



PERMIT RENEWAL APPLICATION

All permits expire on December 31. Renewal applications are due to the District office by October 1. This permit renewal application should be completed only if you wish no change in annual maximum production. Any requests to alter the annual maximum production, an amendment application must be completed instead.

A. CONTACT INFORMATION

Name of Place where groundwater will be used
Well Owner's Name Well Owner's Phone Number
Well Owner's Mailing Address City Zip Code
Well's Physical Address City Zip Code
Contact Person Responsible to uphold permit
Contact Person's Company Name Contact Person's Phone Number
Contact Person's Email Address
Contact Person's Name for reporting meter reading Contact Person's Phone Number
Contact Person's Email Address

B. MAXIMUM PRODUCTION, NO INCREASE

I understand that I am not requesting an annual maximum production increase

C. DROUGHT CUTBACK CHART

During HTGCD declared drought conditions, my annual maximum production allowable shall be curtailed by the amounts indicated on my drought cutback chart

D. WELL SITE AND METER INSPECTION

Upon District notification, I give my permission for District staff to enter my property to inspect my well site and meter

Signature of Well Owner or Authorized Agent

E. FLOW METER INSTALLATION

I shall install a totalizing flow meter(s) if I have not done so already, submit monthly production totals and all required reporting information to the District.
Installation of a 1" pvc pipe is recommended

DISTRICT USE ONLY

Permit Number
District Well Construction Notification Number
Date Application Received
Date Administratively Complete
Renewal Fee Amount & Check No. \$ #
ID No.

F. SWORN STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information. I agree to operate the well in accordance with the Hays Trinity Groundwater Conservation District's Rules, terms, conditions and all permit provisions. I further state that I am the applicant or am authorized to act for the applicant.

I understand and agree that my typed name is considered my official signature.

Signature of Well Owner or Authorized Agent Date