Hays Trinity Groundwater Conservation District

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PERMIT RENEWAL APPLICATION

All permits expire on December 31 of their renewal year. Renewal applications are due to the District office by October 1. This permit renewal application should be completed to maintain existing permit conditions. *Any requests to alter the annual maximum production must be made on a Permit Amendment Application Form. Changes in ownership must be reported on a Permit Amendment Application Form. Existing permits must be renewed regardless of pending or anticipated Amendments.*

A. CONTACT INFORMATION

Name of Place where groundwater will be used/Business Name:		
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:	Phone Number:	
Contact Person's Email Address:		
Contact Person's Name for reporting meter reading:	Phone Number:	
Contact Person's Email Address:		

B. ANNUAL MAX PRODCTION and NUMBER OF CONNCTIONS

Permit amount in Gallons or Acre Feet:

Current Number of Connections:

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