

HAYS TRINITY GROUNDWATER CONSERVATION DISTRICT

State Well No. _____

Center Lake Business Park

14101 Hwy 290 West, Bldg. 100, Suite #212, Austin, TX 78737

District _____

Mailing Address: P.O. Box 1648, Dripping Springs, TX 78620

Registration No _____

www.haysgroundwater.com; email: manager@haysgroundwater.com

(512) 858-9253 Fax (512) 858-2384

REQUEST FOR A VARIANCE FROM HTGCD RULES

Instructions: This form is used for requesting a variance from HTGCD Rules only and shall be filled out as completely as possible.

Check All () Variance requested for property line spacing Rules.

Applicable: () Variance requested for well to well spacing Rules.

() Variance requested for other Rules. Please specify: _____

Well Inspection: District staff shall inspect each well requesting a variance. Property access for inspections is authorized by Texas Water Code, Chapter 36.123 and shall be scheduled with the well owner and conducted in accordance with District Rule 3 and Rule 7. Inspections may include confirming well location, measuring water level, confirming pumping capability, water sampling, geological survey, or any other well-related inspection activity deemed necessary by the District.

Well Owner

Well Owner: _____

Mailing Address: _____

(Street or P.O. Box)

(City)

(ZIP)

Daytime Phone: _____ Alternate Phone: _____

E-mail Address: _____

Contact Person (if other than owner): _____ Phone: _____

Location, Description, and Uses of Well

Lot or Tract Size: _____ acres Directions to Well (or attach location map): _____

Driller: _____ Drilling Date if Known: _____

Water to be used: () On-Site () Off-Site If off-site, please specify where used: _____

If requesting a variance on HTGCD minimum spacing requirements, the owner or well driller must provide the distances in feet between the new well and any existing or proposed: Closest Property Line: _____

Other Wells: _____ Septic Tank: _____ Septic Leach Field: _____ Other Potential Pollution Sources (specify): _____

Provide explanation about your need for the requested variance(s). (Attach additional pages as necessary.)

Please indicate any attachments provided with this form:

- () Copy of District Well Registration Form
- () Copy of District Operating Permit
- () Copy of District Transport Permit
- () Well Location Map or Property Plat. Must be drawn to a scale that adequately details the well site, well site access route, property lines, location of other existing or proposed wells on the tract, existing wells on adjoining tracts which may lie within the spacing required for the proposed well, location of surface storage, location of existing water uses if any, location of existing or proposed on-site wastewater systems, and the location of any other potential source of pollution.
- () Written Plugging Plan or Procedure. Required only if different from the procedures described in 16 TAC Chapter 76.
- () Other? _____

Owner's or Applicant's Sworn Statement

I hereby swear and affirm that the information given herein is true and accurate to the best of my knowledge and belief, and that I am aware of, knowledgeable of, and will comply with all District Rules.

Owner's or Applicant's Signature

Date

To Be Completed by District Personnel Only

Registration #: _____ State or Temp. Well #: _____ Status: () Exempt () Non-exempt

Variance Determination

Staff Analysis of Variances Requested: _____

() Variance will be contained entirely on well owner's property. A waiver or easement from an adjoining property owner is not required. Comments: _____

() Variance will affect adjacent property owners. A waiver or easement from an adjoining property owner is required and must be filed with the County Clerk's Office. Comments: _____

() Waiver or easement filed with County Clerk's Office. Comments: _____

Other Comments: _____

Date Application was Administratively Complete: _____ () Admin. Approved () Ref. to Board

Date Application was Ref. to Board: _____ Public Hearing Date (if held): _____

Board Action: () Approved as Filed () Modified or with Special Conditions () Denied Date: _____

Signed by: _____ Date: _____