

**HAYS TRINITY GROUNDWATER CONSERVATION DISTRICT**

State Well No. \_\_\_\_\_

District  
Registration No \_\_\_\_\_

Center Lake Business Park  
14101 Hwy 290 West, Bldg. 100, Suite #212, Austin, TX 78737  
Mailing Address: P.O. Box 1648, Dripping Springs, TX 78620  
[www.haysgroundwater.com](http://www.haysgroundwater.com); email: [manager@haysgroundwater.com](mailto:manager@haysgroundwater.com)  
(512) 858-9253 Fax (512) 858-2384

**APPLICATION FOR AN OPERATING PERMIT, AMENDMENT, OR RENEWAL**

**A. WELL OWNER INFORMATION** (Any person who has the right to produce water from the land, either by ownership, contract, lease, easement, or any other estate in the land.)

|                        |  |           |  |                |       |              |  |
|------------------------|--|-----------|--|----------------|-------|--------------|--|
| Name                   |  |           |  | Street Address |       |              |  |
| City                   |  | State     |  | Zip Code       |       | Phone Number |  |
| Alternate Phone Number |  | Facsimile |  |                | Email |              |  |

Attach a copy of the well registration form.

**B. APPLICATION DESIGNATION (please select one of the following)**

Application for a new operating permit.

Application for an amendment to an exiting operating permit.

Application for a renewal of an existing operating permit. Permit Number and Name: \_\_\_\_\_

**C. PRODUCTION**

Annual maximum production requested in gallons per year or acre feet per year. (Must correspond to projected demand under Rule 11.3.)

\_\_\_\_\_

**D. AQUIFER TEST WELL PERMIT FORM (Not Applicable for Existing Wells)**

|  |  |                      |  |
|--|--|----------------------|--|
| Temporary State/<br>District Well Number |  | State Well<br>Number |  |
|--|--|----------------------|--|

Attach a copy of aquifer test well application and aquifer test well permit.

**E. LOCATION MAP OR PROPERTY PLAT (Not Applicable for Wells with an Aquifer Test Well Permit)**

Attach a location map or property plat drawn on a scale that adequately details the well site, the property lines, and the following located within 2,000 feet of the proposed well: other existing wells, any existing or proposed on-site wastewater systems, any concentrated source of potential contamination, any septic system drain field or wastewater irrigation system, and any water-tight sewage and liquid-waste collection facilities.

**F. AQUIFER TEST REPORT**

Attach an Aquifer Test Report prepared as required by District Rule 11. (This shall include geophysical logs and cuttings samples.)

**G. WATER CONSERVATION PLAN**

Attach a Water Conservation Plan.

**H. DROUGHT CONTINGENCY PLAN**

Attach a Drought Contingency Plan.

**I. PROOF OF PUBLISHED NOTICE (Not Applicable for Existing Wells)**

Attach affidavit as required by District Rule 3.4.C.1. (Affidavit shall be provided on a form obtained from the District.)

**J. PROOF OF MAILED NOTICE (Not Applicable for Existing Wells)**

Attach proof of mailed notice as required by District Rule 3.4.C.2.

**Application for an Operating Permit, Amendment, or Renewal**  
**Page 2 of 2**

**K. SIGNATURE**

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 Rules and all permit provisions. I further state that I am the applicant or am authorized to act for the applicant.

Signature of Well Owner or Authorized Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information (if different from Section A):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**NOTARY PUBLIC'S CERTIFICATE**

Subscribed and sworn to before me, by the said \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

Notary Public in and for \_\_\_\_\_ County, Texas

My Commission Expires \_\_\_\_\_

**FOR DISTRICT USE ONLY**

**Attach copies of all Notice of Deficiencies (NOD) and responses**

Date Received: \_\_\_\_\_ Application Expiration Date (180 days after receipt): \_\_\_\_\_

Date of First NOD: \_\_\_\_\_ Revised Expiration Date: \_\_\_\_\_

Date of Second NOD: \_\_\_\_\_ Revised Expiration Date: \_\_\_\_\_

Date of Third NOD: \_\_\_\_\_ Revised Expiration Date: \_\_\_\_\_

Date Administratively Complete: \_\_\_\_\_

Deadline for setting on BOD agenda (within 30 days from date administratively complete): \_\_\_\_\_

Hearing Date (within 65 days of date administratively complete): \_\_\_\_\_

Notice of Hearing Date (at least 10 days before hearing): \_\_\_\_\_

Decision Date (within 35 days of hearing): \_\_\_\_\_