



Mailing: PO Box 1648, Dripping Springs, TX 78620  
 Physical: 14101 Hwy 290 West, Bldg. 100, Suite 212, Austin, TX 78737  
 Office (512) 858-9253  
 gm@haysgroundwater.com www.haysgroundwater.com

# PERMIT AMENDMENT APPLICATION

## A. Contact Information

Name of Place/Business where groundwater is used:

Well Owner Name:	Phone:
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Mailing Address:	City:	Zip Code:
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Physical Address of well:	City:	Zip Code:
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**Change of Ownership:** Fill out information above for original well owner and this section for new owner.

NEW Well Owner Name:	Phone Number:
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Mailing Address:	City:	Zip Code:
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Permit Contact (responsible to uphold permit):

Company Name:

Email:	Phone Number:
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Reporting Contact (responsible for quarterly pumping reports):

Company and/or Individual's Name:

Email:	Phone:
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## B. Type of Amendment (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Change of Production Amount             | <input type="checkbox"/> Change in Purpose of Use     | <input type="checkbox"/> Change in Ownership |
| <input type="checkbox"/> Change in Permit Term (1 yr, 2 yr, 3yr) | <input type="checkbox"/> Change in Rate of Withdrawal | <input type="checkbox"/> Change of Location  |

### C. Annual Maximum Production Change Request (gallons or acre-feet per year)

Current Annual Production:

Requested Annual Production:

### D. Amendment Production Increase Reasoning

On Page 4 or an attached sheet, provide calculations and reasoning behind the requested production amendment (calculation sheet & example provided on Page 4).

### E. Rate of Withdrawal (gallons per minute)

Current Rate of Withdrawal:

### F. Purpose of Use

Briefly describe the purpose of groundwater use:

Requested Rate of Withdrawal:

**G. Tier Requirements**

Select the appropriate Tier associated with your amendment request *Note: Tests may be required even if you are not changing Tiers See District Rule 11 for more information.*

- Tier 1** (2 acre feet or less): **No Test**
- Tier 2** (More than 2 acre feet, less than or equal to 6 acre feet): **Well Performance Test**
- Tier 3** (More than 6 acre feet): **Aquifer Test**

**H. Change in Purpose of Use**

(use page 4 or attach extra page if more room is needed)

Current Use:

Proposed New Use:

**I. Change in Permit Term**

Current Term (in years):

New Term Request (in years):

**J. Change of Location**

Changing Location of Withdrawal (New Well Location)

Changing Place of Use (Physical Address of Business)

New Physical Address:

Latitude of Well:

City:

Zip Code:

Longitude of Well:

**K. Requirements for Administrative Completeness Checklist**

- Well Construction Notification(s) / Well Registration(s)**
- User Drought Contingency Plan - New plan for change in Annual Production**
- User Water Conservation Plan - New plan for change in Annual Production**
- Capacity of the Well and the requested Rate of Withdrawal**
- Well Performanc Test (Tier 2)\***
- Aquifer Test (Tier 3)\*\***
- State Well Report for existing well(s) associated with the Operating Permit**
- Proof and submission of a flow meter installation**
- Full payment for any outstanding Fees or Penalties owed by the applicant**

**Proof of installation of an access tube**

*\*Applicant may be required to perform test without changing Tiers if it has been over 3 years since original test (Refer to Rule 11.1.2)*

*\*\*Applicant may be required to perform test without changing Tiers if it has been over 3 years since original test (Refer to Rule 11.1.3)*

### L. Proof of Published Notice

The applicant is required to submit proof of the following published public notices in the form of affidavits from a locally distributed newspaper. Contact HTGCD for more information.

10-Day Public Notice      Date Published:

20-Day Public Notice      Date Published:

### M. Amendment Application Fee

The Amendment Application Fee is the same as the renewal fee for the requested new production or new permit term. If the applicant is not requesting change in production or permit term, submit current renewal fee.

Fee Amount:

Check #:

### N. Other State Laws, Conditions, and Requirements

Conforming to HTGCD Rules does not supercede the requirements of other State Laws and Agencies Review 30 TAC 290.38(14) - Texas Commission on Environmental Quality Public Drinking Water System Rules and Regulations- and Well Construction Standards.

### O. Groundwater Management Zone

Is the well(s) located within a HTGCD Groundwater Management or Study Zone? Specific rules apply to wells and permits within a Zone Please see (website link to map) and HTGCD Rules 15 and 16 for more information.

No

Jacob's Well Groundwater Management Zone (District Rule 15)

Regional Recharge Study Zone (District Rule 16)

### P. Additional Water Sources

Does the location have access to surface water?  No  Yes (describe, including Water Utility name if applicable):

Please describe any additional water sources and intended use (rainwater catchment, effluent reuse, etc.):

### Q. Sworn Statement

I certify under penalty of law that this document and all attachments were prepared under my direction. 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 I am authorized to act for the applicant.

Print Name (Applicant or Authorized Agent)	Signature (Applicant or Authorized Agent)	Date

(continued on next page)

**PRODUCTION INCREASE CALCULATION AND REASONING SHEET**

Please provide calculations and a description of your reasoning behind the requested increase of annual production.

**Example:** *Our community is growing, and we are building 5 new homes. We seek an increase of 330 gallons per day per home over the course of the year. Our current operating permit is for 2 acre feet (1 acre foot = 325,851 gallons).  
5 Homes x 330 gallons x 1 Year (365 days) = 5 x 330 x 365 = 602,250 gallons/ year  
602,250/acre feet = 1.848 AF  
We are requesting to increase our current operating permit from 2 acre feet/year to 3.85 acre feet/year.*

**DISTRICT USE ONLY**

Date Submitted:

Received by:

Date Administratively Complete:	Evaluated by:
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