

**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](http://www.haysgroundwater.com); email: [gm@haysgroundwater.com](mailto:gm@haysgroundwater.com)

(512) 858-9253

**REQUEST FOR A VARIANCE FROM HTGCD RULES**

**Instructions:** This form is used for requesting a variance from HTGCD Rules according to HTGCD Rule 14 and shall be filled out as completely as possible.

- Check All Applicable:**
- ( ) Variance requested for Well Performance Test (Tier 2).
  - ( ) Variance requested for Aquifer Tests (Tier 3).
  - ( X ) Variance requested for Active Resolutions that specify an allowance for a variance.
  - ( ) Variance requested for Installation of an access tube for the purpose of reporting water levels msrmts.

**Well Inspection:** District staff shall inspect each well involved in a variance request. 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: North Hays County Emergency Service District #1

Mailing Address:	<u>111 EMS Drive</u>	<u>Dripping Springs</u>	<u>78620</u>
	(Street or P.O. Box)	(City)	(ZIP)

Phone: (512)829-4356

E-mail Address: Doug.Fowler@northhaysems.org

Contact Person (if other than owner): Doug Fowler Phone: (512)440-7643

**Location, Description, and Uses of Well**

Lot or Tract Size: 1.56 acres Directions to Well (or attach location map): See Attached

Driller: Geo-Projects International Drilling Date if Known: \_\_\_\_\_

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

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

A variance is requested for drought restrictions under Section 13.3.3 B not accepting new applications for operating permits and for Section 13.3.3 C not allowing a new well to be drilled. The use of this well will be to provide domestic water for an Emergency Medical Services (EMS) station. The water use of the EMS station will be less than 300 gpd based on the number of full-time personnel. This equals 109,500 gallons or 0.336 ac/ft per year.

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**Please indicate any attachments provided with this form:**

- (X) Copy of District Well Registration Form
- ( ) Copy of District Operating Permit
- (X) 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.
- ( ) 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

4-26-23  
\_\_\_\_\_  
Date

<p><b><u>To Be Completed by District Personnel Only</u></b></p> <p>Registration #: _____ State or Temp. Well #: _____ Status: ( ) Exempt ( ) Non-exempt</p> <p style="text-align: center;"><b><u>Variance Determination</u></b></p> <p>Staff Analysis of Variances Requested: _____ _____</p> <p>( ) Variance will be contained entirely on well owner's property. A waiver or easement from an adjoining property owner is not required. Comments: _____ _____</p> <p>( ) 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: _____ _____</p> <p>( ) Waiver or easement filed with County Clerk's Office. Comments: _____ _____</p> <p>Other Comments: _____ _____</p> <p>Date Application was Administratively Complete: _____ ( ) Ref. to Board</p> <p>Date Application was Ref. to Board: _____ Public Hearing Date (if held): _____</p> <p>Board Action: ( ) Approved as Filed ( ) Modified or with Special Conditions ( ) Denied Date: _____</p> <p>Signed by: _____ Date: _____</p>
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