

NEW OPERATING PERMIT APPLICATION

A. Contact Information		
Name of Place/Business name where groundwater is used: North Hays County Emergency Service District #1, EMS Station #73		
Well Owner Name: North Hays County Emergency Service District #1	Owner Phone Number: (512)829-4356	
Owner Mailing Address: 111 EMS Drive	City: Dripping Springs	Zip Code: 78620
Owner Physical Address: 111 EMS Drive	City: Dripping Springs	Zip Code: 78620
Physical Address of Place of Groundwater Permit Use:		
31331 Ranch Road 12	City: Dripping Springs	Zip Code: 78620
Address of Well(s) if different from place of use:		
	City:	Zip Code:

B. Permit Compliance	
Permit Contact (Name of person responsible to uphold permit): Doug Fowler	
Email: Doug.Fowler@northhaysems.org	Phone Number: (512)440-7643
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): Doug Fowler	
Email: Doug.Fowler@northhaysems.org	Phone: (512)440-7643

D. Purpose of Groundwater Use:	
<input type="checkbox"/> IRRIGATION ONLY <input type="checkbox"/> TCEQ PUBLIC WATER SYSTEM (see 30 TAC 290.38) <input type="checkbox"/> COMMUNITY WATER SYSTEM (5 to 15 residences)	
<input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER, describe:	

E. Annual Production Amount Request
Requested Annual Production Amount: 0.336 ac/ft
<small>(Production Amount is the quantity of groundwater you are requesting in gallons or acre-feet <i>per year</i>. 325,851 gallons = 1 Acre Foot)</small>
Requested Rate of Withdrawal (gallons per minute): 10 gpm

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

Well Number/Latitude/Longitude:	N 30.249683, W 98.059408
Well Capacity (gallons per minute):	10 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.):
 N/A

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)


- Aquifer Test and Report (Tier 3)
- 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:	7	Number of Part-Time Employees: 0 Number of Full-Time Employees: 6
Number of Toilets:	3	Number of Sinks: 5 Number of Baths/Showers: 2
Number of Ponds or Pools:	0	Length, Width, Depth: N/A Lined with: N/A
Non-Rainwater Water Storage Capacity (gallons):	7	Rainwater Storage Capacity (gallons): N/A
Will rainwater be used for outdoor irrigation and/or indoor needs? Please explain. N/A		
Describe all outdoor irrigation (grass, shrubs, trees, etc.): There will be no irrigation		
Will groundwater be used as a material item within your business? Please explain. No		
Number of Current water connections made to your well(s) (homes, RV slips, buildings, ponds, pools, irrigation systems, etc.): 1		
Total number of water connections at full build out:	1	Total number of occupants at full build out: 6

L. Formulas and Calculations Provide detail used to determine Annual Production Amount.

The water use for the EMS station will be less than 300 gpd based on the number of full-time personnel. This equals 109,500 gallons per year or 0.336 ac/ft per year.

M. Requirements for Administrative Completeness Checklist (documentation to complete and submit)
<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.

N. 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 I am authorized to act for the applicant.		
Kevin Ethridge		7/28/2023
Print Name (Applicant or Authorized Agent)	Signature (Applicant or Authorized Agent)	Date

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