

LOWER TRINITY GROUNDWATER CONSERVATION DISTRICT Email: G

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

Website: WaterWeils.inio 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.

Well Owner will be operating the well. Name of Well Owner:	Anticipated Drill Date, (or date drilled ij	f already an e:	xisting well):			
Purpose of Water Well Use: Well Casing Size:	Name and Type of Small Business:					
Purpose of Water Well Use: Well Casing Size:	Well Description, Specifications and Lo	ocation:				
Maximum Gallons per Minute: Annual Amount of Usage in Gallons: Physical 911 address of Well Site: State: Zip: County: GPS Coordinates (required): Latitude: N: Longitude: W: Well Owner Information:						
Maximum Gallons per Minute: Annual Amount of Usage in Gallons: Physical 911 address of Well Site: State: Zip: County: GPS Coordinates (required): Latitude: N: Longitude: W: Well Owner Information:	Well Casing Size: Pump Size: Estimated Depth of Well:					
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: State: Zip: County: Mailing Address: Telephone: Fax: City: State: Zip: County: Contact Name: Contact Name: 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 will comply with the District's Rules and all Groundwater use permits and plans pursuant to the Management Plans; 2) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in effect. 4) The applicant will comply with all Districts and State well drilling, plugging and capping guidelines in effect. 4) 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 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 an correct.	Maximum Gallons per Minute:	Annual	Amount of Usa	ge in Gallons:		
Well Owner Information: Name of Well Owner:	Physical 911 address of Well Site:					
Well Owner Information: Name of Well Owner:	City: St	City: State:		Zip: County:		
Well Owner will be operating the well. Name of Well Owner:	GPS Coordinates (required): Latitude	:: N:	L	ongitude: W: _		
Name of Well Owner:	Well Owner Information:					
Name of Well Owner:	Well Owner will be operating the well	1				
Mailing Address: City: State: Zip: Email: And 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:					nne.	
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Name of Company: Mailing Address:	establishing the applicable authority Name of Property Owner:	establishing the applicable authority to construct and operate a well for the proposed use. Name of Property Owner:				
Name of Company: Mailing Address: State: State: City: Contact Name: Contact Name: Name of Licensed Driller: 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 an correct.	City:	State:		Zip:	County:	
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Approved by: Date: Permit #	. =					