Depth of Pump: _____ feet

Pump fuel or power source:
Electricity _____ Natural Gas _____ Diesel _____ Other (specify) _____

Pump-Bowls (if applicable):
Size _____ Number of stages _____

Pump Column:
Inside Diameter: _____ inches Length: _____ feet

Pump discharge pipe: Size _____ inches

Rated pump horsepower: _____ Pump discharge: _____ gpm

The remainder of this page is intentionally left blank.

Additional Equipment Required:

(Circle one below)

Does/will the well-completion include a quick-closing check valve or other device to prevent pollution or harmful alteration of groundwater?

_____ Yes _____ No

(Circle one below)

Does/will the well-completion include a flow-meter or other monitoring device approved by KCGCD to provide reports of groundwater use from well?

_____ Yes _____ No

Water-Bearing Formation:

Aquifer or Aquifer Subdivision: _____

A water quality analysis was made or is planned? _____ Yes _____ No
(Please circle one above) (If yes, give KCGCD a copy of the analysis.)

11. WELL PRODUCTION INFORMATION

Quantity of water requested to be produced by this well annually:

_____ Acre-feet **or** _____ Gallons

12. PROPOSED USE OF WATER

Proposed beneficial use of water produced by the well:

___ Public Supply ___ Industrial Use ___ Livestock ___ Irrigation ___ Other

If a use is not listed above, specify the proposed use in detail below or in an attachment to the completed application.

13. FEES

Application fee payments must accompany this application when it is submitted for consideration by the District.

Does payment for application and other administrative fees accompany this application?

_____ Yes _____ No

14. CERTIFICATION

I, the undersigned applicant, hereby agree and certify that:

- a. this well will be drilled within 30 feet of the location specified and not elsewhere;
- b. I will furnish the District with a copy of the completed driller's log, any electric log, the well completion report and any water quality test report within 60 days of completion of this well and prior to production of water there from (other than such production as may be necessary to the drilling and testing of such well);
- c. in using this well, I will avoid waste, achieve water conservation, protect groundwater quality and the water produced from this well will be for a beneficial use;
- d. I will comply with all district and State well plugging and capping guidelines in effect at the time of well closure and otherwise comply at all times with the Chapter 36, Water Code and TDLR.
- e. I understand that I or the entity I represent will bear the cost of any monitoring, inspection, administration or review activities performed by KCGCD pertaining to the processing of this application.
- f. I agree to abide by the terms of the District Rules, the District management Plan, the District Drought Contingency Plan and orders of the District Board of Directors currently in effect and as they may be modified, changed, and amended from time to time;
- g. I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any substantially false, incorrect or untrue information given in this application could result in forfeiture of the KCGCD Permit for which this application is made.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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STATE OF TEXAS

COUNTY OF _____

Before me, a notary public, on this day personally appeared

Known to me, personally or by Photo ID, to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that: (1) to the best of his/her knowledge and belief, the statements contained in this application and all supporting documents are true and correct; and (2) that he/she is duly authorized to sign this application on behalf of the applicant.

Given under my hand and seal of office this _____ day of _____, 20____.

(Seal)

Notary Public Signature

Notary Public Printed/Typed Name

*If the applicant is an individual, the application may be signed by that individual or his duly appointed agent. If signed by an agent, the agent must include or attach evidence documenting his or her authority to represent the applicant as **Attachment F**.

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 are authorized to bind all of the partners. A copy of the partnership agreement along with documentation of the authorization of the signatory general partner to bind all of the general partners shall be attached to this application as **Attachment F**.

If the applicant is a corporation or governmental entity, the application must be signed by a duly authorized official of the applicant. A copy of a resolution or other documentation authorizing the official to sign the application shall be attached to this application as **Attachment F**.

If the Application is made by an estate, trust or guardianship, the application shall be signed by the duly appointed guardian, trustee, or representative, and a copy of an instrument evidencing the existence of the entity must be attached to this application as **Attachment F**.