



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](http://www.haysgroundwater.com)

## NEW OPERATING PERMIT APPLICATION

### A. Contact Information

Name of Place/Business name where groundwater is used: **Henly Baseball Complex - PWS TX1050211**

Well Owner Name: **Josh Sanders (Central Texas Sports Portfolio LP)**

Owner Phone Number: **(512) 541-0119**

Owner Mailing Address: **2801 Hubbard Circle**

City: **Austin, TX**

Zip Code: **78746**

Owner Physical Address: **2801 Hubbard Circle**

City: **Austin, TX**

Zip Code: **78746**

Physical Address of Place of Groundwater Permit Use:

**7398 Creek Road**

City: **Dripping Springs, TX**

Zip Code: **78620**

Address of Well(s) if different from place of use:

**Same**

City: **Same**

Zip Code: **Same**

### B. Permit Compliance

Permit Contact (Name of person responsible to uphold permit): **Josh Sanders (Owner)**

Email: **josh@walkoffsports.us**

Phone Number: **(512) 541-0119**

### C. Meter Reading Compliance

Reporting Contact (responsible for reading meters, recording readings, and submitting quarterly or monthly pumping reports)

Individual's Name (and Company, if applicable): **Ross Watts (Facility Manager)**

Email: **rbwatts55@gmail.com**

Phone: **(469) 235-1575**

### D. Purpose of Groundwater Use:

- IRRIGATION ONLY     TCEQ PUBLIC WATER SYSTEM (see 30 TAC 290.38)     COMMUNITY WATER SYSTEM (5 to 15 residences)  
 INDUSTRIAL     COMMERCIAL     OTHER, describe: **Baseball Athletic Field Complex**

### E. Annual Production Amount Request

Requested Annual Production Amount: **624,000 gallons per year = 1.914 acre-feet/year**

(Production Amount is the quantity of groundwater you are requesting in gallons or acre-feet *per year*. 325,851 gallons = 1 Acre Foot)

Requested Rate of Withdrawal (gallons per minute): **30 gpm**

**F. HTGCD Well Registration Number(s), Capacity, and Point(s) of Withdrawal** (for each well associated with the permit)

Well Number/Latitude/Longitude: **Well G1050211A (30° 11' 23.9" N/098° 12' 25.4" W)**

Well Capacity (gallons per minute): **30 gpm**

**G. Tier Requirements**

Select the appropriate Tier associated with your permit request. 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. 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, volume, and intended use (rainwater catchment, effluent reuse, etc.):  
**Well G1050211A is the sole source well for the baseball complex public water system (PWS). No rainwater catchment/effluent reuse facilities present.**

**Addendum - The site has an existing "exempt residential/domestic" well that has been registered with the HTGCD and which serves a single apartment.**

**I. 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 ([insert 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)

**J. Requirements for Administrative Completeness Checklist** (documentation to complete and submit)

- Well Construction Notification(s) / Well Registration(s)
- Permit-Specific Drought Contingency Plan
- Permit-Specific Water Conservation Plan
- Project Engineering Plans
- Property Plat, Survey, or Map of the parcel showing the location of the proposed well(s) and that includes existing or proposed buildings, all water wells (including those abandoned, deteriorated, or not currently in service), septic tanks, septic disposal areas, driveways, barns, feedlot, ponds, creeks, rivers, intermittent streams, property lines, and all other known or suspected sources of pollution.
- Geophysical Log of the well(s)
- Well Performance Test and Report (Tier 2) **NA/Tier 1**

- Aquifer Test and Report (Tier 3) **NA/Tier 1**
- State Well Report for existing well(s) associated with the Operating Permit Application
- Provide evidence that the well(s) do not allow comingling between sub-aquifers
- Proof of flow meter installation
- Proof of installation of an access tube

