



LOWER TRINITY GROUNDWATER CONSERVATION DISTRICT

602 E. Church St. #150
Livingston, TX 77351
Office: (936) 327-9531
Fax: (936) 327-9532
Website: WaterWells.Info
Email: Groundwater@Livingston.net

Small Business Permit Application 2020-2021

This form is to be used only for non-exempt commercial wells using less than 25,000 gallons of water per day and an inside casing diameter of 6 inches or less. The District will monitor and determine eligibility based on water usage.

Anticipated Drill Date, (or date drilled if already an existing well): _____

Name and Type of Small Business: _____

Well Description, Specifications and Location:

Purpose of Water Well Use: _____

Well Casing Size: _____ Pump Size: _____ Estimated Depth of Well: _____

Maximum Gallons per Minute: _____ Annual Amount of Usage in Gallons: _____

Physical 911 address of Well Site: _____

City: _____ State: _____ Zip: _____ County: _____

GPS Coordinates (required): Latitude: N: _____ Longitude: W: _____

Well Owner Information:

☐ Well Owner will be operating the well.

Name of Well Owner: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Land Owner Information:

If applicant is other than landowner, please complete the following information and provide documentation establishing the applicable authority to construct and operate a well for the proposed use.

Name of Property Owner: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Well Driller Information:

Name of Company: _____

Mailing Address: _____ Telephone: _____ Fax: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Name: _____ Contact E-mail: _____

Name of Licensed Driller: _____ License #: _____

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

- 1) The applicant will comply with the District's Rules and all Groundwater use permits and plans pursuant to the Management Plans;
- 2) The applicant agrees that water produced from the well will be put to beneficial use at all times.
- 3) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in effect.
- 4) The applicant understands that if any change in size or scope of the business occurs, that the District will be notified within 30 days.
- 5) By signing this form, the well owner or representative understands that this allows the District to enter the property to inspect the well.

I hereby certify that I have furnished the above information and to the best of my knowledge and belief, all data herein contained are true and correct.

Well Owner Signature: _____ Date: _____

Approved by: _____

Date: _____

Permit # _____