K. Permit Detail		
Number of days open per week: <b>2</b>	Number of Part-Time Employees: <b>10</b>	Number of Full-Time Employees: <b>0</b>
Number of Toilets: <b>15</b>	Number of Sinks: <b>9</b>	Number of Baths/Showers: <b>0</b>
Number of Ponds or Pools: <b>0</b>	Length, Width, Depth: <b>N/A</b>	Lined with: <b>N/A</b>
Non-Rainwater Water Storage Capacity (gallons): <b>PWS - 20,000 gallons</b> Rainwater Storage Capacity (gallons): <b>N/A</b>		
Will rainwater be used for outdoor irrigation and/or indoor needs? Please explain. <b>N/A</b>		
Describe all outdoor irrigation (grass, shrubs, trees, etc.): <b>N/A - The baseball fields are constructed with artificial turf.</b>		
Will groundwater be used as a material item within your business? Please explain. <b>Public Water System</b>		
Number of Current water connections made to your well(s) (homes, RV slips, buildings, ponds, pools, irrigation systems, etc.): <b>2</b>		
Total number of water connections at full build out: <b>4</b>	Total number of occupants at full build out: <b>1,000 per day</b>	

L. Formulas and Calculations Provide detail used to determine Annual Production Amount.
<b>Minimum Capacity Requirements 30 TAC §290.45(d)(2)(B)(i) - (v)</b>
<b>Maximum Daily Demand (MDD) (Parks = 6 gallons/person/day) MDD = 1,000 persons = <u>6,000 gallons per day</u></b>
<b>* Required minimum well capacity 1,000 persons × 6 gals/person/day = 6,000 gpd/1440 = <u>4.2 gpm</u></b> (Provided = 30 gpm)
<b>* Required minimum water storage tank capacity MDD = 6,000 gpd × 0.50 = <u>3,000 gallons</u></b> (Provided = 20,000 gallons)
<b>* Required minimum service pump capacity</b> MDD = 6,000 gpd = 4.2 gpm MDD = 6,000 gpd × 3 = 18,000 gpd/1440 = <u>(2) SPs @ 12.5 gpm</u> (Provided = 60 gpm at 85 psi)
<b>*Required minimum pressure tank (PT) capacity = <u>220 gallons</u></b> (Provided = 348 gallons)
<b>HTGCD Requested Water Use (MDD = 6,000 gallons per day × 2 days/week = 12,000 gallons/week)</b> <b>12,000 gallons/week × 52 weeks/year = <u>624,000 gallons/year = 1.914 acre-feet/year</u></b>

<b>M. Requirements for Administrative Completeness Checklist (documentation to complete and submit)</b>	
<input checked="" type="checkbox"/>	I understand that Conformance to HTGCD Rules does not eliminate requirements for the applicant or contractor to conform with other State laws, Conditions, or Requirements. Review 30 TAC 290.38 (14) and Well Construction Standards.
<input checked="" type="checkbox"/>	I understand that upon District notification, District staff may need to inspect my well and meter.
<input checked="" type="checkbox"/>	I understand District Rule 3.5.5: The General Manager shall inform the applicant in writing of any deficiencies in the application. If the applicant fails to provide the required information within 180 days of the notice of deficiency, the application will be denied. The General Manager may request clarification of any information provided on the application or in any attachment thereto.
<input checked="" type="checkbox"/>	I understand that I am responsible for submitting meter readings to the District quarterly even if my production used is zero.
<input checked="" type="checkbox"/>	I understand that I must pay HTGCD water connection fees, at the going rate, any time I make a water connection to my system.

<b>N. Sworn Statement</b>		
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 I am authorized to act for the applicant.		
<b>Josh Sanders</b>		<b>4/15/2022</b>
Print Name (Applicant or Authorized Agent)	Signature (Applicant or Authorized Agent)	Date

<b>DISTRICT USE ONLY</b>	
Date Submitted:	Received by:
Date Administratively Complete:	Evaluated by:
Well Construction Notification Number(s)/Well Registration Number(s):	